



2001 Business Assistance Report

APPENDIX P

Business and Financial Assistance Forms
Submitted by State, County, City and Local
Government Agencies Provided between
July 1, 1995 through December 31, 2000
In Accordance to Minnesota Statutes § 116J.993
through § 116J.995

VOLUME 3 OF 3

PART B

Minn. Stat. 116J.991

Prepared by:

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

1995 Minn. Laws Chap. 224 Sec. 58

HC107 .M63 E441 2001

consists of nd Part B

V.3

Part

2001 Minnesota Business Assistance Forms Submitted by Government Agencies (Financial Assistance) Reported in 2001

- 1. Albert Lea, City of (2 forms)
- 2. Minneapolis Community Development Agency (1 form)
- 3. MN Office of Environmental Assistance (6 forms)
- 4. Spring Valley, City of (1 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.
- Ouestions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

4. City

Albert Lea

507-377-4336

8. Fax number

2. Name of person completing this form

5. ZIP code

56007

9. E-mail address

Section 1	Inf	formation	About	Gran	loi
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Albert Lea

7. Phone number

507-377-43/6

1. Name of grantor (funding entity)

3. Street address

Freeborn

6. County

Name/Title	Phone number	Street address	Ci	ty	ZIP code
11. Classification of grantor (Maccreated by gov't agency, plea example, a city EDA would co	se indicate affiliation. For	12. Has your organizati adopted criteria for compliance with M	awarding bus	iness subs	idies in
City government		Yes (Indicate hearing	g date - <u>8/9/</u>	99 and <u>a</u>	ttach criteria)
County government		□ No	-i b b		
☐ Regional government ☐ State government		☐ We held a public hear criteria (Indicate dat	_	•	optea
Other (Please specify.)		Other (Please attach		.u. mg	
through December 31, 2000	that is required to be reported t	siness subsidy or financial under Minn. Stat. §116J.99			
🛛 Yes (Comple	that is required to be reported use the remainder of the form.)		93 and §116J.	994? (Ma	
	that is required to be reported to the the remainder of the form.) out Recipient ation	under Minn. Stat. §116J.99	93 and §116J.	994? (Ma page 4.)	rk one.)
☐ Yes (Complete Section 2 Information About 14. Name of business or organization of the section 2 Information About 14. Name of business or organization of the section 2 Information About 14. Name of business or organization of the section 2 Information About 14. Name of business or organization of the section 2 Information About 14. Name of business or organization and the section 2 Information About 14. Name of business or organization and the section 2 Information About 14. Name of business or organization and the section 2 Information About 14. Name of business or organization and the section 2 Information About 14. Name of business or organization and the section 2 Information About 14. Name of business or organization and the section 2 Information About 14. Name of business or organization and the section 2 Information About 14. Name of business or organization and the section 2 Information About 14. Name of business or organization and the section 2 Information About 14. Name of business or organization and the section 2 Information About 14. Name of business or organization and the section 2 Information 2 Info	that is required to be reported to the the remainder of the form.) out Recipient ation	□ No (Stop here, go to 15. Address where business	o section 5 on iness subsidy	994? (Ma page 4.) or financia	rk one.) al assistance
M Yes (Complete Section 2 Information About 14. Name of business or organization receiving subsidy or financial	that is required to be reported to the the remainder of the form.) out Recipient ation all assistance	No (Stop here, go to 15. Address where busing will be used 201 €, Classian	o section 5 on iness subsidy	or financia	al assistance
Section 2 Information About 14. Name of business or organizar receiving subsidy or financial ABA Properties	that is required to be reported to the the remainder of the form.) Out Recipient ation all assistance rent corporation? (Mark one.)	No (Stop here, go to 15. Address where busing will be used 201 E. Classification Street address	o section 5 on iness subsidy City	or financia	al assistance

17. Industry of recipient's facility (Mark one.):	
☐ 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.)
☐ Yes (Indicate city and state of previous address and reason r ☑ No (Go to Question 19.)	ecipient 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 diffe	rent Minnesota location
Section 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) # 125,000.	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) October 27, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment with whichever is earlier.) Jan. 1, 2017	n 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.)	e four types of financial assistance (see Question 25) required to $\mathcal{L}: \mathbb{R} \times \mathbb{R} $
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.c., 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.) \$ \$	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	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 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	À No
 economic development mined underground space hazardous substance subdistrict 	Grantor(s) and value of the agreement(s):
	Grantor Value (\$)
	Grantor Value (\$)

-

Section 4 Goals and Pr	ublic Purpos	e Identified in t	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 agreeme	nancial assistance agreemer nt? (Mark all that apply.)	its state a public p	urpose. Which
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention	growth		☐ Increasing tax base (ca ☐ Other (please specify)		oose)
☐ Stabilizing the communit	y 				
29. Indicate whether the again at the time of this report	reement include t. <i>(Fill in the bo</i>	d the following type exes and attainment	s of goals, and whether the date(s) for each goal.)	recipient had attai	ned those goals
				get attainment	All goals
			established? dates	(month & year)	attained?
A) Specific wage and job go	oals to be attained	d within 2 years		11/2001	Yes MNo
B) Other job-creation and/or	r retention goals	i	☐ Yes ☐ No		☐ Yes ☐ No ☐ Yes ☐ No
C) Other wage goals D) Other goals other than w	age and inh goa	ls	O Yes O No		☐ Yes ☐ No
D) Other godie other than w	age and jee ge				— 1.00 — 1.10
(Please attach descriptions attainment if not documente	of goals and pro d in Questions	ogress toward 30 and 31.)			
	age hourly value	of any employer-pr	creation and/or retention go ovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			· -		s
less than \$7.00					s
\$7.00 to \$8.99		·			s
\$9.00 to \$10.99	12			 .	s
\$11.00 to \$12.99					s
\$13.00 to \$14.99	 .				s
\$15.00 and higher					s
	urly value of an	y employer-provided	nber of actual jobs created i health insurance for those tion into full- and part-time FTE (only if unable to	jobs. (Only indicate	
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		_2		·	s
\$9.00 to \$10.99	_5_			2	s
\$11.00 to \$12.99			·		s
\$13.00 to \$14.99					s
\$15.00 and higher		· · · · · · · · · · · · · · · · · · ·			\$
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s			ligations stipulated	d in the agreement?
		☐ Yes	n 140		

(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. 		ye 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.)						
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 tim	ne of this report? (Mark one.)				
Yes (Complete the remainder of this section)	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. (Atta						
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 different context of the context of th	•				
37. To date, has the recipient fulfilled its repayment obligate	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 recipien	nt's deadline for fulfilling its oblig	ations? (Mark one.)				
٥	Yes 🗆 No	<u> </u>				
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



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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
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Section 1 Information		Ta xi				
1. Name of grantor (funding entity)		2. Name of person completing this form				
CITY of A	bert Lea	1 /	Graham			
3. Street address		4. City	5. ZIP code			
221 E. Cla	ark ST.	Albert Le	a 56017	7		
6. County	7. Phone number	8. Fax number	9. E-mail add			
Freebirn	507-377-4316	507-377-433	6 bgrahama	ecity.albertl		
10. Please indicate who in	your organization should receive the	2002 MBAF if differen	from the person in Ques	stion 2.		
Name/Title	Phone number	Street address	s City	ZIP code		
	or (Mark one. If grantor is entity		ation held a public hearin			
	y, please indicate affiliation. For		or awarding business sub			
example, a city EDA w	ould check "City government.")	compliance with	Minn. Stat. §116J.994? (Mark one.)		
City government		Yes (Indicate hear	ing date - <u>8/9/49</u> and <u>c</u>	attach criteria)		
☐ County government		□ No	• •			
☐ Regional government			earing but have not yet ac			
State government		criteria (Indicate date of initial hearing) Other (Please attach explanation.)				
Other (Please specify.)		Other (Fleuse allac	п ехриниион.)			
	signed any agreements to award a bu					
	2000 that is required to be reported	under Minn. Stat. §116J.	993 and §116J.994? (Ma	ırk one.)		
1.4.h.8) 10 Yes (0	(፲/7/V \ Complete the remainder of the form.)	□ No (Stop here, go	to section 5 on page 4.)			
Section 2 Information						
14. Name of business or o	_		usiness subsidy or finance	ial assistance		
receiving subsidy or fi		will be used				
ABA Properti	10S	201 E. Clark:	ST. Albert Lea City State	MW 56007		
,		Street address	City State	ZIP code		
16. Does the recipient hav	e a parent corporation? (Mark one.)					
☐ Yes (Indicate name and ☑No	address of parent corporation belov	v. If more than one, indi	cate ultimate owner.)			
Name of parent corporation	n	Street address	City State	ZIP code		

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesa	
18. Did the recipient relocate as a result of signing this ag	greement? (Mark one.)
☐ Yes (Indicate city and state of previous address and red No (Go to Question 19.)	ason recipient did not complete this project at that address.)
City/State of previous address Reason project not comp	pleted at previous address
19. Would the recipient have remained in previous locati financial assistance? (Mark one.)	ion or relocated elsewhere if not awarded this business subsidy or
☑ Remained at previous location ☐ Relocated to	o different Minnesota location
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 and 25.) \$\mathcal{B}\$ \$\mathcal{Q}\$5, 000,00	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) Jan 4, 2000
	efit from the business subsidy or financial assistance. For example, nent was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or on be reported? (Mark one.)Dusiness subsides	e of the four types of financial assistance (see Question 25) required to sidy
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each t	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) \$	□ assistance for property polluted by contaminants
□ tax abatement \$ □ TIF or other tax reduction or deferral \$ □ guarantee of payment \$ □ contribution of property or infrastructure \$	assistance provided for designated historic preservation districts, when
☐ preferential use of governmental facilities \$	50% or less of total cost assistance for pollution control or abatement
other (Specify subsidy type.)	assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, ple indicate the type of TIF district? (Mark one.)	ease 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	Ø No
□ soils condition □ economic development □ mined underground space	Grantor(s) and value of the agreement(s):
☐ hazardous substance subdistrict	Grantor Value (\$)
•	Grantor Value (\$)

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1 1

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Section 4 Goals and Pr	ublic Purpos	e Identified in t	he Agreement		
28. Minn. Stat. §116J.994 r of the following public			nancial assistance agreement? (Mark all that apply.)		urpose. Which
☐ Enhancing economic diversity in Enhancing high-quality job ☐ Job retention ☐ Stabilizing the community	growth		☐ Increasing tax base (c☐ Other (please specify)		
					1.3
29. Indicate whether the ag at the time of this repor	reement include t. <i>(Fill in the bo</i>	the following types oxes and attainment of	s of goals, and whether the date(s) for each goal.)	e recipient had attai	ned those goals
				rget attainment	All goals
A) Specific wage and job go	nale to be attaine	ed within 2 years	established? date	s (month & year)	attained? □ Yes 🔉 No
B) Other job-creation and/o					☐ Yes ☐ No
C) Other wage goals			· ·		☐ Yes ☐ No
D) Other goals other than w	age and job goa	ıls	☐ Yes ☐ No		☐ Yes ☐ No
(Please attach descriptions attainment if not documente	of goals and pro ed in Questions .	ogress toward 30 and 31.)			···
	age hourly value	e 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 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					\$
\$9.00 to \$10.99	10				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					s
	urly value of an 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	
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		2		·	s
\$9.00 to \$10.99	5				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher	2				s
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s			oligations stipulated	d in the agreement?
		☐ Yes 〈	No No		

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)						
Yes (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	achieve any goals or fulfill any c required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one.)				
Yes (Complete the remainder of this section)	on.) 💢 No (Stop here and sub	bmit 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	capient relocated to a different capie.	ent community				
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	gations? (Mark one.)				
0	Yes O 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

Trade & — Development

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2001 Minnesota Business Assistance Form

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Section 1 Information About Grantor

1. Name of grantor (funding entiry) Agency Minneapolis Community Development		2. Name of person completing this form Kent Robbins				
3. Street address 105 5th Ave. S.	·	4. City Minneapolis	5. ZIP code 55401-2534			
6. County Hennepin	⁷ Phone number (612)673-5187	(612)673-5111 ke	9. E-mail address nt.robbinsemcda.org			
10. Please indicate who in your Terrell Towers, Di	rorganization should receive the rector 673-5134	2002 MBAF if different from the 105 5th Ave. S.,	person in Question 2 Mpls., MN 55401-253			
Name/Title	Phone number	Street address	City ZIP code			
	fark one. If grantor is entity ease indicate affiliation. For check "City government.")	12. Has your organization held adopted criteria for awardi compliance with Minn. Sta January XYes (Indicate hearing date) No Living Wage Re We held a public hearing but criteria (Indicate date of interpretation) Other (Please attach explanation)	ng business subsidies in at. \$116J.994? (Mark one) 22, 2001 and attach criteria) solution Attached there not yet adopted ittal hearing -			
through December 31, 200		siness subsidy or financial assista under Minn. Stat. \$116J.993 and \$ \(\text{\text{\$\sum} No \cdot \text{\text{\$\sum Non \text{\$\sum here} \text{\$\genty} to section}} \)	\$116J.994? (Mark one)			

Tes resimplete interemainder of the form of						
Section 2 Information About Recipient						_
14. Name of business or organization receiving subsidy or financial assistance	}	ess where bu e used	isinėss subsidy	or financia	assistance	
Ryan GB 2000, LLC	1220 Marshall, Mpls., MN 55413				5413	
	Street add	ress	City	State	ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) Yes (Indicate name and address of parent corporation below. No Ryan Companies U.S., Inc.	700 In	ternati	onal Cer	ter	MN 55402-	3387
Name of parent corporation	Street addr	ess	City	State	ZIP code	

17. Industry of reci	pient's facility (Mark on	ie.):		
	☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trad	☐ Finance. Insure Construction	ance, Real Estate Other iplease specify
18. Did the recipier	nt relocate as a result of	signing this agreemer	nt? (Mark one.)	
☐ Yes (Indicate city No (Go to Questi		ddress and reason re	cipient did not complete	this project at that address.)
City/State of previous	us address Reason pro	oject not completed a	t previous address	
19. Would the recip	ce? (Mark one.)	Tenant 150 +	Jobs	awarded this business subsidy or
☐ Remained	at previous location	XRelocated to differe	ent Minnesota location	☐ Relocated outside Minnesota
Section 3 Gener	al Information Ab	out the Agreeme	ent	·
20. Total dollar val assistance (Plea and 25.) \$1/)	ue of business subsidy of use separate value by type $l_0 R(l_0, N) = 0$	or financial oe in Questions 24	_	gned (In addition to the agreement dates the agreement was amended)
1 11	ise separate value by typ 1686,004 & 1 1.5 million	r. 4. 6[13 6] 	October 20	5, 2000
	e improvements were fin	nished, equipment wa		financial assistance. For example, the recipient occupied the property,
23. Does the agreen be reported? (A		subsidy or one of the	four types of financial a	assistance (see Question 25) required to
, -	provided a business sub e(s) and total dollar val			vas one of the four types of financial indicate the type(s).
not applicable, ag	reement provided finance	cial assistance	not applicable, agre	ement provided a business subsidy
guarantee of paym contribution of pr preferential use of land contribution	ible loan) eduction or deferral (G	\$ \$	assistance provided historic preservation 50% or less of total P assistance for pollu abatement	\$10,686,004.00 sating building up to code, and for designated on districts, when cost
	included tax increment of TIF district? (Mark			ntors providing a business subsidy or e to the same project" (Mark one)
☐ not applicable, as	sistance was not in the f	orm of TIF		rantor and the value of their ttach an additional sheet if necessary j
☐ redevelopment ☐ renewal and renov ☐ soils condition ☐ economic develop			☐ No Grantor(s) and value of	
a mined undergroui	nd space		Met Council	
hazardous substar	ice subdistrict		Grantor DTED	\$1,646,097.00 \$\frac{\S}{444,000.00}
			Grantor	Value (S)

Section 4 Goals and Pu	ıblic Purpos	se Identified in t	he Agreement		
28. Minn. Stat. §116J.994 r	equires that bus	siness subsidy and fir		nts state a public p	urpose. Which
☐ Enhancing economic dive ☐ Creating high-quality job			Increasing tax base (cannot be only purpose) Other (please specify) Historic		
☐ Job retention ☐ Stabilizing the community	Job retention			Preservati	on
29. Indicate whether the agr at the time of this report	eement include . (Fill in the bo	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				get attainment 6 (month & year)	All goals attained? □ Yes □ No □ Yes □ No
C) Other wage goals D) Other goals other than wa	age and job goa	ıls	☐ Yes ☐ No ☑ Yes ☐ No		□Yes □No □Yes ■No
(Please attach descriptions of attainment if not documente					
	ge hourly value	e of any employer-pr	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			<u> </u>	·	5
\$9.00 to \$10.99		 .,/	(n). Fi		S
\$11.00 to \$12.99			\V		5
\$13.00 to \$14.99					S
\$15.00 and higher		<u> </u>			5
	irly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tim	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			<u> </u>		\$
\$7.00 to \$8.99	 				s
\$9.00 to \$10.99			_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\$
\$11.00 to \$12.99	<u></u>	/	() <u>· · · · · · · · · · · · · · · · · · </u>		\$
\$13.00 to \$14.99		_	\ \	-	\$
		_			

(Mark one.)

XYes ⊃ No

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

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)							
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.)							
XNo							
•							
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 sub	mit form to DTED.)					
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attac		ner terms of an agreement that					
35. Information on recipient and agreement:							
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance					
Street address of recipient	City ZIP code of recipient	Outstanding value of subsidy or assistance					
36. Reason(s) for default (Mark all that apply.)							
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a 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 begui	n to repay the assistance.					
38. Has the agreement been amended to extend the recipien	t's deadline for fulfilling its obliga	ations? (Mark one.)					
□ Yes □ No							
39. Describe the steps being taken to bring recipient into co							
57. Beserve the steps being taken to oring recipient into es	impliance of recoupting substage.						

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 JUN

1 2001

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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 (6	51) 296-0580. Information on wh	ere to mail or fax your co	ompleted MBAF(s) is	s on page 4.	
Section 1 Information	1 About Grantor				
1. Name of graptor (funding)	Environmental as	2. Name of person combined to the control of the co	etinghis form	man	
3. Street stares	tte Rd N.	St. Paul	5. ZIP code 55/55	-4/00	
6. Sounty Samoles	7. Phone number 651-296-3417	8. Fax number 651-215-029	9. E-mail addre	, , 1	Dmoea.
10. Please indicate who in	your organization should receive the	2002 MBAF if different fro	m the person in Question	, ,	state.mn.us
Name/Title	Phone number	Street address	City	ZIP code	
created by gov't agen	OT (Mark one. If grantor is entity cy, please indicate affiliation. For would check "City government.")	•	n held a public hearing warding business subsi m. Stat. §116J.994? (M	dies in	
☐ City government☐ County government☐ Regional government☐ State government		We Held a public hear criteria (Indicate date	んM・S・多川して. ng but have not yet ado c of initial hearing	tach criteria) 1994 Subd.	7
Other (Please specify.)		Other (Please attach e	xplanation.)		
through December 31	a signed any agreements to award a bus , 2000 that is required to be reported u				
Yes (Complete the remainder of the form.)	□ No (Stop here, go to	section 5 on page 4.)		j
Section 2 Informatio	n About Recipient				
14. Name of business or receiving subsidy or f		15. Address where busin will be used	ess subsidy or financia	l assistance	
Bikollsso	eister, Inc.	35 Unw . ase 5 Street address	E. MAL. MA City State	U 554/4 ZIP code	
16. Does the recipient ha	ve a parent corporation? (Mark one.)	- 			1
☐ Yes (Indicate name and	d address of parent corporation below	. If more than one, indicat	e ultimate owner.)		
Name of parent corporation	n	Street address	City State	ZIP code	

17. Industry of recipient's facility (Mark one.):	ina
☐ 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	t? (Mark one.)
☐ Yes (Indicate city and state of previous address and reason rec 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 different	ent Minnesota location
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.) \$89, 730.00	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 6-23-00
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment wa whichever is earlier.) 6-30-02	
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).
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
☐ loan (only principal) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ 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
☐ land contribution \$ \$ other (Specify subsidy type.) \$ \$	Sassistance for pollution control or \$57,730. 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.)
☐ received and renovation ☐ received and renovation ☐ cet's condition ☐ economic development ☐ mined unarreground space ☐ hazardous substance subdistrict	(No Cash of in-kind match \$89,730.00 only . Grantor(s) and alue of the agreement(s):
	Grantor Value (\$) Grantor Value (\$)

 Minn. Stat. §116J.994 re of the following public p 	equires that busing ourposes were sta	ated in the agreemer	at? (Mark all that apply.)	state a public p	urpose, which
DEnhancing economic diversible Creating high-quality job of Dob retention Stabilizing the community	growth		Olher (please specify) Other (please specify) Other (please specify) Workshops	Alutio	a Preventi educations
9. Indicate whether the agr at the time of this report	eement included (Fill in the box	the following types	of goals, and whether the re		
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	als to be attained retention goals age and job goal	d within 2 years	Goals Targ established? dates Yes No Yes No Yes No	et attainment (month & year)	All goals attained? Yes No Yes No Yes No
Please attach descriptions of the interest of the following the followin	d in Questions 3	es, indicate the job		als stated in the	by 6-30-03
			ovided health insurance goa to separate goals by full- a		
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
\$9.00 to \$10.99					s
\$11.00 to \$12.99	·				s
\$13.00 to \$14.99					s
\$15.00 and higher					2
date and the actual ho	urly value of an	y employer-provided	mber of actual jobs created in the alth insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	jobs. (Only indi	
less than \$7.00	Citation	JUD CICAGON	Job Creation	Retention	S
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					\$
\$15.00 and higher			· · · · · · · · · · · · · · · · · · ·		\$
	eved <u>all goals</u> (s		and 31) and fulfilled <u>all obl</u>	igations stipulat	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 report as required by Minn. Stat. §116J.993 and §116J.99		ve any recipients who failed to
Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.) In No Ufying grantie of this No Biks associates; Mr. Of M. Name of recipient Type of subsidy or assistance	report because reporting require	cial assistance awarded to that This office listed ment. Dientee in now \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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 recipie were to be attained by the time of reporting. (Attac 35. Information on recipient and agreement: 	nt failing to fulfill goals or any of hadditional 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 was unable to fill vacant positions	other (Specify reason.)	rent community
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 begr	un to repay the assistance.
38. Has the agreement been amended to extend the recipier	at's deadline for fulfilling its obli	gations? (Mark one.)
٥	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:

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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Questions? Call (651) 296-0580. Information on wh	ere to mail or fax your comple	eted MBAF(s)	s on page 4.	
ection 1 Information About Grantor				
1. Name of grantor (funding entity) MN NHCL TI ENVIONMENTAL Asset.	2. Name of person completing	This form 1	mar	
3. Street address grantle Rd. W.	4. Cit. Paul	5. ZIP code 55/55	-4100	
6. donnty 7 Phone number 651-296-3417	8. Fax number 651-215-0246	9. E-mail addr	ess ntrymane	moe
10. Please indicate who in your organization should receive the	2002 MBAF if different from the	person in Questi	on 2.	sta
Name/Title Phone number	Street address	City	ZIP code	,,,,,
11. Classification of grantot (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 awardi compliance with Minn. St.	ng business subs	idies in	
☐ City government ☐ County government ☐ Regional government ☑ State government ☐ Other (Please specify.)	☐ Yes (Indicate hearing date MNo Excelled proper We held a public hearing bu criteria (Indicate date of in Other (Please attach explan	Siltang 4 It have not yet ad iitial hearing	subd. 7	
13. Has your organization signed any agreements to award a but through December 31, 2000 that is required to be reported to Yes (Complete the remainder of the form.)		§116J.994? <i>(Ma</i>		
Section 2 Information About Recipient				_
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business s will be used /3/3	ubsidy or financi	al assistance	
STA Development Corp.	mpls.	. MP State	55414	
16. Does the recipient have a parent corporation? (Mark one.)	Street address City	State	Zir code	4
☐ Yes (Indicate name and address of parent corporation below № No	v. If more than one, indicate ultii	mate owner.)		
Name of parent corporation	Street address City	State	ZIP code	_

17. Industry of recipient's facility (Mark on	e.): 1 02-1		•	
☐ Manufacturing	Services -	☐ Finance, Insurar	nce Real Estate	}
☐ Retail Trade	☐ Wholesale Trade	· ·	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 a. ZNo (Go to Question 19.)	ddress and reason rec	cipient did not complete t	his project at that addres	3.)
City/State of previous address Reason pro	oject not completed at	previous address		
19. Would the recipient have remained in p financial assistance? (Mark one.)	orevious location or re	located elsewhere if not	awarded this business sub	osidy or
Remained at previous location [Relocated to differe	nt Minnesota location	☐ Relocated outside M	innesota
Section 3 General Information Ab	out the Agreeme	nt		
20. Total dollar value of business subsidy of assistance (Please separate value by tyleand 25.)	or financial pe in Questions 24	date, indicate any	gned (In addition to the a dates the agreement was	
\$49,000.00		Executed	4-21-00	
22. Benefit date (Indicate the date the recipindicate the date improvements were fit whichever is earlier.) To Various Sa	n <u>i</u> shed, equipment wa	s placed into service, or	the recipient occupied the	e property.
23. Does the agreement provide a business be reported? (Mark one.)		four types of financial as	ssistance (see Question 25	5) required to
	·	Thancial assistance		
24. If the agreement provided a business su indicate the type(s) and total dollar va		•	as one of the four types o indicate the type(s).	f financial
not applicable, agreement provided finan	cial assistance	not applicable, agree	ement provided a busines	s subsidy
loan (only principal)	\$	assistance for proper	rty poliuted	\$
grant (i.e., forgivable loan) tax abatement	\$ <u>49,000.0</u> 0	by contaminants assistance for renovations	asina buitdina	
TIF or other tax reduction or deferral	\$	stock or bringing it		J
guarantee of payment	\$	assistance provided		}
Contribution of property or infrastructure	\$	historic preservation		
preferential use of governmental facilitie	s \$	50% or less of total		110
land contribution	\$	assistance for pollut	ion control or	\$49,000.00
other (Specify subsidy type.)		abatement assistance for a TIF	soils condition district	\$
26. If the assistance included tax incremen indicate the type of TIF district? (Mark			ntors providing a business e to the same project? (M	
not applicable, assistance was not in the	form of TIF		rantor and the value of th ttach an additional sheet	
☐ redevelopment		1		,
☐ renewal and renovation		No Malch	0/50% onle	' 7 ·
soils condition		i	D	†
conomic development		Grantor(s) and value of	of the agreement(s):	
nined underground space hazardous substance subdistrict				
		Grantor	Value (\$)	
		Grantor	Value (\$)	

of the following public pu	quires that busi urposes were st	ness subsidy and fina ated in the agreement	ncial assistance agreemed? (Mark all that apply.)	ents state a public p	urpose. Which
Enhancing economic divers			☐ Increasing tax base (oose) a_d
Creating high-quality job g	rowth		Other (please specifi	mosore e	norronnentel
Job retention		J	performance,	(prevent no	astex
Stabilizing the community			<u> </u>	<u>′</u>	pollution
Indicate whether the agre at the time of this report.	ement included (Fill in the bo	the following types xes and attainment d	of goals, and whether th ate(s) for each goal.)	e recipient had attai	ined those goals
				arget attainment	All goals
) Specific wage and job goa	ls to be attaine	d within 2 years	established? dat \[Yes \lambda No \]	es (month & year)	attained? □ Yes □ No
) Other job-creation and/or:	retention goals	d widnii 2 years	Yes Solvo		Q Yes Q No
) Other wage goals			☐ Yes 🗹 No		☐ Yes ☐ No
Other goals other than wa	ge and job goa	•	Yes No _	6-30-01	☐ Yes > No
Please attach descriptions o ttainment if not documented		igras ionara	e Section 5. lolding and	// '///	closureona
0. For each of the following	g wage categor	ies, indicate the job c	reation and/or retention	goals stated in the	0
agreement and the average	ge hourly value	of any employer-pro	vided health insurance	goals for those jobs.	(Only indicate
· job creation goals in full	l-time cquivale	nts if you are unable	to separate goals by full	l- and part-time pos	itions.)
	Full-time	Part-time/	FTE (only if goals not		14.14.
Hourly Wage	Job	Seasonal/Temp.	stated as FT/PT)	Job	Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
no hourly wage-level goal		 ·			s
less than \$7.00					s
\$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					s
11. For each of the following date and the actual hour full-time equivalents if	irly value of an	y employer-provided to separate job crea	health insurance for the	se jobs. (<u>Only</u> indi time positions.)	
Hourly Wage	r utt-time Job	Part-time/ Seasonal/Temp.	separate FT/PT)	o Job	Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00				-	s
1035 11411 37.00					2
\$7.00 to \$8.99					
	. —				s
\$7.00 to \$8.99		-			2
\$7.00 to \$8.99 \$9.00 to \$10.99		·			s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99					s s

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

	211011101 2001 1112111	
33. During the period January 1, 2000 through December 31, report as required by Minn. Stat. §116J.993 and §116J.994		e any recipients who failed to
Yes (Indicate the name of each recipient failing to report an recipient Attach additional pages if necessary) Production of No. STA Development	ectinvolved m eplanned. Pr	cial assistance awarded touthat whiple bothness could folded.
Name of recipien Type of subsidy or assistance (S	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 re	chieve any goals or fulfill any of equired to be fulfilled by the tim	ther obligations under an e of this report? (Mark one.)
Yes (Complete the remainder of this section (Sle Ifplanation) above	No (Stop here and sub	omit form to DTED .)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach		her terms of an agreement that
35. Information on recipient and agreement: (Same as above) Name of recipient in default No Longer DBA:	Type of sposidy or assistance	Initial value of subsidy or assistance
1313 Sta St. SE Street address of recipient	MAS 554/4 City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):	,	İ
1 /_ \	recipient relocated to a difference of the contract of the con	ent community spect partitles
37. To date, has the recipient fulfilled its repayment obligation	n? (Mark one.)	
Yes Ono, recipient has begun to repay the assistance.	☐ No, recipient <u>has not begu</u>	n to repay the assistance.
38. Has the agreement been amended to extend the recipient'	s deadline for fulfilling its oblig	rations? (Mark one.)
• • • • • • • • • • • • • • • • • • •	es XNo	
39. Describe the steps being taken to bring recipient into com	upliance or recoup the subsidy:	meet continued
Hennipin County The C	ouster will &	novide a
final report by end of	June force	sure on project.
	MBAF(s) by <i>April 1, 2001</i> ,	to
	usiness Assistance Form	, 10:
Minnesota Department of Trac		ent - 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) 1. Name of grantor (funding entity) 1. Name of grantor (funding entity)	2. Name of person completing	this form	\sim		
3. Street address J. Street address J. Thanktelled. N.	St. Paul	5. ZIP code 55/55	4100		
6. Odinty 7. Phone number 651-215-0269	8. Fax number 651-215-0246	9. E-mail addr	tryman @ moe		
10. Please indicate who in your organization should receive the 2	002 MBAF if different from the	person in Questi	on 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 awardi compliance with Minn. Sta	ng business subs	idies in		
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.) ☐ Other (Please attach explanation.) ☐ Yes (Indicate hearing date and attach criteria) ☐ We held a public hearing but have not yet adopted ☐ City government ☐ We held a public hearing but have not yet adopted ☐ Citeria (Indicate date of initial hearing) ☐ Other (Please attach explanation.)					
13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported we are a complete the remainder of the form.)		§116J.994? (Ma.			
Section 2 Information About Recipient					
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business so will be used	ubsidy or financia	al assistance		
Hirshfields Paint Wife Duc.	Street address City	ye. Tight	7; N 554/2 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 ultim	nate owner.)	. 1		
Name of parent corporation	725 2 nd Qw(1). Street address City	Myle /	7N 55405		
ivalite of parenty corporation	Street address City	y State	Zii code		

17. Industry of recipient's facility (Mark one.):	
Manufacturing \square Services \square Retail Trade \square Wholesale T	☐ Finance, Insurance, Real Estate Frade ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agree	ment? (Mark one.)
Yes (Indicate city and state of previous address and reason No (Go to Question 19.)	n recipient did not complete this project at that address.)
City/State of previous address Reason project not complete	ed at previous address
19. Would the recipient have remained in previous location of financial assistance? (Mark one.)	or relocated elsewhere if not awarded this business subsidy or
Remained at previous location	fferent Minnesota location
Section 3 General Information About the Agree	ement
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 2 and 25.)	
\$38,500.00	1/-27-00
	from the business subsidy or financial assistance. For example, t 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.) □ business subside	f 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).
not applicable, agreement provided financial assistance	☐ not applicable, agreement provided a business subsidy
loan (only principal) grant (i.e., forgivable loan) tax abatement \$ 33,50	de assistance for property poliuted \$
☐ TIF or other tax reduction or deferral \$ ☐ guarantee of payment \$ ☐ contribution of property or infrastructure \$	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.) \$	50% or less of total cost assistance for pollution control or abatement \$38,500
- Could topicity substay type.	assistance for a TIF soils condition district \$
26. If the assistance included tax increment financing, pleas 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	XNo In-kind match only
☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	Grantor(s) and value of the agreement(s):
Ca nazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

ection 4 Goals and Pu	ıblic Purpos	e Identified in th	e Agreement		
28. Minn. Stat. §116J.994 re of the following public p	equires that busi ourposes were st	ness subsidy and fina ated in the agreemen	incial assistance agreements t? (Mark all that apply.)	state a public pr	urpose. Which
☐ Enhancing economic dive☐ Creating high-quality job☐ Job retention☐ Stabilizing the community	growth		Increasing tax base (can Stother (please specify) for and pollution	not be only purp	recent waste
29. Indicate whether the agr at the time of this report	ecment included in the bo	i the following types xes and attainment de	of goals, and whether the reate(s) for each goal.)	cipient 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	retention goals	ds .	established? dates (Yes No Yes No Yes No	et attainment month & year)	All goals attained? Yes ONo Yes No Yes No Yes No
(Please attach descriptions attainment if not documente					•
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 (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99			•		\$
\$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 Job Scasonal/Temp. Separate FT/PT) Job Hourly Value of					
Hourly Wage (excluding benefits)	Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99				·	s
\$13.00 to \$14.99				·	s
\$15.00 and higher					s
32. Has the recipient achi (Mark one.)	eved all goals (-	and 31) and fulfilled all obl	igations 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.) U 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 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.) No (Stop here and submit form to DTED .) ☐ Yes (Complete the remainder of this section.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply.): recipient ceased operation O recipient relocated to a different community 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



- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial 2001 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 who	ere to mail or fax your comp	leted MBAF(s	s) is on page 4.	
Section 1 Information A	About Grantor				
1. Name of grantor (funding	entity) In 1	2. Name of person completing	g this form		
Mr. Thice to 61	will have	Tarda Du	Muma		
3. Street address 1 520 Why I'll	Rd. n.	St. Paul	5. ZIP code 55/5	5-4100	
6. County 1	2. Phone number 3417	8. Fax number 651-215-0246	9. E-mail ac	Idress	ncea.st
10. Please indicate who in yo	our organization should receive the	2002 MBAF if different from th		,	mn.4=
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 award compliance with Minn. S	ding business su	bsidies in	
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		☐ Yes (Indicate hearing date ☐ No Excluded Des ☐ We held a public hearing b criteria (Indicate date of i ☐ Other (Please attach expla	N.S.S.//LJ out have not yet initial hearing -		17
13. Has your organization si through December 31, 2	igned any agreements to award a bus 000 that is required to be reported unamplete the remainder of the form.)	siness subsidy or financial assis	tance from Janu 1§116J.994? (A	Mark one.)	
Section 2 Information	About Recipient				
14. Name of business or org receiving subsidy or fina		15. Address where business will be used	subsidy or finan	acial assistance	,
amazonEn	convinental Suc	1732 Jesses D., Street address City	Roeville.	MN 55113 ZIP code	
16. Does the recipient have	a parent corporation? (Mark one.)]
Thes (Indicate name and a	address of parent corporation below	If more than one, indicate ult	imate owner.)		
Name of parent corporation	cormental Inc.	7048 Elmer acc. Street address City	Whittier; State	CA 9060 ZIP code	4
· · · · · · · · · · · · · · · · · · ·					

17. Industry of recipient's facility (Mark one				
Manufacturing Retail Trade	☐ Services ►☐ ☐ Wholesale Trade	☐ Finance, Insurance ☐ Construction □	, Real Estate Other (please specify))
18. Did the recipient relocate as a result of si	gning this agreement	? (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 addres	s.)
City/State of previous address Reason proj	ect not completed at	previous address		
19. Would the recipient have remained in pr financial assistance? (Mark one.)	evious location or re	ocated elsewhere if not aw	arded this business sub	sidy or
Remained at previous location	Relocated to differe	nt Minnesota location C	Relocated outside Mi	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.)	e in Questions 24	21. Date agreement signe date, indicate any date	tes the agreement was	
22. Benefit date (Indicate the date the recipi indicate the date improvements were fin whichever is earlier.) 7-28-	ished, equipment wa			
23. Does the agreement provide a business so be reported? (Mark one.)		four types of financial assis	stance (see Question 25	5) required to
24. If the agreement provided a business sub indicate the type(s) and total dollar value		25. If the assistance was assistance, please ind		f financial
not applicable, agreement provided finance	cial assistance	anot applicable, agreeme	ent provided a business	s 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 by contaminants ☐ assistance for renovatin stock or bringing it up assistance provided for historic preservation d	ng building to code, and designated	\$
☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	\$	50% or less of total cost assistance for pollution abatement	st a control or	s <u>60,803</u> .
26. If the assistance included tax increment indicate the type of TIF district? (Mark		27. Are any other granto financial assistance to	rs providing a business the same project? (M	
not applicable, assistance was not in the fo	orm of TIF	Yes (Specify each gran		
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict		assistance below; attack Compared to the comp	in-kind m	atch
		Grantor	Value (\$)	
		Grantor	Value (\$)	

28. Minn. Stat. §116J.994 re of the following public p	quires that busi	ness subsidy and fina	ncial assistance agreements	state a public pu	rpose. Which
☐ Enhancing economic diver ☐ Creating high-quality job g ☐ Job retention ☐ Stabilizing the community	rowth		Other (please specify)_		
29. Indicate whether the agree at the time of this report.				cipient had attain	ned those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than was (Please attach descriptions of attainment if not documented) 30. For each of the following	retention goals age and job goal of goals and productions d in Questions g wage categori	ogress toward Profiles, indicate the job co	established? dates (Yes Mo Yes Mo	ls stated in the	(NA)
•	-		vided health insurance goa l to separate goals by full- ar		
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					š
\$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 Job Seasonal/Temp. separate FT/PT) Job Hourly Value of					
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00					2
\$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 achie (Mark one.)	eved <u>all goals</u> (•	and 31) and fulfilled <u>all obl</u> No & H. B 30] C		ed in the agreement?

NA.

Do not complete this	section if you completed	it on another 2001 MBAF sub	mitted to DTED.)		
	anuary 1, 2000 through Decemb Minn. Stat. §116J.993 and §1	ber 31, 2000, did your organization ha 16J.994? <i>(Mark one.)</i>	ve any recipients who failed to		
	ne of each recipient failing to re additional pages if necessary.)	eport and the value of subsidy or finan	icial assistance awarded to that		
1000 e.7.11.813	qd		-		
Name of recipient	Type of subsidy or assist	tance (See Questions 24 and 25.)	Value of subsidy or assistance		
agreement signed or	on have any recipients who fail n or after January 1, 2000, that Complete the remainder of this	were required to be fulfilled by the time of the section.) No (Stop here and su	ne of this report? (Mark one.)		
35 39. Provide the fo were to be attain35. Information on reci	ned by the time of reporting. (ecipient failing to fulfill goals or any o Attach additional pages if necessary.)	ther terms of an agreement that		
Name of recipient in de	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 subsidy or assistance		
36. Reason(s) for defau	lt (Mark all that apply.):				
☐ recipient ceased open ☐ recipient was unable		☐ recipient relocated to a differ☐ other (Specify reason.)	rent community		
37. To date, has the rec	ipient fulfilled its repayment of	bligation? (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 rec	cipient's deadline for fulfilling its obli	gations? (Mark one.)		
□ Yes □ No					
39. Describe the steps l	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



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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				
1. Name of grantor (funding entity) NIN PHULL COMMONITATION ASS	2. Name of person completing t	this form free	nan	
3. Street address Something Rd. M.	St. Paul	5. ZIP code 55/55-	4100	
6. County 7. Phone number 651-291-3417	8. Fax number 651-215-0246	9. E-mail addre	ess Trymen les	mora
10. Please indicate who in your organization should receive the 2	2002 MBAF if different from the			state mn.u
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 awardin compliance with Minn. Stat	ig business subsid	lies in	
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)	☐ Yes Indicate hearing date - ONO OF THE PORT OF T	have not yet adoptial hearing -	ach criteria) 99 Subd	7
13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported up	nder Minn. Stat. §116J.993 and §	116J.994? (Mark		
Yes (Complete the remainder of the form.)	□ No (Stop here, go to section	13 on page 4.)]
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business sub will be used	osidy or financial	assistance	
LHB architects & Engineers	21 West Suprise Street address City	State	ZIP code 5 3	1802
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 ultimo	ate owner.)		
Name of parent corporation	Street address City	State	ZIP code	

17. Industry of recipient's facility (Mark one.):	,			
_	Services Wholesale Trade	☐ Finance, Insurance ☐ Construction	e, Real Estate Other (please specif	5) architect
18. Did the recipient relocate as a result of signif	ng this agreement?	(Mark one.)		
Yes (Indicate city and state of previous address) No (Go to Question 19.)	ss and reason recip	ient did not complete thi	s project at that addre.	ss.)
City/State of previous address Reason project	not completed at pr	evious address		
19. Would the recipient have remained in previor financial assistance? (Mark one.)	ous location or reloc	cated elsewhere if not aw	rarded this business sub	osidy or
Remained at previous location	ocated to different	Minnesota location C	☐ Relocated outside M	innesota
Section 3 General Information About	the Agreement			
20. Total dollar value of business subsidy or finassistance (Please separate value by type in		Date agreement signe date, indicate any date	ed (In addition to the agtes the agreement was	9
and 25.) \$74,866.00		10-20	-00	
22. Benefit date (Indicate the date the recipient indicate the date improvements were finished whichever is earlier.)	will benefit from the d, equipment was p 3/–0/	e business subsidy or fin laced into service, or the	ancial assistance. For recipient occupied the	example, property,
23. Does the agreement provide a business subsite reported? (Mark one.)		ur types of financial assis	stance (see Question 25	5) required to
24. If the agreement provided a business subsidy, indicate the type(s) and total dollar value fo		5. If the assistance was assistance, please ind	• • •	f financial
not applicable, agreement provided financial a	ssistance	not applicable, agreeme	ent 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.)	\$77,866. \$	assistance for property by contaminants assistance for renovatin stock or bringing it up to assistance provided for historic preservation di 50% or less of total cos assistance for pollution abatement assistance for a TIF soil	ng building to code, and designated istricts, when st control or	s s s
26. If the assistance included tax increment finar indicate the type of TIF district? (Mark one.) not applicable, assistance was not in the form of redevelopment □ renewal and renovation □ soils condition □ economic development	of TIF	7. Are any other grantor financial assistance to Yes (Specify each grant assistance below; attack in the Specific of the Speci	the same project? (Meter and the value of the han additional sheet in the match of	ark one.) eir if necessary.)
☐ mined underground space ☐ hazardous substance subdistrict	-	Grantor	Value (\$)	
	-	Grantor	Value (\$)	

Section 4 Goals and Pu	ıblic Purpos	e Identified in t	he 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 dive☐ Creating high-quality job☐ Job retention Stabilizing the community	growth		Increasing tax base (ca Mother (please specify) Owention Wa Suidance of	Pallutio	and will
29. Indicate whether the agr at the time of this report	eement include . (Fill in the bo	d the following types exes and attainment a	of goals, and whether the late(s) for each goal.)	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 wa	retention goals			get attainment (month & year)	All goals attained? Yes No Yes No Yes No Yes No
(Please attach descriptions of attainment if not documente			ject will be	complet	5 6 8-31-01
30. For each of the following wage categories, indicate the job sceation 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		•			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					2
\$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 Job Seasonal/Temp. separate FT/PT) Job Hourly Value of (excluding benefits) Creation Job Creation Job Creation Retention 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 achie (Mark one.)	ved <u>all goals</u> (s		and 31) and fulfilled <u>all ob</u>		d in the agreement?

Section 5 Recipients Failing to Fulfill Obligatio (Do not complete this section if you completed it of	ons on another 2001 MBAF sub	omitted to DTED.) N . A
33. During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.9		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 finan	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)	required to be fulfilled by the tir	me of this report? (Mark one.)
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	other (Specify reason.)	rent community
37. To date, has the recipient fulfilled its repayment obligation	ion? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	. O No, recipient has not begu	un to repay the assistance.
38. Has the agreement been amended to extend the recipient	nt's deadline for fulfilling its obliq	gations? (Mark one.)
39. Describe the steps being taken to bring recipient into con-	mpliance 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 - RECEIVED JUN 1 2001

- 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.

ection 1 Information Abo	ut Grantor		•		
1. Name of grantor (funding entity MN HALL A CANNON	nmental assist.	2. Name of person c	ompleting this for	m Mar	
3. Street address, 500 Tafayette Ro	$\ell. \gamma.$	St. Pau		IP code	-4100
6. County 6	7. Phone number 51-296-3417	8. Fax number 651-245-07	. , [–	-mail addre	ess uman @mo
10. Please indicate who in your o	rganization should receive the	2002 MBAF if differe	nt from the person	in Questic	on 2.
Name/Title	Phone number	Street addre	ss Cit	у	ZIP code
11. Classification of grantor (Macreated by gov't agency, pleacxample, a city EDA would c	se indicate affiliation. For	•	zation held a pub for awarding bus h Minn. Stat. §110	iness subsid	dies in
☐ City government☐ County government☐ Regional government☐ State government		We held a public	001 M.S. 5	not yet ado	nach criteria) Subol. 7
Other (Please specify.)		Other (Please att	-	aring	
13. Has your organization signed through December 31, 2000	l any agreements to award a bu that is required to be reported t				
XX Yes (Comple	ete the remainder of the form.)	□ No (Stop here,	go to section 5 on	page 4.)	
Section 2 Information Abo	out Recipient				
14. Name of business or organiz receiving subsidy or financia		15. Address where will be used	business subsidy	or financia	l assistance
Jeknapok, S	me.	47/ Aprile & Street address #	Or Smit O	State	MN 55014 ZIP code
16. Does the recipient have a pa	rent corporation? (Mark one.)	· ————————————————————————————————————			
Yes (Indicate name and addre	ss of parent corporation below	v. If more than one, in	dicate ultimate ov	wner.)	
Name of parent corporation		Street address	City	State	ZIP code

2. 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	17. Industry of recipient's facility (Mark one	:.):			
O yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) No (Go to Question 19.) No (Go to Question 19.) No (Go to Question 19.)			·		j.y
No (Go to Question 19.)	18. Did the recipient relocate as a result of s	igning this agreemen	t? (Mark one.)		
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	Yes (Indicate city and state of previous ad No (Go to Question 19.)	ldress and reason rec	cipient did not complet	e this project at that addre	55.)
Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota Remained at previous location Relocated to different Minnesota location Relocated outside Minnesota In the agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) Guille agreement was amended.) Guille agreement was amended.) Guille agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) Guille agreement provided a business subsidy previous principal passistance was one of the four types of financial assistance (see Question 25) required to be control (i.e., forgivable loan) Guille agreement provided a business subsidy Guille agreement provided a business subsidy Guille agreement provided agreement provided agreement provided	City/State of previous address Reason pro	ject not completed at	previous address		
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.) 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.) 23. 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.) 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 26. If the agreement provided in ancial assistance 27. If the agreement provided a business subsidy 28. If the assistance for property polluted assistance of payment 28. If the agreement provided a business subsidy 29. If agreement provided a business subsidy 29. If the assistance for property polluted assistance of payment 29. If the assistance for property polluted assistance of payment 29. If the assistance for property polluted assistance of payment 29. If the assistance for property polluted assistance of payment 29. If the assistance for property polluted assistance of property polluted assistance provided for designated historic preservation districts, when 29. Solve or less of total cost 29. Agreement provided assistance was not in the form of TIF 20. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) 21. 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.) 29. Provided for designated historic provided for designated historic provide	19. Would the recipient have remained in pr financial assistance? (Mark one.)	revious location or re	located elsewhere if no	ot awarded this business sul	osidy or
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) BES2, 309,00 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.) 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.) 24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. 33. Does the agreement provided a business subsidy or one of the four types of financial assistance 44. If the agreement provided date in the form of type. 35. If the assistance was one of the four types of financial assistance. 36. If the assistance for property polluted assistance provided for designated historic preservation districts, when soft of payment assistance for enovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when soft or the four types of financial assistance for a TIF soils condition district. 36. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) 37. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) 38. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) 39. Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) 39. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) 39. Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) 39. Are any other grantors providing a business subsidy or financial assistance to the sam	Remained at previous location	Relocated to differe	ent Minnesota location	☐ Relocated outside M	linnesota
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) BES2, 309,00 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.) 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.) 24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. 33. Does the agreement provided a business subsidy or one of the four types of financial assistance 44. If the agreement provided date in the form of type. 35. If the assistance was one of the four types of financial assistance. 36. If the assistance for property polluted assistance provided for designated historic preservation districts, when soft of payment assistance for enovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when soft or the four types of financial assistance for a TIF soils condition district. 36. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) 37. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) 38. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) 39. Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) 39. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) 39. Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) 39. Are any other grantors providing a business subsidy or financial assistance to the sam	Section 3 General Information Abo	out the Agreeme	ent		
indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property. whichever is earlier.) Company Pace Mark or	20. Total dollar value of business subsidy o assistance (Please separate value by typ	r financial	21. Date agreement date, indicate an	ny dates the agreement was	
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.) Dusiness subsidy Afinancial assistance	indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property,				
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. not applicable, agreement provided financial assistance not applicable, agreement provided financial assistance not applicable, agreement provided financial assistance not applicable, agreement provided a business subsidy not applicable, a	23. Does the agreement provide a business: be reported? (Mark one.)	subsidy or one of the	four types of financial	assistance (see Question 2	5) required to
□ loan (only principal) □ tax abatement □ TTF or other tax reduction or deferral □ guarantee of payment □ contribution of property or infrastructure □ land contribution □ other (Specify subsidy type.) □ other (Specify subsidy type.) 26. If the assistance included tax increment financing, please indicate the type of TTF district? (Mark one.) Anot applicable, assistance was not in the form of TTF □ redevelopment □ renewal and renovation □ soils condition □ conomic development □ mined underground space □ hazardous substance subdistrict □ assistance for property poliuted □ systematic for renovating building □ stock or bringing it up to code, and assistance provided for designated historic preservation districts, when □ soils condition □ assistance for property poliuted □ systematic for renovating building □ stock or bringing it up to code, and assistance provided for designated historic preservation districts, when □ soils condition □ assistance for property poliuted □ systematic for renovating building □ stock or bringing it up to code, and assistance for renovating building □ assistance for renovating building □ assistance for renovating district, when □ stock or bringing it up to code, and assistance provided for designated historic preservation districts, when □ sassistance for property poliuted □ systematic for renovating building □ assistance for pollution control or □ systematic for property poliuted □ assistance for renovating building □ assistance for pollution control or □ systematic for renovating building □ assistance for pollution control or □ systematic for renovation passistance for pollution control or □ abatement □ assistance for pollution control or □ systematic for renovation passistance for pollution c			25. If the assistance	was one of the four types of	of financial
Example Secondario Second	not applicable, agreement provided finance	cial assistance	not applicable, ag	reement provided a busines	s subsidy
□ land contribution \$ \$ assistance for pollution control or abatement □ assistance for a TIF soils condition district \$ \$ 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) Anot applicable, assistance was not in the form of TIF □ redevelopment □ renewal and renovation □ soils condition □ economic development □ mined underground space □ hazardous substance subdistrict	☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure	\$ \$ \$	by contaminants assistance for renestock or bringing assistance provide historic preservat	ovating building it up to code, and ed for designated tion districts, when	\$
indicate the type of TIF district? (Mark one.) Anot applicable, assistance was not in the form of TIF Predevelopment renewal and renovation soils condition conomic development mined underground space hazardous substance subdistrict 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.) Conomic development Grantor(s) and value of the agreement(s):	☐ land contribution	\$	assistance for pol	lution control or	\$ <u>82,309.</u> 00
assistance below; attach an additional sheet if necessary.) redevelopment		• •			
□ redevelopment □ renewal and renovation □ soils condition □ economic development □ mined underground space □ hazardous substance subdistrict □ renewal and renovation □ Silver Match only □ Grantor(s) and value of the agreement(s): □ mined underground space □ hazardous substance subdistrict	Anot applicable, assistance was not in the f	form of TIF			
	☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space		KNO In-RI	ind match on e of the agreement(s):	
Grantor Value (\$) Grantor Value (\$)				Value (\$)	

ection 4 Goals and Pu	blic Purpos	e Identified in th	e Agreement		
28. Minn. Stat. §116J.994 re of the following public p	equires that busi ourposes were st	ness subsidy and fina ated in the agreement	ncial assistance agreements? (Mark all that apply.)	state a public p	arpose. Which
☐ Enhancing economic diver ☐ Creating high-quality job t ☐ Job retention ☐ Stabilizing the community	growth		□ Increasing tax base (can Other (please specify) Other (please specify)	BODENT	vaste and ve resource
29. Indicate whether the agrant the time of this report	eement included . (Fill in the bo	d the following types exes and attainment do	of goals, and whether the reacte(s) for each goal.)	cipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	ls	established? dates (Yes X No	et attainment month & year)	All goals attained? Yes No Yes No Yes No
attainment if not documente		~ // /	oject work e	ndem	6-30-03
	age hourly value Il-time equivale	e of any employer-pro ents if you are unable	vided health insurance goal to separate goals by full- ar	s 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	<u> </u>				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					s
	urly value of an	y employer-provided	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Onlv</u> indi	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00		·			2
\$7.00 to \$8.99					2
\$9.00 to \$10.99		· <u> </u>			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> (and 31) and fulfilled <u>all obl</u>		ed in the agreement?

Section 5 Recipients Failing to. Fulfill Obligations

N.A.

Do not complete this section if you completed it of		mitted to DTED.)
33. 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 h	
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	t and the value of subsidy or fina	ncial 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 have any recipients who failed to agreement signed on or after January 1, 2000, that were	e required to be fulfilled by the ti	me of this report? (Mark one.)
35 39. Provide the following information for each recipion were to be attained by the time of reporting. (Attack) 35. Information on recipient and agreement:	ent failing to fulfill goals or any	other 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 difference of the control of the contr	erent community
37. To date, has the recipient fulfilled its repayment obliga	ation? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	e. O No, recipient has not bes	zun to repay the assistance.
38. Has the agreement been amended to extend the recipie	nt's deadline for fulfilling its obl	igations? (Mark one.)
C	Yes No	·
39. Describe the steps being 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



Name of parent corporation

2001 Minnesota Business Assistance Form RECEIVED APR 2 3 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 Information	About Grantor			
1. Name of grantor (funding	· \	2. Name of person completing this form MKE BUSTANY		
3. Street address 112 W. COURTUNE		4. City Spent VALLEY	5. ZIP code	15
6. County FIUMORE	7. Phone number 557 346 7367	8. Fax number 507 346 7249	9. E-mail ad	dress cleskmedia
10. Please indicate who in	your organization should receive the	2002 MBAF if different from	,	
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency	t (Mark one. If grantor is entity v, please indicate affiliation. For ould check "City government.")	12. Has your organization hadopted criteria for awa compliance with Minn.	rding business sul	osidies in
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		Yes (Indicate hearing date - 1/17/99 and attach criteria) No amended b/71/2000 We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)		
	signed any agreements to award a bugger of the signed and a bugger of the signed and sig			
Yes (Co	omplete the remainder of the form.)	□ No (Stop here, go to see	ction 5 on page 4.,)
Section 2 Information	About Recipient			
14. Name of business or or receiving subsidy or fir	nancial assistance	15. Address where business will be used BLO BLO AD W. Street address Cit	s subsidy or finance	Sial assistance J 55995 ZIP code
16. Does the recipient have	a parent corporation? (Mark one.)			
☐ Yes (Indicate name and a ☑ No	address of parent corporation belov	v. If more than one, indicate ul	timate owner.)	
Name of parent corporation		Street address City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
✓ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Tr	Finance, Insurance, Real Estate ade Construction Other (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 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 assi and Mark one. Assistance of Remained at previous location Relocated to diffe	relocated disewhere if not awarded this basiness subsidy or how into company to nieve into Ostandara downtown Directions are Relocated outside Minnesota
Section 3 General Information About the Agreen	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.)
\$75,000	9/1/2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment whichever is earlier.) 8/1/2002 (15T)	was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of t 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).
not applicable, agreement provided financial assistance	L not applicable, agreement provided a business subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ IF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure	assistance provided for designated
☐ preferential use of governmental facilities \$	50% or less of total cost
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	or No
☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	Grantor(s) and value of the agreement(s):
	Grantor Value (\$)
	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.) - inefeasing tax base (cannot be only purpose) ☐ Fahancing economic diversity - Creating high-quality job growth Other (please specify) R. J. _ sø6 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.) Goals Target attainment All goals established2 dates (month & year) attained? A) Specific wage and job goals to be attained within 2 years _Yes ⊡n'No ☐ Yes - .10 B) Other job-creation and/a retention goals ☐ Yes ②No ☐ Yes : ☐ No C) Other wage goals O Yes Er No ☐ Yes ☐ No ☐ Yes ŒNo D) Other goals other than wage and job goals ☐ 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 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 Health Insurance Creation 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 Part-time/ FTE (only if unable to Seasonal/Temp. separate FT/PT) Hourly Value of Hourly Wage Job Job Retention Health Insurance (excluding benefits) Creation Job Creation Job Creation less than \$7.00 \$7.00 to \$8.99

\$9.00 to \$10.99				s
\$11.00 to \$12.99				s
\$13.00 to \$14.99				\$
\$15.00 and higher				s
32. Has the recipient ach	nieved all goals (see Questions 29, 30 and	31) and fulfilled all o	bligations stipulated	in the agreement?

- No

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.		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.)	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.) INO (Stop here and sub	bmit 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 ch 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	other (Specify reason.)	•				
37. To date, has the recipient fulfilled its repayment obliga-	37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)					
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	. O No, recipient has not begu	n to repay the assistance.				
38. Has the agreement been amended to extend the recipier	38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)					
	☐ Yes ☐ No					
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:					
·		· · · · · · · · · · · · · · · · · · ·				

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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

2000 Minnesota Business Assistance Forms Submitted by City, County and State Government Agencies for Eligible Projects Reported in 2001

- 1. Albany, City of (1 form)
- 2. Belview, City of (1 form)
- 3. Benton County (1 form)
- 4. Buhl, City of (1 form)
- 5. Caledonia, City of (1 form)
- 6. Cambridge, City of (1 form)
- 7. Cannon Falls, City of (1 form)
- 8. Chisago County HRA-EDA (1 form)
- 9. Dakota County CDA (1 form)
- 10. Detroit Lakes, City of (1 form)
- 11. Fergus Falls, City of (1 form)
- 12. Hibbing, City of (1 form)
- 13. Houston County (1 form)
- 14. Hugo, City of (1 form)
- 15. Jordon, City of (1 form)
- 16. Le Center, City of (1 form)
- 17. Little Falls, City of (1 form)
- 18. Melrose Area Development Authority (1 form)
- 19. MN Department of Trade and Economic Development (11 forms)
- 20. Monticello, City of (1 form)
- 21. Monticello EDA (1 form)
- 22. Monticello HRA (1 form)
- 23. Moorhead, City of (2 forms)
- 24. North Branch EDA (1 form)
- 25. Northfield, City of (1 form)
- 26. Northfield EDA (1 form)
- 27. Ramsey, City of (1 form)
- 28. Richfield, City of (1 form)
- 29. Robbinsdale EDA (1 form)
- 30. Sartell, City of (1 form)
- 31. St. Paul Port Authority (1 form)
- 32. South St. Paul HRA (1 form)
- 33. West St. Paul, City of (1 form)



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- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §1161.993 to §1161.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAP even if an agreement was not signed during the period August 1, 1999 through December 31, 1999:

 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

400 Rq 12 Ro AD AUE ALDANY 55307-0370 6. County 7. Phone number \$20-845-4344 20-845-3346 9. B-mail address 20/549 orly @ alba 10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2. Name/Title Phone number Street address City ZIP code 11. Classification of granter (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 County government Other (Please specify.) 13. Har your organization signed any agreements to sward a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. \$1161.993 and \$1161.9947 (Mark one.) All year (Complete the remainder of the form.) 15. Address where business subsidy or financial assistance will be used 16. Does the recipient have a parent corporation below. If more than one, Indicase ultimate owner.) Yes (Indicate name and address of parent corporation below. If more than one, Indicase ultimate owner.)	3. Street address 4. City 5. ZIP code 4. City 5. ZIP code 6. County 7. Phone number 8. Fex number 9. B. mail address 7. Street address all addre	Questions? Call (651) 297-2335. Information on action 1 Information About Grantor	on where to mail or fax your completed MBAF(s) in on page 4.
4. Cisy 400 Rq 1 Ro AD AVE 55,707-0370 6. County 7. Phone number 8. Fax number 9. B-mail address 20-845-3346 10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2. Name/Title Phone number 11. Classification of grantor (Mark one. H grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") City government County government Cregional government County government Chesional gove	4. Cisy 400 Rq 11 Ro AB AVE 55707-0370 6. Country 7. Phone number 8. Fax number 9. B-mail address 20-845-3146 9. B-mail addre	. Name of grantor (funding entity)	2. Name of person completing this form
400 Rq 1 Ro A D A U E 5 207-0370 6. County 7. Phone number \$ Pan num	### ALBANY 5-307-0370 6. County 7. Phone number 8. Fex number 9. B-mail address 9. STEARNS 72-8-55-444 720-8-55-3-46 9.5-8-55-3	CITY OF ALBANY	·
3. Fax number 3. Fax numbe	3. Fine number 4. Fine number 5. F		
Name/Title Phone number Street address City ZIP code 11. Classification of grantor (Mark one. If grantor is entity created by gov' agency, please indicate affiliation. For example, a city EDA would check "City government.") **City government** County government** Regional government** Other (Please specify.) Other (Please specify.) 13. Has your organization beld a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. \$116J.994? (Mark one.) We held a public hearing out of the form of the form of the government is the lead a public hearing but have not yet adopted criteria (Indicate date of InItial hearing of criteria (Indicate date of InItial hearing of the grant article explanation.) We held a public hearing but have not yet adopted criteria (Indicate date of InItial hearing of the grant article explanation.) Other (Please attach explanation.) Other (Please attach explanation.)	10. Please indicate who in your organization should receive the 2001 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 City government City government." **City government City government City 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 - 10/20/19 and attach criteria) Other (Please specify.) 13. Has your organization signed any agreements to sward a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) **Pres (Complete the remainder of the form.) **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 500 (3 57 ALBANY 57307 Street address City ZIP code 16. Does the recipient have a parent corporation? (Mark one.)	7. Phone number	8 Fax number 9 R-mail address
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** Co	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** Other (Please specify.) Other (Complete the remainder of the form.) No (Stop here. go to section 5 on page 4.) Section 2 Information About Recipient** Address where business subsidy or financial assistance will be used Stop of the subsidy of financial assistance will be used Stop of the subsidy of financial assistance will be used Stop of the subsidy of financial assistance will be used Stop of the subsidy of financial assistance will be used Stop of the subsidy of financial assistance will be used Stop of the subside of		
adopted criteria for awarding business subsidies in compliance with Minn. Stat. §1163.994? (Mark one.) **City government** County government** Count	adopted criteria for awarding business subsidies in compliance with Minn. Stat. §1161.994? (Mark one.) City government County	Name/Title Phone number	Street address Ciry ZIP code
□ County government □ State government □ Other (Please specify.) □ Other (Please attach explanation.) □ No (Stop here, go to section 5 on page 4.) □ No (Stop here, go to section 5 on page 4.) □ Other (Please attach explanation.) □ No (Stop here, go to section 5 on page 4.) □ No (Stop here, go to sectio	□ County government □ State government □ State government □ Other (Please specify.) □ Other (Please specify.) □ Other (Please specify.) □ Other (Please strach expluration.) □ No (Please attach expluration.) □ No (Please attach expluration.) □ No (Stap here, go to section 5 on page 4.) □ No	created by gov't agency, please indicate affiliation. For	or adopted criteria for awarding business subsidies in
Criteria (Indicate date of Initial hearing	Other (Please specify.) 13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.9947 (Mark one.) 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 will be used 15. Address where business subsidy or financial assistance will be used 500 13 57 AUBANY 576307 Street address City ZIP code 16. Does the recipient have a parent corporation? (Mark one.) 17. Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)		Xxs (Indicate hearing date - 10/20/99 and attach criteria)
Other (Please specify.) 13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Sist. \$116J.993 and \$116J.9947 (Mark one.) After (Complete the remainder of the form.) No (Stop here, go to section 5 on page 4.) Section 2 Information About Recipient 14. Name of business or organization receiving subsidy or financial assistance will be used 500 325 57 AUBANY 57307 Street address Where business subsidy or financial assistance will be used 500 135 ST AUBANY 57307 Street address City ZIP code 16. Does the recipient have a parent corporation? (Mark one.) 17 Yes (Indicate name and address of parent corporation below. If more than one, Indicate ultimate owner.)	Other (Please specify.) 13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.9947 (Mark one.) Appear (Complete the remainder of the form.) No (Stop here, go to section 5 on page 4.) Section 2 Information About Recipient 14. Name of business or organization receiving subsidy or financial assistance will be used 15. Address where business subsidy or financial assistance will be used 500 13 ST ALBANY 57.307 Street address City ZIP code 16. Does the recipient have a parent corporation? (Mark one.)	Regional government	☐ We held a public hearing but have not yet adopted
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. \$1161.993 and \$1161.9947 (Mark one.) If the Complete the remainder of the form. If No (Stop here, go to section 5 on page 4.) Information About Recipient	13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Sut. \$1161.993 and \$1161.9947 (Mark one.) No (Stop here, go to section 5 on page 4.) No (Stop here, go to section 5 on page 4.) Section 2 Information About Recipient 15. Address where business subsidy or financial assistance will be used 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.)		, , , , , , , , , , , , , , , , , , , ,
through December 31, 1999 that is required to be reported under Minn. Stat. §1 16J.993 and §1 16J.9947 (Mark one.) 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 will be used 15. Address where business subaidy or financial assistance will be used 500 13 - 57 ALBANY 576.307 Street address City ZIP code 16. Does the recipient have a parent corporation? (Mark one.) 17. Yes (Indicate name and address of parent corporation below. If more than one, Indicate ultimate owner.)	through December 31, 1999 that is required to be reported under Minn. Size. \$1161.993 and \$1161.9947 (Mark one.) [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 will be used [15. Address where business subsidy or financial assistance will be used [16. Does the recipient have a parent corporation? (Mark one.) [17. Address where business subsidy or financial assistance will be used [18. Address where data address of parent corporation? (Mark one.)	1 Other (Please specify.)	U Other (Please attach explanation.)
14. Name of business or organization receiving subsidy or financial assistance 15. Address where business subsidy or financial assistance will be used 500 13 15 57 ALBRNY 576307 Street address City ZIP code 16. Does the recipient have a parent corporation? (Mark one.) 17. Yes (Indicate name and address of parent corporation below. If more than one, Indicate ultimate owner.)	14. Name of business or organization receiving subsidy or financial assistance 15. Address where business subsidy or financial assistance will be used 500 3 5 T ALBANY 57307 Street address City ZIP code 16. Does the recipient have a parent corporation? (Mark one.) 17. Yes (Indicate name and address of parent corporation below. If more than one, Indicate ultimate owner.)	through December 31, 1999 that is required to be report	erted under Minn. Stat. \$1161.993 and \$1161.9947 (Mark one.)
14. Name of business or organization receiving subsidy or financial assistance will be used will be used STEPANNS BANK 15. Address where business subsidy or financial assistance will be used STEPANNS BANK Street address City ZIP code 16. Does the recipient have a parent corporation? (Mark one.) 17. Yes (Indicate name and address of parent corporation below. If more than one, Indicate ultimate owner.)	14. Name of business or organization receiving subsidy or financial assistance 15. Address where business subsidy or financial assistance will be used 500 37 Street address City ZIP code 16. Does the recipient have a parent corporation? (Mark one.) 17. Address where business subsidy or financial assistance will be used 500 37 Street address City ZIP code	Yes (Complete the remainder of the for	orm.) UNO (Stop here, go to section 3 on page 4.)
receiving subsidy or financial assistance will be used 500 13 - 57 ALBANY 576307 Street address City ZIP code 16. Does the recipient have a parent corporation? (Mark one.) 17 Yes (Indicate name and address of parent corporation below. If more than one, Indicate ultimate owner.)	receiving subsidy or financial assistance will be used 500 3 5 7 ALBANY 576307 Street address City ZIP code 16. Does the recipient have a parent corporation? (Mark one.) 17 Yes (Indicate name and address of parent corporation below. If more than one, Indicate ultimate owner.)	ection 2 Information About Recipient	
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	16. Does the recipient have a parent corporation? (Mark one.) Wes (Indicate name and address of parent corporation below, If more than one, Indicate ultimate owner.)	2	· · · · · · · · · · · · · · · · · · ·
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	16. Does the recipicat have a parent corporation? (Mark one.) 2 Yes (Indicate name and address of parent corporation below, If more than one, Indicate ultimate owner.)	CTTO 2000 Daysh	500 13th ST ALBANY 57830
Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)	☐ Yes (Indicate name and address of parent corporation below. If more than one, Indicate ultimate owner.)		
MNo		16. Does the recipient have a parent corporation? (Mark one	ne.)
			below. If more than one, indicate ultimate owner.)
Name of parent corporation Street address City State ZIP code	Name of parent corporation Street address City State ZIP code	Name of parent corporation	Street address City State ZIP code

	√
C Manufacturing C Services	Finance, Insurance, Real Estate
☐ Retail Trade ☐ Wholesale Trad	le 'D Construction D Other (please specify)
18. Did the recipient relocate as a result of signing this agreemen	nt? (Mark one.)
(I Yes (Indicase vity and state of previous address and reason red 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
 Would the recipient have remained in previous location or re- financial assistance? (Mark one.) 	alocated elsewhere if not awarded this business subsidy or
O Remained at previous location Relocated to differ	ent Minnesota location
ection 3 General Information About the Agreement	
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25, and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$ 256,000	10/26/99
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.)	
23. Does the agreement provide a business subsidy or one of the	
be reported? (Mark one.)	,104 3,704 31 22 22 22 22 22 22 22 22 22 22 22 22 22
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	Anot applicable, agreement provided a business subsidy
Aloan grant (i.e., forgivable loan) tax abatement Lift or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district
☐ land contribution ☐ other (Specify subsidy type.)	
	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
26. If the assistance included tax increment financing, please	
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	financial assistance to the same project? (Mark one.) Tes (Specify each granter and the value of their
Other (Specify subsidy type.) 26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) Dot applicable, assistance was not in the form of TIF redevelopment renewal and renovation	Inancial assistance to the same project? (Mark one.) The Yes (Specify each granter and the value of their assistance below; attach an additional sheet if necessary.)

Grantor

Value (\$)

of the following public pur	poses were state	ed in the agreement:	(Mauricus Indiappry.)		
Enhancing economic diver			Increasing tax base (annot be only purpo	ose) y
Creating high-quality job growth			Other (please specify Other (please specify	PNOUWER &	vally (ms)
A Job recention			W Other (please specify)crable majos	TATIGSTY ULT 18
2 Stabilizing the community			XOther (please specify)_[curaps 1.61	M is friends
Indicate whether the agree at the time of this report.			_	recipient had attain	ed those goals
			Goals Ta	rget attainment	All goals
•				s (month & year)	attained?
A) Specific wage and job goals to be attained within 2 years			/- · · · · · · · · · · · · · · · · · · ·	3/1/02	Yes No
Other job-creation and/or	retention goals		O Yes O No		D Yes DNo
i) Other wage goals	ana and int	1-	Yes UNo		☐ Yes ☐ No ☐ Yes ☐ No
) Other goals other than wa	irko smrt loo kost	l)	U Yes UNo		GIE GNO
Pleuse attach descriptions o	of guals and pro	gress toward attain	ment if not documented in	Question 30.)	
-	ige bourly value U-time equivales	of any employer-pi nts if you are unable	tovided health insurance go to separate goals by full-	als for those jobs. (
Wtu W	Full-time	Part-thme/	FTE (<u>eply</u> if goods not		Martin Makas ad
Hourty Wage (excluding benefits)	Job Creation	Semonal/Temp. Job Creation	stated as FT/PT) Jub Creation	Job Retention	Hourly Value of Health IMPrence
· · · · · · · · · · · · · · · · · · ·			,		Benetits
no bourly wage-level goal					5
less than \$7.00					2
M M	34			59	, 1.14
\$7.00 w \$8.99	<i></i>			-	/رد
\$9.00 to \$10.99				-	s
\$11.00 to \$12.99					5
					•
\$13.00 to \$14.99					3
P16 00 am 4 L1 L				~	S
\$15.00 and higher					ce the benefit
31. For each of the following date and the actual hon full-time equivalents if Hourty Wage	urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Semanal/Temp.	d health insurance for those stion inso full- and part-sin FTE (eaty if enable to separate FT/PT)	e jobs. (<u>Only</u> indica se positions.)	te job creation in Hearty Value of
31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding hearits)	urly value of an you are unable	y employer-provided to separate job crea Part-time/	d health insurance for those stion into full- and part-sin FTE (easy V enable to	e jobs. (<u>Only</u> indica se positions.)	se job creation in
1. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Semanal/Temp.	d health insurance for those stion inso full- and part-sin FTE (eaty if enable to separate FT/PT)	e jobs. (<u>Only</u> indica se positions.)	te job creation in Hearty Value of
1. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding headits)	urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Semanal/Temp.	d health insurance for those stion inso full- and part-sin FTE (eaty if enable to separate FT/PT)	e jobs. (<u>Only</u> indica se positions.)	te job creation in Hearty Value of
1. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urty value of an you are unable Fall-time Job Creation	y employer-provided to separate job crea Part-time/ Semanal/Temp.	d health insurance for those stion inso full- and part-sin FTE (eaty if enable to separate FT/PT)	e jobs. (<u>Only</u> indica se positions.)	te job creation in Hearty Value of
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 an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Semanal/Temp.	d health insurance for those stion inso full- and part-sin FTE (eaty if enable to separate FT/PT)	e jobs. (<u>Only</u> indica se positions.)	te job creation in Hearty Value of
31. For each of the following date and the actual hour full-time equivalents if Hourty Wage (excluding beautits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	urty value of an you are unable Fall-time Job Creation	y employer-provided to separate job crea Part-time/ Semanal/Temp.	d health insurance for those stion inso full- and part-sin FTE (eaty if enable to separate FT/PT)	e jobs. (<u>Only</u> indica se positions.)	te job creation in Hearty Value of
31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding beautits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urty value of an you are unable Fall-time Job Creation	y employer-provided to separate job crea Part-time/ Semanal/Temp.	d health insurance for those stion inso full- and part-sin FTE (eaty if enable to separate FT/PT)	e jobs. (<u>Only</u> indica se positions.)	te job creation in Hearty Value of

Section 5 Recipients Failing to Fulfill Obligations (Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.) 33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. \$1163.993 and \$1163.994? (Mark one.) D 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 algord on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) No (Stop here and submit form to DTED.) A Yes (Complete the remainder of this section.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement Name of recipient in default Initial value of Type of subsidy or assistance subsidy or assistance Outstanding value of Street address of recipient City/ZIP code of recipient subsidy or anaistance 36. Reason(s) for default (Mark all that apply.): U recipient ceased operation I recipient 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.) Yes ONo, recipient has begun to repay the assistance. O No, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) OYes DNo 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

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

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



.2000

00-0532

2001 Minnesota Business Assistance Form RECEIVED APR 1 0 2001

- 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

City of Belview	2. Name of person Lori	Ryer	this form	
3 Street address 202 5 Main St. P.O. Box 159	4. City Belviec	υ	5. ZIP code 5621	4
6. County 7. Phone number 501 938 433	8. Fax number 507 938	4382	9. E-mail add Delview (9)	lress Co <u>nnect</u> ,com
10 Please indicate who in your organization should rece	ive the 2002 MBAF if diffe	rent from the	person in Ques	tion 2.
Name/Title Phone number	Street udd	ress	City	7.IP code
11. Classification of grantor (Murk one. If grantor is enti- created by gov't agency, please indicute affiliation example, a city EDA would check "City government."	For adopted criter	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 h □ No □ We held a publi criteria (Indicate □ Other (Please a)	c hearing bu	t have not yet ac	lopted
Has your organization signed any agreements to awaithrough December 31, 2000 that is required to be rep	ported under Minn. Stat. §11	6J.993 and	§116J.994? <i>(Ma</i>	
through December 31, 2000 that is required to be rep	ported under Minn. Stat. §11	6J.993 and	§116J.994? <i>(Ma</i>	
through December 31, 2000 that is required to be rep	ported under Minn. Stat. §11	6J.993 and	§116J.994? (Ma	rk one.)
Section 2 Information About Recipient 14 Name of business or organization	form.) No (Stop here. 15. Address where	61.993 and go to section go to	§ 116J.994? <i>(Ma</i> on 5 on page 4.) obsidy or financi	rk one.) al assistance
Section 2 Information About Recipient 14 Name of business or organization receiving subsidy or financial assistance	orted under Minn. Stat. §11 form.) No (Stop here 15. Address where will be used 102 S. Mo Street address	61.993 and go to section go to	§ 116J.994? <i>(Ma</i> on 5 on page 4.) obsidy or financi	rk one.) al assistance
Section 2 Information About Recipient 14 Name of business or organization receiving subsidy or financial assistance Heartland Wood Products	orted under Minn. Stat. §11 form.) No (Stop here 15. Address where will be used 102 S. Mo Street address one.)	61.993 and go to section go to section	\$116J.994? (Ma on 5 on page 4.) absidy or financi Belview. State	rk one.) al assistance

17 Industry of recipient's facility (Mark one.)	:			•
	□ Services □ Wholesalc Trade	☐ Finance, Insurance ☐ Construction	nce, Real Estate Other (please speci	ify)
18 Did the recipient relocate as a result of sign	ning this agreemen	t? (Mark one.)		
☐ Yes (Indicate city and state of previous addr. ②No (Go to Question 19.)	-	•	his project at that addre	ess)
	t not completed at			
19. Would the recipient have remained in previous financial assistance? (Mark one.)	ious location or rele	ocated elsewhere if not a	iwarded this business sc	absidy or
<u></u>		nt Minnesota location	☐ Relocated outside N	Ainnesota
Section 3 General Information About	the Agreemen	nt		
20 Total dollar value of business subsidy or finassistance (Please separate value by type in and 25.)		21. Date agreement sign date, indicate any d	ned (In addition to the d dates the agreement was	
#100,000			-5-99	
22 Benefit date (Indicate the date the recipient indicate the date improvements were finished whichever is earlier) [-19]				
23. Does the agreement provide a business subside reported? (Mark one.)		four types of financial ass	sistance (see Question 2	(5) required to
24. If the agreement provided a business subsidy indicate the type(s) and total dollar value f		25. If the assistance was assistance, please in		of financial
anot applicable, agreement provided financial a	j	🗆 not applicable, agreen	nent provided a busines	s subsidy
loan (only principal)	\$ 100,000	assistance for property	y polluted	\$
☐ grant (i.e., forgivable loan) ☐ tax abatement		by contaminants assistance for renovati	ing huilding	ς.
D TIF or other tax reduction or deferral	s	stock or bringing it up		<u> </u>
→ guarantee of payment	s	assistance provided for	or designated	
☐ contribution of property or infrastructure	2	historic preservation		
Dipreferential use of governmental facilities Uland contribution	3	50% or less of total co Li assistance for pollutio		\$
in other (Specify subsidy type.)	s	abatement	11 600000000000000000000000000000000000	*
		assistance for a TIF so	oils condition district	\$
26 If the assistance included tax increment fina indicate the type of TIF district? (Murk one.		27. Are any other grante financial assistance	ors providing a business to the same project? (M	
Unor applicable, assistance was not in the form	of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)		
2 redevelopment				
☐ renewal and renovation	1	□ No		
U soils condition U conomic development		Grantor(s) and value of t	: L = = ===	
Umined underground space	į			
hazardous substance subdistrict		MN Valley Ba Grantor MN Initiative	Fund 50,	000 _
	17.5	Grantor	Value (5)	1000_

Section 4	Goals and Pul	blic Purpose Identi	ified 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)					
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 dates (month & year) A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals C) Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)							
agreement and the avera	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/ Scasonal/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_		
S7 00 to \$8 99	•			·	\$. <u></u>		
\$9.00 to \$10.99			_8	7	s <u>/_</u>		
\$11 00 to \$12.99			_	<u>_</u>	s_ <u>/</u> _		
\$13 00 to \$14.99			, .		s		
\$15 00 and higher	-		· . 		s_ <u>_</u>		
date and the actual hou	rly value of any you are unable t	employer-provided o separate job creat	ber of actual jobs created health insurance for those ion into full- and part-time	jobs. (Only indica	nce the benefit ute job creation in		
Hourly Wage (excluding benefits)	Full-time Jub 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					\$ <u>-</u>		
\$7.00 to \$8.99	<u> </u>				s. <u>L</u>		
59 00 to \$10.99		 .		جاــ	s. <u>/</u>		
\$11.00 to \$12 49				3	s <u>/</u>		
\$13.00 to \$14.99		· <u> </u>		<u>/</u>	s/		
\$15 00 and higher					s <u></u>		
	ved all goals (see	Questions 29, 30 a	nd 31) and fulfilled all obl	igations stipulated	in the agreement?		
(Mark one.)							

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it of	n another 2001 MBAF subi	mitted to DTED.)
33. 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 194? <i>(Mark une.)</i>	we any recipients who failed to
TYes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that
√No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
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	nc of this report? (Mark one.)
35 - 39. Provide the following information for each recipier were to be attained by the time of reporting. (Auac		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.):		
	U recipient relocated to a differe U other (Specify reason)	ent community
37 To date, has the recipient fulfilled its repayment obligation	on? (Mark one)	
2 Yes 2 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 oblig	ations? (Mark one.)
P	′es ⊔ No	
39. Describe the steps being taken to bring recipient into con	appliance 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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- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information Al	bout Grantor			·
1. Name of grantor (funding er	ntity)	2. Name of person completing	ng this form	
3. Street address P. D. Box 12	1	4. City Dley	5. ZIP code 563	29
6. County Beinton	7. Phone number 320/968-5071	8. Fax number 320/968 - 5329	9. E-mail add	dress @ Co. benton Mi
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from		i
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 h adopted criteria for awa compliance with Minn.	rding business sub	osidies in
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		Yes (Indicate hearing da No We held a public hearing criteria (Indicate date of Other (Please attach expl	but have not yet a initial hearing -	adopted
	ned any agreements to award a bug that is required to be reported to			
X Yes (Comp	lete the remainder of the form.)	☐ No (Stop here, go to sec	ction 5 on page 4.)	
Section 2 Information A	bout Recipient			
14. Name of business or organ receiving subsidy or finance		15. Address where business will be used	•	
Northerest, LLC		1009 Industrial Are Sauk Rap. Street address City ZIP code 56		
16. Does the recipient have a p	parent corporation? (Mark one.)			
☐ Yes (Indicate name and add ☑ No	lress of parent corporation below	v. If more than one, indicate u	ltimate owner.)	
Name of parent corporation		Street address City		ate ZIP code

17. Industry of recipient's facility (Mark one.):							
☐ Manufacturing	☐ Finance, Insurance, Real Estate de ☐ 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 recipient did not complete this project at that address.) ☑ No (Go to Question 19.)							
St. Cloud No Space available 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.)	relocated elsewhere if not awarded this business subsidy or						
☐ Remained at previous location ☐ Relocated to different	ent Minnesota location 🔲 Relocated outside Minnesota						
Section 3 General Information About the Agreem	ent						
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)						
\$ 99.900	10/99						
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.)	n the business subsidy or financial assistance. For example, vas 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.) Substituting the business subsidy	e 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	not applicable, agreement provided a business subsidy						
oan grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.)	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district						
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)						
O 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): Lize of Sauk Rasials Grantor Value (\$)						
	Grantor Value (\$)						

of the following brone i	ourposes were s	tated in the agreeme	ent? (Mark all that ap	eements state a public	
Enhancing economic dive	rsity	•		se (cannot be only pur	
Creating high-quality job	growth		Other (please spe	cify) cify)	
Job retention Stabilizing the community	,		Other (please spe		· · · · · · · · · · · · · · · · · · ·
		1.1. 6.11			
 Indicate whether the agr at the time of this report 	eement include. (Fill in the bo	a the tollowing type exes and attainment	date(s) for each goal.	er the recipient had all	when mose Roms
		•	Goals	Target attainment	All goals
· · · · · · · · · · · · · · · · · · ·	-l- 4- 1 444-i-	٠	established? Yes 🗆 No	dates (month & year) November 200	attained? Yes O No
) Specific wage and job go) Other job-creation and/or			Q Yes Q No	INDVENTOR ACO	Q Yes Q No
Other wage goals			☐ Yes ☐ No		☐ Yes ☐ No
Other goals other than wa	age and job goa	ls	☐ Yes ☐ No		□ Yes □ No
Please attach descriptions o tainment if not documente					
). For each of the following agreement and the average					
job creation goals in fu					
House Was-	Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if goals stated as FT/PT)		Hourly Value of
Hourly Wage (excluding benefits)	Creation_	Job Creation	Job Creation) Job Retention	Health Insurance
<u>-</u>	(FTE)		000 00000		_
no hourly wage-level goal		 :			3——
less than \$7.00					s
\$7.00 to \$8.99	7		-		2
\$9.00 to \$10.99	6				S
\$11.00 to \$12.99					5
\$13.00 to \$14.99					5
\$15.00 and higher				·	5
For each of the following date and the actual hor full-time equivalents if	urly value of an you are unable	y employer-provide to separate job cre	d health insurance for ation into full- and pa	those jobs. (<u>Only</u> inderstime positions.)	
Unnels Wan-	Full-dme Job	Part-time/	FTE (only if unabl		Hourly Value of
Hourly Wage (excluding benefits)	Crestion	Sessonal/Temp. Job Creation	separate FT/PT) Job Resention	Health Insurance
less than \$7.00	1	5	3		3
\$7.00 to \$8.99		10	3		<u></u>
\$9.00 to \$10.99		7	25		\$
\$11.00 to \$12.99	1	3	15		•
		<u> </u>	Company of the Compan		•
		-	4.5		,1.66
\$13.00 to \$14.99	يخ ا				
\$15.00 and higher	_&_		013.	all obligations stipulat	

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

(Do not complete this section	on ij vou completea ii c	on another 2000 MBAF Sub	miliea to DTED.)					
33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)								
Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)								
A Company								
YEL 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 required to be fulfilled by the tir						
☐ Yes (Comple	te the remainder of this section	on.) No (Stop here and su	bmit form to DTED .)					
		ent failing to fulfill goals or any out						
35. Information on recipient a	nd agreement:							
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance					
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance					
36. Reason(s) for default (Mar	rk all that apply.):							
☐ 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 <u>has l</u>	pegun to repay the assistance	. O 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 ta	ken to bring recipient into co	ompliance or recoup the subsidy:						
·								
								

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

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



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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

Section 1 Amountation 210	out Ginnedi					
1. Name of grantor (funding er DTED - City		2. Name of person completing this form Mary A. Markas, Finance				
3. Street address 300 Jones Ave.	PO Box 704	4. City Buhl, MN	5. ZIP code 55713			
6. County St. Louis	7. Phone number 218-258-3226	8. Fax number 218-258-3796	9. E-mail address			
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from the	e person in Question 2.			
Name/Title	Phone number	Street address	City ZIP code			
	Mark one. If grantor is entity ease indicate affiliation. For 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 - -2\(\circ\) \subset 7 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 August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.) 2 Yes (Complete the remainder of the form.) 2 No (Stop here, go to section 5 on page 4.)						
Section 2 Information About Recipient						
14. Name of business or organ receiving subsidy or finance		15. Address where business subsidy or financial assistance will be used				
KidsPeace/Poir	nt ReJuvenate	200 Wanless Str Street address	City ZIP code			
16. Does the recipient have a r	16. Does the recipient have a parent corporation? (Mark one.)					

Name of parent corporation

Street address

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

State

City

ZIP code

10 T. J. A. S. G. Siring C. Wey (M. J. J.)	
17. Industry of recipient's facility (Mark one.):	D. Finance Insurance Real Fators Charter Sch
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trade	Tiliance, insurance, Real Estate
8. Did the recipient relocate as a result of signing this-agreement	
Yes (Indicate city and state of previous address and reason re No (Go to Question 19.)	ecipient 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.)	relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to different	ent Minnesota location
ection 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$ 293,000	10-7-99
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.)	n the business subsidy or financial assistance. For example, vas 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
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	🗖 not applicable, agreement provided a business subsidy
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	☑ 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 (\$)
	Grantor Value (\$)

28. Minn. Stat. §116J.994 r	equires that bus	siness subsidy and fir			purpose. Which	
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the communit	ersity growth	stated in the agreeme	☐ Increasing tax base (i ☐ Other (please specify ☐ Other (please specify ☐ Other (please specify	cannot be only pur		
29. Indicate whether the ag at the time of this report				ne recipient had att	ained 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 age and job goals of goals and pro	s als ogress toward	established? date Yes \(\) No \(\) Yes \(\) No \(\) Yes \(\) No \(\)	rget attainment es (month & year) 12-31-2001	All goals attained? Yes No Yes No Yes No Yes No	
30. For each of the following			creation and/or retention	goals stated in the		
agreement and the aver-	age hourly valu	e of any employer-pr	rovided health insurance g to separate goals by full-	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	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00	Agree	ment state	ed that 136	new	s	
\$7.00 to \$8.99	9 per	manent j	los to be c	reated	s _	
\$9.00 to \$10.99	by 1	2-31-2001.	ed that 136,00s to be C		\$	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					3	
\$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 Job Seasonal/Temp. separate FT/PT) Job Hourly Value of						
(excluding benefits) less than \$7.00	Creation O	Job Creation	Job Creation	Retention	Health Insurance	
	5				s	
\$7.00 to \$8.99	35	13				
\$9.00 to \$10.99	2.*	<u> </u>			s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99	<u>13</u>				\$	
\$15.00 and higher	_30				s	
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s	-	and 31) and fulfilled <u>all o</u>	bligations stipulate	ed in the agreement?	

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it	on another 2000 MBAF sub	mitted to DTED.)					
33. During the period August 1 through December 31+199 required by Minn. Stat. §116J.993 and §116J.994? (M		recipients who failed to report as					
☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)							
⊠ No							
Name of recipient Type of subsidy or assistanc	e (See Questions 24 and 25.)	Value of subsidy or assistance					
34. Did your organization have any recipients who failed t agreement signed on or after August 1, 1999, that were							
☐ Yes (Complete the remainder of this secti	on.) 🗷 No (Stop here and sub	mit form to DTED .)					
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Atta							
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.)	ent community					
37. To date, has the recipient fulfilled its repayment obliga	ation? (Mark one.)						
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	e. • No, recipient has not begu	n to repay the assistance.					
38. Has the agreement been amended to extend the recipie	nt's deadline for fulfilling its oblig	gations? (Mark one.)					
٥	Yes 🖸 No						
39. Describe the steps being taken to bring recipient into c	ompliance or recoup the subsidy:						

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

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

Development

00-0284

2000 Minnesota Business Assistance Form

(To replace 2001 form submitted on March 30, 2001) RECEIVED JUN 2 8 2001

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Muin. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
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- If a local or state government agency that is required to report has not done so by April 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

1. Name of grantor (funding entity) City of Caledonia		2. Name of person completing this form Joyce Iverson, Community Dev. Coord.		
3. Street address 231 East Main Street - PO Box 232		4. City Caledonia	5. ZIP code 55921	
6. County Houston			9. E-mail address joyceiv@means.net	
10. Please indicate who in your organization should receive the Robert Nelson, Clerk-Admin 507-725-345			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.)		Solves (Indicate hearing date 3-27-00 and attach criteria) No Amended Hearing Date: 7-10-00 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 August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
vas y es (Comp	lete the remainder of the form.)	No (Stop here, go to section	n 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					
Caledonia Lodging, L.L.C.	508 N. Kruckow Ave Street address	e, Caledonia, City	MN 55921 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 C	ity State	ZIP code			

Page 1 of 4

17. Industry of recipient, s facility (Mark one.):						
☐ Manufacturing ☐ Retail Trade	M.Services Li Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)Lodging				
18. Did the recipient relocate as a result of si	gning this agreement?	(Mark one.)				
☐ Yes (Indicate city and state of previous add 24 No (Go to Question 19.)	dress and reason recip	pient did not complete this project at that address.)				
City/State of previous address Reason proj	ect not completed at p	revious address				
19. Would the recipient have remained in pre- financial assistance? (Mark one.)	evious location or relo	cated elsewhere if not awarded this business subsidy or				
N/A New Facility Remained at previous location u	Relocated to different	t Minnesota location U Relocated outside Minnesota				
Section 3 General Information About the A	greement					
20. Total dollar value of business subsidy or assistance (Please separate by type - see	•	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)				
and 25 - and indicate only principal amo		Tax Abatement Agreement: 12-13-99				
\$50,000						
	•	ne business subsidy or financial assistance. For example, aced into service, or the recipient occupied the property,				
whichever is earlier.) November 19						
23. Does the agreement provide a business st be reported? (Mark one.)	ubsidy or one of the fo	our types of financial assistance (see Question 25) required to				
	business subsidy L	J financial assistance				
24. If the agreement provided a business subsindicate the type(s).	idy, please	 If the assistance was one of the four types of financial assistance, please indicate the type(s). 				
U not applicable, agreement provided financi	al 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.)	į	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district				
26. If the assistance included tax increment f 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.)				
M not applicable, assistance was not in the fo	rm of TIF	Mates (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)				
U redevelopment U renewal and renovation	1	⊔ No				
☐ soils condition						
☐ economic development	1	Grantor(s) and value of the agreement(s):				
☐ mined underground space ☐ hazardous substance subdistrict		Houston County-Tax Abate:\$65,735				
- Harm some negatition reconstitution	} .	Grantor Value (\$)				
		Grantor Value (\$)				

Section 4	Goals and	Public	Purpose	Identified	in the A	Agreement
-----------	-----------	--------	----------------	------------	----------	-----------

28. Minn. Stat. §116J.994 recof the following public purp	quires that busi poses were state	ness subsidy and fina ed in the agreement?	ncial assistance agreemen (Mark all that apply.)	ts state a public pu	rpose. Which		
bil Enhancing economic diversity bil Creating high-quality job growth ☐ Job retention bil Stabilizing the community			☐ Increasing tax base (cannot be only purpose) ☐ Other (please specify) ☐ Other (please specify) ☐ Other (please specify)				
29. Indicate whether the agree at the time of this report.				recipient had attain	ed those goals		
A) Specific wage and job goals to be attained within 2 years. B) Other job-creation and/or retention goals. C) Other wage goals. D) Other goals other than wage and job goals. (Please attach descriptions of goals and progress toward attainn			established? dates by Yes UNO UYES MINO UYES MINO NOV		All goals attained? Mayes UNo UYes UNo UYes UNo Mayes UNo		
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 insurancegoals 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	•••	• •			s		
tess than \$7.00			7.5*		·-0-		
\$7.00 to \$8.99	* .				\$		
\$9.00 to \$10.99					S		
\$11.00 to \$12.99					S ,		
\$13.00 to \$14.99		********			S		
\$15.00 and higher		·	· · · · · · · · · · · · · · · · · · ·	• 0 0	s		
	ly value of any	employer-provided l	ber of actual jobs created a health insurance for those join into full- and part-time	jobs. (<u>Only</u> indicat			
Hourly Wage (excluding benefits)	Full-time Joh Creation	Part-time/ Seasonal/Temp. Job Creation 9	FTE (only if unable to separate FT/PT) Job Creation 2.0	Job Retention	Hourly Value of Health Insurance		
less than \$7.00			* ** *		, _O_		
\$7.00 to \$8.99		11	4.2		s		
\$9.00 to \$10.99		3	1.3		s_0-		
\$11.00 to \$12.99					s ,		
\$13.00 to \$14.99	1	÷	1.0		s -0-		
\$15.00 and higher		Tot	al: 8,5 FTE		s		
32. Has the recipient achiev (Mark one.)	32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement?						

7-864-2091 P.05

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

33. During the period August 1 through	gh December 31-1999, did you		
required by Minn. Stat. §116J.993 ar	id §1161.994? (Mark one.)		
☐ Yes (Indicate the name of each recipient. Attach additional page		value of subsidy or find	incial assistance awarded to that
M No	,		
Name of recipient Type of	subsidy or assistance (See Qu	estions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any re agreement signed on or after August	cipients who failed to achieve ast 1, 1999, that were required	any goals or fulfill any to be fulfilled by the ti	other obligations under an me of this report?(Mark one.)
U Yes (Complete the i	remainder of this section.)	M No (Stop here and s	submit form to DTED .)
35 39. Provide the following inform were to be attained by the time			other terms of an agreement that
35. Information on recipient and agree	ement:		
Name of recipient in default	Туре о	of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/Z	IP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all the	u apply.):		
U recipient ceased operation U recipient was unable to fill vacant po	•	pient relocated to a differ	erent community
37. To date, has the recipient fulfilled	its repayment obligation? (Ma	urk one.)	
☐ Yes ☐ No, recipient has begun to	repay the assistance. UN	o, recipient has not beg	un to repay the assistance.
38. Has the agreement been amended	to extend the recipient s deadl	ine for fulfilling its obl	igations?(Mark one.)
	U Yes	J No	
39. Describe the steps being taken to b	oring recipient into compliance	e or recoup the subsidy.	

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

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



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- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 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 Ab	out Grantor				
1. Name of grantor (funding en City of Cambr	me of grantor (funding entity) City of Cambridge		Name of person completing this form Michael Grochala		
3. Street address 626 Main Stree	t North	4. City Cambridge	5. ZIP code 55008		
6. County Isanti			9. E-mail ad	_{ldress} a@ci.cambri	dge.mn.us
10. Please indicate who in your	organization should receive the 2	2001 MBAF if different from th	ne person in Ques	stion 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 sub	osidies in	
© City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		Yes (Indicate hearing dateand 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 sign	ed any agreements to award a bus 9 that is required to be reported ur	iness subsidy or financial assis	tance from Augu		
☐ Yes (Com	plete the remainder of the form.)	☐ No (Stop here, go to sect	tion 5 on page 4.))]
Section 2 Information Al	oout Recipient				
14. Name of business or organ		15. Address where business	subsidy or finance	cial assistance	

14. Name of business or organization receiving subsidy or financial assistance	15. Address where but will be used	siness subsidy	or financia	ll assistance
Park Manufacturing Corporation	555 Garfield	St. S.,	Cambr	idge 55008
	Street address	Cit	у	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, indica	ite ultimate owi	ier.)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):		
XXManufacturing ☐ Services ☐ Retail Trade ☐ Wholesale	Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agre	eement?(Ma	ark one.)
Yes (Indicate city and state of previous address and reas I No (Go to Question 19.)	on recipien	did not complete this project at that address.)
		l inadequate land availability at
City/State of previous address Reason project not comple	eted at previ	ous address existing location.
19. Would the recipient have remained in previous location financial assistance? (Mark one.)	n or relocate	d elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to	different M	nnesota 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.	1	Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$251,000		10-20-99
22. Benefit date (Indicate the date the recipient will benefit indicate the date improvements were finished, equipment whichever is earlier.) 4-11-2000		
23. Does the agreement provide a business subsidy or one be reported? (Mark one.)		ypes 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	S⊇n	ot 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 図 land contribution ☐ other (Specify subsidy type.)	to D as	ssistance for property polluted by contaminants sistance for renovating building stock or bringing it up ocde, when 50% or less of total cost sistance for pollution control or abatement sistance for a TIF soils condition district
26. If the assistance included tax increment financing, plea indicate the type of TIF district? (Mark one.)		Are any other grantors providing a business subsidy or inancial assistance to the same project? (Mark one.)
🗷 not applicable, assistance was not in the form of TIF	1	es (Specify each grantor and the value of their ssistance below; attach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation	19 N	0
☐ soils condition		
☐ economic development ☐ mined underground space	Gra	ntor(s) and value of the agreement(s):
☐ hazardous substance subdistrict	Gra	ntor Value (\$)
	Gra	ntor Value (\$)

Enhancing economic dive			x Increasing tax base (c		
Creating high-quality jobJob retention	growth		Other (please specify) Other (please specify)		
☐ Stabilizing the communit	ty		☐ Other (please specify)		
29. Indicate whether the ag at the time of this repor				recipient had atta	ained 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 \(\text{No} \) \(\text{No} \) \(\text{D} \)	get attainment s (month & year) -30-02	All goals attained? Yes Ø No Yes No Yes No Yes No
(Please attach descriptions attainment if not documente		33 <i>10wara</i>			
	age hourly value of ill-time equivalents i	any employer-pi fyou are unable	rovided health insurance g to separate goals by full-	oals for those jobs	
Hourly Wage (excluding benefits)		Part-time/ easonal/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			<u> </u>		s
\$9.00 to \$10.99	num \$8.00 per	hr, and t	<u>15*</u> o average \$9.15	per hr. exc	s clusive of ber s
\$11.00 to \$12.99					
\$11.00 to \$12.99 \$13.00 to \$14.99					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 hore	urly value of any en	nployer-provided	mber of actual jobs created the line insurance for those tion into full- and part-tine	jobs. (<u>Only</u> indi	since 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 horizontal sections of the section o	urly value of any en Yyou are unable to s Full-time Job S	nployer-provided	health insurance for thos	jobs. (<u>Only</u> indi	since 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 Hourly Wage	urly value of any en Yyou are unable to s Full-time Job S	nployer-provided eparate job crea Part-time/ easonal/Temp.	thealth insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indi ee positions.) Jo b	cince the benefit cate job creation in
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 11. For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits)	urly value of any en Yyou are unable to s Full-time Job S	nployer-provided eparate job crea Part-time/ easonal/Temp.	thealth insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indi ee positions.) Jo b	tince the benefit cate job creation in Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 11. 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 en Yyou are unable to s Full-time Job S	nployer-provided eparate job crea Part-time/ easonal/Temp.	thealth insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indi ee positions.) Jo b	tince the benefit cate job creation in Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 11. For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of any en Yyou are unable to s Full-time Job S	nployer-provided eparate job crea Part-time/ easonal/Temp.	thealth insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indi ee positions.) Jo b	tince the benefit cate 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 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 en Yyou are unable to s Full-time Job S	nployer-provided eparate job crea Part-time/ easonal/Temp.	thealth insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indi ee positions.) Jo b	tince the benefit cate 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 2000 MBAF submitted to DTED.)

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

	ust 1 through December 31, 199 . §116J.993 and §116J.994? <i>(M</i>		y recipients who failed to report as				
	of each recipient failing to repor Aditional pages if necessary.)	t and the value of subsidy or final	ncial assistance awarded to that				
Ø No 2.4.7 6/6/01							
Name of recipient	Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance				
agreement signed on or	have any recipients who failed to r after August 1, 1999, that were plete the remainder of this section	o achieve any goals or fulfill any required to be fulfilled by the tin	ne of this report? (Mark one.)				
		ent failing to fulfill goals or any o ach additional pages if necessary.					
35. Information on recipier	nt and agreement:						
Name of recipient in defaul	t	Type of subsidy or assistance	Initial value of subsidy or assistance				
Street address of recipient	<u> </u>	City/ZIP code of recipient	Outstanding value of subsidy or assistance				
36. Reason(s) for default (/	Mark all that apply.):						
recipient ceased operation recipient was unable to fi		other (Specify reason.)	ent community				
37. To date, has the recipie	37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)						
☐ Yes ☐ No, recipient <u>h</u>	☐ 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.)							
	0	Yes 🗆 No					
39. Describe the steps being	g taken to bring recipient into co	ompliance or recoup the subsidy:	÷				
	· · · · · · · · · · · · · · · · · · ·						
		-					
· · · · · · · · · · · · · · · · · · ·							

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

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



00-1068

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

Section 1 Information About Grantor

Section 1 Intorniation Abou	It G148t01	~~~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
1. Name of grantor (funding e	ntity)	2. Name of person completing this form			
City of Cannon Fal	1s	Dallas Larson			
3. Street address		4. City	5. ZIP code		
306 W. Mill Street	·	Cannon Falls	55009		
6. County	7. Phone number	8. Fax number	9 E-mail address		
Goodhue	507-263-3954	507-263-5843	cfalls@cannon.net		
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from the	person in Question 2.		
Dallas Larson					
Name Title	Phone number	Street address	City ZIP code		
	dark one. If grantor is entity lease indicate affiliation. For I check: "City government.")	12. Has your organization held adopted criteria for awardi compliance with Minn. Sta 22 Yes. (Indicate hearing date)	ing business subsidies m at, §1161,9942//Mark one i		
☐ County government		JNo			
☐ Regional government		☐ We field a public hearing but have not yet adopted			
☐ State government ☐ Other (Please specify.)		eritoria (Indicate date of initial hearing) Dither (Please attach explanation.)			
through December 31, 199		usiness subsidy or financial assista under Minn. Stat. §116J.993 and § • No (Stop here, go to section	§116J.994? <i>(Mark one.)</i>		
Section 2 Information Abou	ıt Recipient				
14. Name of business or organization receiving subsidy or financial assistance Lorentz Meats		15. Address where business subsidy or financial assistance will be used Cannon Industrial Blvd. Cannon Falls, MN 55009 Sirect address City ZIP code			
			Chy Zh code		
16. Does the recipient have a pa	rent corporation? (Mark one.)				
□ Y±s (Indicate name and addre ¾ No	ess of parent corporation below.	If more than one, indicate ultima	ate owner.)		
Name of parent corporation		Street address City	State ZIP code		

	☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurar ☐ Construction	nce. Real fistate **X Other (pieuse specity Ag Processor
18. Did the recipie	nt relocate as a result of	signing this agreemen	t? (Mark one.).	
☐ Yes (Indicate cit No (Go to Quest	y and state of previous o ion 19.)	address and reason rec	iplent did not complete मे	his project at that address:
City/State of previo	ous uddress Reason pr	oject not completed at	previous address	
19. Would the reci	pient have remained in page? (Mark one.)	revious location or rel	ocated elsewhere if not a	warded this business subsidy or
	d at previous location		ent Minnesota location	☐ Relocated outside Minnesotu
Section 3 General	Information About	the Agreement		
assistance (Plea	tue of business subsidy of ase separate by type - se adicate only principal a	e Questions 24		ned (In addition to the agreement dates the agreement was amended.)
\$209,000			12/09/99	
	mprovements were finis	• •	• •	nancial assistance. For example, ecipient occupied the property,
23. Does the agreer be reported? (Mari	•	subsidy or one of the f		istance (see Question 25) required to
		X business subsidy	O financial assistance	
24. If the agreement indicate the type(provided a business sul s).	osidy, please	25. If the assistance wa assistance, please in	is one of the four types of financial indicate the type(s).
not applicable, ag	reement provided finan	cial assistance	not applicable, agrees	ment provided a business subsidy
•	eduction or deferral nent operty or infrastructure f governmental facilities			on control or abatement
Gother (Specify Sub	stay type.)			
	included tax increment of TIF district? (Mark or			ors providing a business subsidy or the same project? (Mark one.)
not applicable, as:	sistance was not in the fo	orm of TIF		antor and the value of their ach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renov ☐ soils condition ☐ economic develop ☐ mined undergrour ☐ hazardous substan	oment nd space		☑ No Grantor(s) and value of Grantor	
			Grantor	Value (\$)

28. Minn. Stat. §1161.994 r of the following public pur	equires that bus poses were state	mess subsidy and fine ed in the agreement?	ancial assistance agreemen (Mark all that apply)	ts state a public pu	rpose Winch
□ Enhancing economic diversity ★ Creating high-quality ton 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 agr at the time of this report	eement include . (Fill in the bo	d the following types was and attainment d	of goals, and whether the r ands) for each youl,	eciptent had attain	ed those goals
A) Specific wage and job goals to be attained within 2 years B) Other Joh-creation and/or retention goals C) Other wage goals D) Other goals other than wage and Joh goals (Please attack descriptions of goals and progress toward attainment if not documented in Question 30.		established? dates 2 Yes I No 1 I Yes I No	ger anainmen (month & year) 2/01	All goals attained? Tyes MNo Tyes TNo Tyes TNo Tyes TNo	
	ge hourly value	of any employer-pro	eation and/or retention gos vided health insurance gos o separate goals by fill- ar	Is for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FFE (only if goals not stated as FF/PT) Job Creation	Job Retention	Health Insurance
no hourly wage-level goal					. s
less than \$7.00		· ·			2
\$7.00 to \$8.99	_1_				s <u>l</u> _60
\$9.00 to \$10.99	4_				<u> 1 - 80</u>
\$11.00 to \$12.99	5_				s <u>2.40</u>
\$13.00 to \$14.99					s
\$15.00 and higher					s
	ly value of any	employer-provided h	per of actual jobs created a lealth insurance for those jo on into full- and part-time p	obs. (Only indicate	
Hourty Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00	·				\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99	_5				<u>1.90</u>
\$11.00 to \$12.99	_3			·	<u>s_2.20</u>
\$13.00 to \$14.99					s
\$15.00 and higher					S
32. Has the recipient achieve (Mark one.)	ed <u>all goals</u> (see		-	ations stipulated in	the agreement?
·		□ Yes X□	î lu		

. Section 4 Goals and Public Purpose Identified in the Agreement

33. During the period August 1 through December 31.		recipients who failed to report to
required by Minn. Sun, \$1161.993 and \$1161.994? 77	Murk one.)	•
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary).		cial assistance awarded to that
X) No		
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 fail agreement signed on or after August 1, 1999, that the Yes (Complete the remainder of this	were required to be fulfilled by the tim	e of this report? (Mark one.)
were to be attained by the time of reporting. (Att.	cipient failing to fulfill goals or any ot ach additional pages if necessary.)	her terms of an agreement that
		Initial value of
were to be attained by the time of reporting. (Atta 35. Information on recipient and agreement:	ach additional pages if necessary.)	
were to be attained by the time of reporting. (Attained) 35. Information on recipient and agreement: Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance Outstanding value of
were to be attained by the time of reporting. (Attained) 35. Information on recipient and agreement: Name of recipient in default Street address of recipient	Type of subsidy or assistance	Initial value of subsidy or assistance Outstanding value of subsidy or assistance
were to be attained by the time of reporting. (Attained and agreement: Name of recipient in default Street address of recipient G. Reasonts) for default (Mark ail that apply.)	Type of subsidy or assistance City/ZIP code of recipient recipient relocated to a differ 1 other (Specify reason.)	Initial value of subsidy or assistance Outstanding value of subsidy or assistance
were to be attained by the time of reporting. (Attained at the state of the state o	Type of subsidy or assistance City/ZIP code of recipient recipient relocated to a differ D other (Specify reason.) [Igation? (Mark ane.)	Initial value of subsidy or assistance Outstanding value of subsidy or assistance
were to be attained by the time of reporting. (Attained and agreement: Name of recipient in default Street address of recipient General default (Mark ail that apply) Trecipient ceased operation Trecipient was unable to fill vacant positions	Type of subsidy or assistance City/ZIP code of recipient Precipient relocated to a differ Pother (Specify reason.) ligation? (Mark ane.) ince. • No, recipient has not begun	Initial value of subsidy or assistance Outstanding value of subsidy or assistance ent community
were to be attained by the time of reporting. (Attained in the state of the state o	Type of subsidy or assistance Type of subsidy or assistance City/ZIP code of recipient Precipient relocated to a differ Thother (Specify reason.) Itgation? (Mark one.) Ince. Tho, recipient has not begun prent's deadline for fulfilling its obligation.	Initial value of subsidy or assistance Outstanding value of subsidy or assistance ent community

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

2000 Minnesota Business Assistance Form

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



2. Name of person completing this form

RECEIVED MAY 3 0 2001

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

Section 1	Inforn	nation A	bout (Grantor
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1. Name of grantor (funding entity)

	HRA-EDA	Mark Vahlsin	<u>. </u>		
3. Street address		4. City	5. ZIP code		
6448 Main Stre	et	North Branch	55056		
6. County Chisago	7. Phone number 651-674-5664	8. Fax number 651-674-2996	9. E-mail add mvahl@	ress growchis a g	o.cc
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from the	person in Questi	on 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 held adopted criteria for awardi compliance with Minn. Sta	ng business subs	idies in	
☐ City government ☐ County government ☐ Regional government		Yes (Indicate hearing date -	have not yet ad	opted	
		☐ Other (Please attach explana			
			ntion.) nce from August	1, 1999	
Other (Please specify.) 13. Has your organization sign through December 31, 199		☐ Other (Please attach expland	nce from August 116J.994? (Mark	1, 1999	
☐ Other (Please specify.) 13. Has your organization sign through December 31, 199 X Yes (Com.	9 that is required to be reported uplete the remainder of the form.)	Other (Please attach explands) siness subsidy or financial assistanter Minn. Stat. §116J.993 and §	nce from August 116J.994? (Mark	1, 1999	
☐ Other (Please specify.) 13. Has your organization sign through December 31, 199 X Yes (Com.	9 that is required to be reported uplete the remainder of the form.) bout Recipient ization	Other (Please attach explands) siness subsidy or financial assistanter Minn. Stat. §116J.993 and §	ntion.) nce from August 116J.994? (Mark n 5 on page 4.)	1, 1999 k one.)	
Other (Please specify.) 13. Has your organization sign through December 31, 199 Yes (Comp. Section 2 Information Al 14. Name of business or organ receiving subsidy or finance Robert D. High	9 that is required to be reported uplete the remainder of the form.) bout Recipient ization ization izationsistance Ley	Other (Please attach explanations) Siness subsidy or financial assistander Minn. Stat. §116J.993 and § No (Stop here, go to section) 15. Address where business su	nce from August 116J.994? (Mark n 5 on page 4.)	1, 1999 k one.)	ı 55(
Other (Please specify.) 13. Has your organization sign through December 31, 199 Yes (Com. Section 2 Information Al 14. Name of business or organ receiving subsidy or finance	9 that is required to be reported uplete the remainder of the form.) bout Recipient ization ization izationsistance Ley	Other (Please attach explanations) Siness subsidy or financial assistant and Minn. Stat. §116J.993 and § No (Stop here, go to section) 15. Address where business survill be used	nce from August 116J.994? (Mark n 5 on page 4.)	1, 1999 k one.)	ı 550
Other (Please specify.) 13. Has your organization sign through December 31, 199 Yes (Com. Section 2 Information Al 14. Name of business or organ receiving subsidy or finance Robert D. High	9 that is required to be reported uplete the remainder of the form.) bout Recipient ization izal assistance Ley Ls	Other (Please attach explanations) Siness subsidy or financial assistant and Minn. Stat. §116J.993 and § No (Stop here, go to section) 15. Address where business survill be used 39675 Grand Av	nce from August 116J.994? (Mark n 5 on page 4.) nbsidy or financi	al assistance	ı 550
Other (Please specify.) 13. Has your organization sign through December 31, 199 Yes (Com.) Section 2 Information Al 14. Name of business or organ receiving subsidy or finance Robert D. Higher Cabine 16. Does the recipient have a page of the specific specific subside or specific specifi	plete the remainder of the form.) bout Recipient ization izal assistance Ley barent corporation? (Mark one.)	Other (Please attach explanations) Siness subsidy or financial assistant and Minn. Stat. §116J.993 and § No (Stop here, go to section) 15. Address where business survill be used 39675 Grand Av	ntion.) nce from August 116J.994? (Mark n 5 on page 4.) nbsidy or financi enue, No	al assistance	ı 55(

17. Industry of recipient's facility (Mark one.):							
☑ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trad	☐ Finance, Insurance, Real Estate e ☐ 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 reNo (Go to Question 19.)	cipient did not complete this project at that address.)						
North Branch, MN Not enough space in existing building 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.)	elocated elsewhere if not awarded this business subsidy or						
☐ Remained at previous location ☐ Relocated to differ	ent 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.)						
\$29,926.00	12/31/1999						
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.)							
January 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						
△ 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, 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	XYes (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	City of North Branch \$21,200 Grantor Value (\$)						
	Grantor Value (\$)						

28. Minn. Stat. §116J.994 r of the following public pu				nts state a public pu	rpose. Which	
☐ Enhancing economic diversity ☐ Creating high-quality job growth ☑ Job retention ☐ Stabilizing the community			☐ Increasing tax base (cannot be only purpose) ☐ Other (please specify) ☐ Other (please specify) Other (please specify)			
29. Indicate whether the agat the time of this report			=	recipient had attain	ned those goals	
Goals Target attainment established? dates (month & year) A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals C) Other goals other than wage and job goals						
	age 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		·			2	
less than \$7.00		<u> </u>			\$	
\$7.00 to \$8.99		· .			s	
\$9.00 to \$10.99					· 5	
\$11.00 to \$12.99 \$13.00 to \$14.99	3				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 Job Seasonal/Temp. separate FT/PT) Job Retention Hourly Value of (excluding benefits) Creation Job Creation Job Creation Health Insurance						
less than \$7.00			***************************************		s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99	_2_				s	
\$11.00 to \$12.99	_1_			· ————	s	
\$13.00 to \$14.99	2				s	
\$15.00 and higher		-	·		s	
32. Has the recipient achie (Mark one.)	eved all goals (se		nd 31) and fulfilled <u>all obl</u>	igations stipulated	in the agreement?	

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

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report 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.)						
⅓ No						
Name of recipient Type of subsidy or assistance	ce (See Questions 24 and 25.)	Value of subsidy or assistance				
34. Did your organization have any recipients who failed agreement signed on or after August 1, 1999, that were						
☐ Yes (Complete the remainder of this sec	ction.) 🛚 🛎 No (Stop here and s	submit form to DTED .)				
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Attack		other 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 diffi ☐ other (Specify reason.)	erent community				
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. O No, recipient has not beg	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 No					
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:						

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

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



2000 Minnesota Business Assistance Form RECEIVED MAR 2 8 2001

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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 Al	oout Grantor				
1. Name of grantor (funding en	(DCCDA)	2. Name of person con	-, -		
Dakota County Commun	nity Development HACKIN	Jill Hutma	<u>zher</u>		
3. Street address 2496 145 th St	Wat	4. City Rosemount	5. ZIP code 55068	٢	
6. County Dakota	7. Phone number 651-423-8100	8. Fax number 651-423-1273	9. E-mail add		tacda.stat
10. Please indicate who in your	r organization should receive the	2001 MBAF if different f	from the person in Questi	on 2.	mo.u
Name/Title	Phone number	Street address	City	ZIP code	
	lark one. If grantor is entity lease indicate affiliation. For I check "City government.")	adopted criteria fo	tion held a public hearing r awarding business subs Ainn. Stat. §116J.994? (M	idies in	
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		 ¥ Yes (Indicate heari No We held a public he criteria (Indicate de la Other (Please attach) 			
	ed any agreements to award a bu 9 that is required to be reported u	-			
¥ Yes (Com	plete the remainder of the form.)	□ No (Stop here, go	to section 5 on page 4.)		
Section 2 Information A	bout Recipient				_
14. Name of business or organ receiving subsidy or finance		15. Address where bu will be used	siness subsidy or financia	al assistance	
Signal Hills Company	II,LLP	Street address	15 Mall West St. City	Paul 55/18 ZIP code	
16. Does the recipient have a p	parent corporation? (Mark one.)				
☐ Yes (Indicate name and add Mo	ress of parent corporation below.	. If more than one, indica	ite ultimate owner.)		
Name of parent corporation		Street address	City State	ZIP code]

17. Industry of recipient's facility (Mark one.):		
☐ Manufacturing ☐ Service. ■ Retail Trade ☐ Wholes		☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this a	igreement?	Mark one.)
☐ Yes (Indicate city and state of previous address and re ☐ No (Go to Question 19.)	eason recipio	ent did not complete this project at that address.)
City/State of previous address Reason project not com	ipleted at pre	evious address
19. Would the recipient have remained in previous local financial assistance? (Mark one.)	tion or reloca	ated elsewhere if not awarded this business subsidy or
Remained at previous location	to different l	Minnesota location
Section 3 General Information About the Agreement		
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions and 25 - and indicate only principal amount for load	24 ins.)	1. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$3,924,500 \$3,300,000		December 29, 1999
22. Benefit date (Indicate the date the recipient will ben indicate the date improvements were finished, equipm whichever is earlier.)	ent was plac	business subsidy or financial assistance. For example, ced into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or or be reported? (Mark one.)		ar types of financial assistance (see Question 25) required to financial assistance
- 		
24. If the agreement provided a business subsidy, please indicate the type(s).	2:	 If the assistance was one of the four types of financial assistance, please indicate the type(s).
☐ not applicable, agreement provided financial assistance	:e 🗆	not applicable, agreement provided a business subsidy
□ toan C, ty of Wal SI, Paul □ grant (i.e., forgivable loan) Malropol. (e.) Cource □ tax abatement □ TIF or other tax reduction or deferral DCCDA □ guarantee of payment □ contribution of property or infrastructure □ preferential use of governmental facilities □ land contribution □ other (Specify subsidy type.)		assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district
26. If the assistance included tax increment financing, p indicate the type of TIF district? (Mark one.)	lease 2	Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
\square 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		l No
© economic development	G	Grantor(s) and value of the agreement(s):
☐ mined underground space ☐ hazardous substance subdistrict		City of West St. Paul \$30,000 (loen) Grantor Latropolitan Council \$34,500 (grant) Grantor Value (\$)

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 (Rency my + Prevent yell and the property) Creating high-quality job growth □ Other (please specify) Creating high quality in orders for comment and local property of the please specify) Creating high quality job growth □ Other (please specify) Creating high quality in orders for comment and property of the please specify) Creating high quality job growth □ Other (please specify) Creating high quality job growth □ Other (please specify) Creating high quality job growth □ Other (please specify) Creating high quality job growth □ Other (please specify) Creating high quality job growth □ Other (please specify) Creating high quality job growth □ Other (please specify) Creating high quality job growth □ Other (please specify) Creating high quality job growth □ Other (please specify) Creating high quality job growth						
29. Indicate whether the agree at the time of this report.			_	recipient had attair	ned those goals	
Goals Target attainment 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 P(s) INO P(s)						
	ge hourly value	of any employer-pro	reation and/or retention govided health insurance gos o 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) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal			<u> </u>		s	
less than \$7.00			<u>10</u>		s	
\$7.00 to \$8.99			<u>10</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	
31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.) Full-time Part-time/ FTE (only if unable to Hourly Wage Job Seasonal/Temp. separate FT/PT) Job Retention Hourly Value of (excluding benefits) Creation Job Creation Job Creation Health Insurance						
less than \$7.00					s	
\$7.00 to \$8.99			5		s	
\$9.00 to \$10.99			5		s	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99			·	-	s	
\$15.00 and higher	·				s	
32. Has the recipient achieve (Mark one.)	ved <u>all goals</u> (se		nd 31) and fulfilled <u>all obl</u> No	gations stipulated	in the agreement?	

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.) 33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report 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 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 August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) ☐ Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (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 Outstanding value of Street address of recipient subsidy or assistance 36. Reason(s) for default (Mark all that apply.): recipient relocated to a different community 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 <u>has begun</u> to repay the assistance. ☐ No, recipient <u>has not begun</u> to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) ☐ Yes ☐ No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

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

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

00-0407

2001 Minnesota Business Assistance Form MAR 2 6 2000 RECEIVED APR 3 1 2001

MAR 2 6 2000

- 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

Name of grantor (funding entity) CITY OF DETROIT LAKES	Name of person completing this form LARRY REMMEN				
3. Street address 1025 ROOSEVELT AVENUE	4. City DETROIT LAKES, MN	5. ZIP code 56501			
6. County 7. Phone number 218-847-5658	8. Fax number 218-847-8969	9. E-mail address lremmen@lakesnet.ne			
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 - 9-7-99and attach criteria) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)				
13. Has your organization signed any agreements to award a but through December 31, 2000 that is required to be reported u		116J.994? (Mark one.)			
Section 2 Information About Recipient					
14. Name of business or organization receiving subsidy or financial assistance ACTION FABRICATING	15. Address where business subsidy or financial assistance 1244 HAWK STREET DETROIT LAKES, MN 56501 Street address City State ZIP code				
16. Does the recipient have a parent corporation? (Mark one.)	<u> </u>				
☐ Yes (Indicate name and address of parent corporation below ♀ No	If more than one, indicate ultim	ate owner ,			
Name of parent corporation	Street address City	State ZIP code			

17. Industry of recipient's facility (A	Mark one.):		·
		☐ Finance, Insurance, Real Estate e ☐ Construction ☐ Other (please	e specify)
18. Did the recipient relocate as a re	sult of signing this agreemen	nt? (Mark one.)	
☐ Yes (Indicate city and state of pre ☐ No (Go to Question 19.)	vious address and reason re	cipient did not complete this project at that	address.)
City/State of previous address Rea	ason project not completed a	t previous address	
19. Would the recipient have remain financial assistance? (Mark one.)	ned in previous location or re	clocated elsewhere if not awarded this busin	ness subsidy or
☐ Remained at previous locat	ion 🛚 🗘 Relocated to differe	ent Minnesota location 🔲 Relocated out	tside Minnesota
Section 3 General Information	on About the Agreeme	nt	
20. Total dollar value of business su assistance (Please separate valu	•	21. Date agreement signed (In addition to date, indicate any dates the agreeme	
and 25.) \$35,000		November 3, 1999	
		the business subsidy or financial assistances placed into service, or the recipient occup	
23. Does the agreement provide a but be reported? (Mark one.)	usiness subsidy or one of the	four types of financial assistance (see Que	stion 25) required to
24. If the agreement provided a busin indicate the type(s) and total do	ness subsidy, please llar value for each type	25. If the assistance was one of the four assistance, please indicate the type(s	
not applicable, agreement provide	d financial assistance	not applicable, agreement provided a b	ousiness subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or defer ☐ guarantee of payment ☐ contribution of property or infrasts ☐ preferential use of governmental form of 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 dis	\$ \$ \$ strict \$
 26. If the assistance included tax /li>	(Mark one.)	27. Are any other grantors providing a befinancial assistance to the same projection. It is a same projection of the same projection. It is a same projection of the same projection. It is a same projection of the same projection. It is a same projection of the same projection.	ect? (Mark one.) we of their
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict		Grantor(s) and value of the agreement(s) BECKER COUNTY \$65,000 Grantor Value (\$):
		Grantor Value (S	

			nancial assistance agreement? (Mark all that apply.)		urpose. Which
Enhancing economic diversity of the Creating high-quality job of Job retention of Stabilizing the community	growth	•	☐ Increasing tax base (o	cannot be only purp	ose)
29. Indicate whether the agi				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	S	established? date Yes No Yes No Yes No Yes No Yes No Yes No	rget attainment s (month & year) NE 30, 2001	All goals attained? Yes No Yes No Yes No
(Please attach descriptions attainment if not documente			* REUNTON OJ.	business in	cauveity for Albion
	age hourly valu	e of any employer-pro	•	oals stated in the 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					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					s
	urly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tin	e jobs. (<u>Only</u> indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00			·		s
\$7.00 to \$8.99					\$
\$9.00 to \$10.99		,			s
\$11.00 to \$12.99					\$
\$13.00 to \$14.99		<u></u>			\$
1					

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

33. During the period January 1, 2000 through Decer report as required by Minn. Stat. §116J.993 and §		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 & 7. 6. 6/28/1							
Name of recipient Type of subsidy or assi	istance (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, that • Yes (Complete the remainder of this	at were required to be fulfilled by the tir	me of this report? (Mark one.)					
35 39. Provide the following information for each were 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	obligation? (Mark one.)						
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assis	stance. No, recipient has not begu	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 in	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



2000 Minnesota Business Assistance Form

RECEIVED MAR 2 8 2001

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

 Name of grantor (funding of City of Fergus F 	*	2. Name of person completi Penny Davis	ng this form	
 Street address 112 West Washing 	ton	4. Cay Fergus Falls	5. ZIP code 56537	
6. Commy Otter Tail	7. Phone number (218) 739-0126	8. Fas number (218) 739-0149	9. E-mail address penny.davis@ci-fe	rgus-fall
10. Please indicate who in yo	our organization should receive the	2001 MBAIF if different from	the person in Question 2.	mn.us
Name/l'itle	Phone number	Street address	City ZIP code	
• • • • • • • • • • • • • • • • • • • •	(Mark one, If gramor is entity please indicate affiliation, For old check "City government,")	adopted criteria for awa	neld a public hearing on and arcling business subsidies in Stat. §1161,994? (Mark one.)	
☑ City government ☐ County government		¥Yes (Indicate hearing do	ne - <u>8–2–9</u> Dad anach ceiteria)	Criter submitt
☐ Regional government ☐ State government ☐ Other (<i>Please specify.</i>)	-	☐ We held a public hearing crueria (Indicate date of ☐ Other (Please attach exp	(initial learing)	with th City's 2001 re which w
•	gned any agreements to award a b 99) that is required to be reported	•	-	sent vi U.S. ma on 3-27

Section 2 Information About Recipient

The state of the s				,
 Name of business or organization receiving subsidy or financial assistance 	15. Address when will be used	re business subsidy or t	financial assistance	
Florists' Atrium, Ltd.	Street address	lest Lincoln City	Fergus Falls M	IN 56537
16. Does the recipient have a parent corporation?(Min	k (me.)			
☐ Yes (Indicate name and address of parent corporate 25 No	on below. If more than one, i	ndicate ultimate owner		
Name of parent corporation	Street address	City	State ZIP code	1

☐ redevelopment ☐ renewal and renovation

☐ soils condition ☐ economic development

☐ mined underground space

U hazardous substance subdistrict

U No

Grantor

Cirantor

Gramores) and value of the agreement(s):

Project 2000 of FF

Value (\$)

Value (\$)

\$5,000.00

Section 4	Goals and	Public	Purpose	Identified	in the .	Agreement

Enhancing economic dive Creating high-quality job Hob retention I Stabilizing the community	growth		☐ Increasing tax base (ca ☑ Other (please specify)☐ ☐ Other (please specify)☐ Other (please specify)☐	nitiate la technology	cation of e-
Indicate whether the agr at the time of this report			of goals, and whether the rate(s) for coch goal.)	ecipient had attain	ed those goals
(c) Specific wage and job go (d) Other job-creation and/or (e) Other wage goals (e) Other goals other than w (the entach descriptions)	retention goals age and job goa	ls	established? dates XI Yes U No U Yes U No U Yes U No U Yes U No		All goals attained? Li Yes XXNo Li Yes Li No Li Yes Li No Li Yes Li No
For each of the following agreement and the aver-			reation and/or retention goa ovided health insurance goa		Only indicate
job creation goals in fu	ll-time equivaler	ns if you are mable i	to separate goods by fulls a	id part-time positi	ons.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Sensonal/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	• • • • • • • • • • • • • • • • • • • •				•
less than \$7,00					,
\$7.00 to \$8.99	3		•		, <u>1,2</u> 9
\$9.00 to \$10.99	7				. 1.29
\$14.00 to \$12.99					`
\$13,00 to \$14,99					`
\$15.00 and higher					`
	urly value of an Lyon are unable	y employer provided to separate job crea	health insurance for those tion into full, and part-time	jobs. (<u>Only</u> indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Crestion	FTF (<u>only</u> if unable to separate FT/PT) Job Creation	Job Relention	Hourly Value of Health Insurance
less than \$7,00					>
\$7.00 to \$8.99	_1_				.1.29
\$9.00 to \$10.99				-	٠.
dely condition and the season					`
\$11.00 to \$12.99					
	•				•

Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) Layes (Complete the remainder of this vection.) 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: Name of recipient in default Type of subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance 36. Reasonts) for default (Mark all that apply.): Larecipient ceased operation Larecipient value of adifferent community Larecipient was unable to fill vacant positions Larecipient relocated to a different community Larecipient was unable to fill vacant positions Larecipient value of a different community Larecipient was unable to fill vacant positions Larecipient was unable to fill vacant positions Larecipient has begun to repay the assistance. Larecipient has not begun to repay the assistance. Larecipient has not begun to repay the assistance. Larecipient fast not begun to repay the assistance. Larecipient fast not begun to repay the assistance. Larecipient fast not begun to repay the assistance.	o not complete this sec	<mark>ion if you complete</mark> d i	it on another 2000 MBAF subi	nitted to DTED.)
Name of recipient Type of subsuly or assistance (Ser Questions 24 and 25.) Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, than were required to be fulfilled by the time of this report?(Mark one.) U Yes (Complete the remainder of this vection.) 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: Name of recipient in default Type of subsidy or assistance City/ZiP code of recipient Outstanding value of subsidy or assistance 36. Reusonts) for default (Mark all that apply.): U recipient ceused operation U recipient relocated to a different community U recipient was unable to fill vacual positions U recipient relocated to a different community U other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) U Yes U 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.)				recipients who failed to report as
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 tailed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report?(Mark anc.) 12 Yes (Complete the remainder of this vection.) 23. Not Stop here and submit form to DTED.) 33. 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. Reasonts) for default (Mark all that apply.): 12 recipient consecuted to a different community 13. To date, has the recipient fulfilled its repayment obligation? (Mark anc.) 13. To date, has the recipient has begun to repay the assistance. 13. Hus the agreement been amended to extend the recipient's deadline for fulfilling its obligations?(Mark anc.)			oor and the value of subsidy or finan	cial assistance awarded to that
34. Did your organization have any recipients who tailed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) 2 Yes (Camplete the remainder of this section.) 35. 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Street address of recipient Cuy/ZIP code of recipient Outstanding value of subsidy or assistance Cuy/ZIP code of recipient Outstanding value of subsidy or assistance 36. Reasonts) for default (Mark all that apply.): 1 recipient ceased operation 1 recipient was anable to fill vacant positions 1 other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) 1 Ves 1 No, recipient has begun to repay the assistance. 1 No, recipient has not begun to repay the assistance. 1 Yes 1 No.	No			
agreement signed on or after August 1, 1999, that were required to be infitted by the time of this report?(Mark one.) Lyes (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: 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. Reusonts) for default (Mark all that apply.): Lyes close of recipient relocated to a different community crecipient was anable to fill vacunt positions Type close of 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.	nine of recipient	Type of subsidy or assista	nes (See Questions 24 and 25.)	Value of subsidy or assistance
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. Reasonts) for default (Mark all that apply.): U recipient ceased operation U recipient relocated to a different community recipient was anable to fill vacunt positions U other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) U Yes U 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.)				
were to be ultained 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. Reasonts) for default (Mark all that apply.): U recipient ceased operation U recipient relocated to a different community Or recipient was anable to fill vacant positions U other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) U Yes U 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.)	🗅 Yes (Comp	lete the remainder of this	section.) XX No (Sup here and su	bmit form 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. Reasonts) for default (Mark all that apply.): U recipient seased operation U recipient value of subsidy or assistance Trecipient value of outstanding value of subsidy or assistance U recipient value of outstanding value of subsidy or assistance U recipient relocated to a different community U other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) U Yes U 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.)				ther terms of an agreement that
Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance 36. Reasonts) for default (Mark all that apply.): U recipient ceased operation U recipient relocated to a different community Other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) U Yes U 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.)	5. Information on recipient	ind agreement:		
36. Reusonts) for default (Mark all that apply.): U recipient ceased operation U recipient relocated to a different community U recipient was anable to fill vacant positions U other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) U Yes U 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	lame of recipient in default		Type of subsidy or assistance	
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U recipient was unable to fill vacunt positions Other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) U Yes U 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	6. Reuson(s) for default (Ma	rk all that apply.):		
U Yes U 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		vacunt positions	•	rent community
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations?(Mark one.) \(\text{Yes} \) \(\text{U No} \)	7. To date, has the recipient	fulfilled its repayment ob	ligation? (Mark one.)	
□ Yes □ No	1 Yes U No, recipient has	begun to repay the assista	nice. UNo, recipient has not begu	un to repay the assistance.
	8. Has the agreement been	mended to extend the reci	ipient's deadline for fulfilling its obli	gations?(Mark one.)
		·	J Yes U No	· .
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:	9. Describe the steps being	taken to bring recipion m	to compliance or recoup the subsidy	
		•		
19. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:	9. Describe the steps being	aken to bring recipient an	to compliance or recoup the subsidy	

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

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

2000 Minnesota Business Assistance Form

00-0806

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

	Section	1	IDIO	THAI	IOIL .	ADUUI	G,	autui
1		_			_			
ı								

1. Name of cointer (funding entity) CTTY OF HIBBING		2. Name of person completing this form SUZANNE TOSCANO			
3. Street address 401 R 21ST ST		4. City HIBBING	5. 2IP code 55746		
6. County ST. LOUIS	7. Phone number 218-262-3486	8. Fax number 218-262-2308	9. E-mail a	ddrexs OERIBBING - OR	
10. Please indicate who in you	organization should receive the	2001 MBAF if different from	the person in Que	estion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
	lark one. If granter is entity ease indicate affiliation. For check "City government.")	12. Has your organization adopted criteria for aw compliance with Minn	arding business su	bsidies in	
■ City government □ County government □ Regional government □ State government □ Other (Please specify.)		■ Yes (Indicate hearing a □ No □ We held a public hearin criteria (Indicate date a □ Other (Please attach exp	g but have not yet a of initial licuring -	udopted	
	ed any agreements to award a bu 9 that is required to be reported to				
Yes (Com	olete the remainder of the form.)	□ No (Stop here, go to se	ection 5 on page 4.)	

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance CARPENTER BROTHERS SERVICES INC DBA PORTABLE JOHN	15. Address where business subsidy or financial assistance will be used 1400 GREYHOUND BLVD, HIBBING, MN				
	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, inc	licate ultimute owne	r.)		
Name of parent corporation	Street address	City	State	ZIP code	

☐ Manufacturing ☐ Wholesale 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 recipient did not complete this project at that address.) No (Go to Question 19.)					
City/State of previous address Reason project not completed a	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 differ	ent Minnesota location				
Section 3 General Information About the Agreement					
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Dute agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)				
\$94,850	10/18/99				
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is eurlier.)	the business subsidy or financial assistance. For example, 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 ☐ 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).				
anot applicable, agreement provided financial assistance	🗆 not applicable, agreement provided a business subsidy				
□ loan □ grant (i.e., forgivable loan) □ tax abatement ■ TTF or other tax reduction or deferral □ guarantee of payment ■ contribution of property or infrastructure □ preferential use of governmental facilities ■ land contribution □ other (Specify subsidy type.)	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district				
26. If the assistance included tax increment financing, please indicate the type of TTF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)				
anot applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their ussistance below; attach an additional sheet if necessary.)				
O redevelopment renewal and renovation soils condition conomic development	INO Grantor(s) and value of the agreement(s):				
O mined underground space O hazardous substance subdistrict					
	Grantor Value (\$)				
	Grantor Value (\$)				

 Minn. Star. §116J.994 re of the following public pur 	poses were suit	mess subsidy and fined in the agreement?	ancial assistance agreement (Mark all that apply:)	is state a public pu	irpose. Which
Enhancing economic diver Creating high-quality job	rsity	•	Increasing tax base (c Other (please specify)		
Job retention	a.co.ec		Other (please specify)	EADYRU BILC.	TAPES CADART
Stabilizing the community	1		Other (please specify)		INC. S. LAK BUT
9. Indicate whether the agree at the time of this report.	eement include	d the following types	s of goals, and whether the		ned those goals
at the time of the report	. 17 133 171 174 175				
				get attainment	All goals
		1 111 0 0		(month & year) 2 YKARS	attained? Yes No
A) Specific wage and job go					U Yes XO No
B) Other job-creation and/or	retention goals		CYcs UNo		☐ Yes Sa No
C) Other wage goals	en and ich son	l-	Yes O No		☐ Yes ₩ No
)) Other goals other than wa	ike mia loo kas	15	D 168 G160		C 1 C X NO
Pleuse alluch descriptions o	f goals and pro	gress loward allain	nent if nut documented in (Question 30.)	
 For each of the following agreement and the avera job creation goals in full 	ge hourly value	of any employer-pr	ovided health insurance go to separate goals by full- a	als for those jobs.	(<u>Only</u> indicue ions.)
	Full-time	Part-time/	FIE (only if goals nut		
Hourty Wage	Job	Seasonal/Temp.	stated as FI/PT)	Job Retention	Hourly Value of Health Insurance
(excluding benefits)	Crestion	Job Creation	Job Creation		Health Institutes
no hourly wage-level goal					\$
less than \$7.00				 -	\$
\$7.00 to \$8.99	_0_	_2	-	_6	1 <u>8 </u>
\$9.00 to \$10.99					\$
\$11.00 to \$12.99	·				·
\$13.00 to \$14.99					<u>. </u>
\$15.00 and higher					5
full-time equivalents if	rly value of any you ure unable Full-time	y employer-provided 10 separale job crea Part-time/	health insurance for those tion into full- and part-time FTE (only if unable to	jobs. (<u>Only</u> indica e positions.)	ue job creation in
Honrly Wage (excluding benefits)	Job Creation	Seasonal/Tump. Job Crestion	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
		h \ A4 44 44 44			*
less than \$7.00					,
\$7.00 to \$8.99				<u>-6</u> _	<u>8</u> _
\$9.00 to \$10.99					s
\$11.00 to \$12,99					<u> </u>
\$13.00 to \$14.99					\$
\$15.00 and higher					\$
32. Has the recipient achie (Mark one.)	ved all goals (s	ee Questions 29, 30 a	and 31) and fulfilled <u>all obl</u>	igations stipulated	in the agreement?

section 5 Recipients Failing to Fulfill Obligation Do not complete this section if you completed it of	ons on another 2000 MBAF subi	nitted to DTED.)
 During the period August 1 through December 31, 1999 required by Minn. Stat. §116J.993 and §116J.994? (Mark 	o, did your organization have any	
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
ĭ ∡ 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 August 1, 1999, that were Q Yes (Complete the remainder of this sect	required to be fulfilled by the tim	c of this report? (Mark one.)
 35 39. Provide the following information for each recipion were to be attained by the time of reporting. (Artach 35. Information on recipient and agreement: 	ent failing to fulfill goals or any ot additional pages if necessary.)	her 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 ull that apply.):		
recipient ccased 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	. O No, recipient has not beau	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 UNo	
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy.	

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

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



2000 Minnesota Business Assistance Form

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

a	-	* *		4 2	. ~
Section	1	Int	armatiai	1 A hali	t Grantor
Decrioii		4111	VI IIIAUVI	ADVU	i Oranioi

Section 1 Intol mation Ab	out Grantor			
1. Name of grantor (funding en		2. Name of person completing this form Joyce Iverson		
Houston County		SEMDC, PO Box 684,	Rushford, MN 55971	
3. Street address		4. City	5. ZIP code	
304 South Mars	hall Street	Caledonia, MN	55921-1324	
6. County	7. Phone number	8. Fax number	9. E-mail address	
Houston	507-725-5803	507-725-2647	joyceiv@means.net	
10. Please indicate who in your	organization should receive the 2	2001 MBAF if different from the	person in Question 2.	
A. Peter Johnson, Aud Name/Title	<u>507-725-5803</u> Phone number	30 <u>4 S.Marshall St</u> Street address	, Caledonia,MN 5592 City ZIP code	
	ark one. If grantor is entity ease indicate affiliation. For check "City government.")	12. Has your organization held adopted criteria for awardin compliance with Minn. Sta	ng business subsidies in	
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		 ☐ Yes (Indicate hearing date and attach criteria) ☐ No ☐ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) ☑ Other (Please attach explanation.) 		
		iness subsidy or financial assistar nder Minn. Stat. §116J.993 and §		
≥ Yes (Comp	olete the remainder of the form.)	☐ No (Stop here, go to section	n 5 on page 4.)	
Section 2 Information At	oout Recipient			
14. Name of business or organi receiving subsidy or financ		15. Address where business su will be used	bsidy or financial assistance	
Caledonia Lodgii	ng, L.L.C.	508 N.Kruckow Ave, Street address	Caledonia, MN 55921 City ZIP code	
16. Does the recipient have a p	arent corporation? (Mark one.)			
☐ Yes (Indicate name and addr ☑ No	ess of parent corporation below.	If more than one, indicate ultima	ate owner.)	
Name of parent corporation		Street address City	State ZIP code	

17. Industry of recipient s facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale	☐ Finance, Insurance, Real Estate Trade ☐ Construction ☐ Other (please specify) Lodging
18. Did the recipient relocate as a result of signing this agr	ement? (Mark one.)
☐ Yes (Indicate city and state of previous address and reast No (Go to Question 19.)	on recipient did not complete this project at that address.)
City/State of previous address Reason project not comple	eted at previous address
19. Would the recipient have remained in previous location financial assistance? (Mark one.)	n or relocated elsewhere if not awarded this business subsidy or
N/A New Facility Relocated to	different Minnesota location
ection 3 General Information About the Agreement	
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans. \$65,735	Public Hearing-Approval:3/9-3/10/99
	Tax Abate Dev.Agreement: 12-13-99 I from the business subsidy or financial assistance. For example,
whichever is earlier.) November, 1999 23. Does the agreement provide a business subsidy or one be reported? (Mark one.)	of the four types of financial assistance (see Question 25) required to dy U financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
🗅 not applicable, agreement provided financial assistance	🛮 not applicable, agreement provided a business subsidy
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district
26. If the assistance included tax increment financing, plea indicate the type of TIF district? (Mark one.)	se 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):
☐ mined underground space ☐ hazardous substance subdistrict	City of Caledonia \$50,000 Tax Abate(9
	Grantor Value (\$) City of Caledonia \$67,000 Loan(3/2000 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.) M Enhancing economic diversity ☑ Increasing tax base (cannot be only purpose) M Creating high-quality job growth → Other (please specify) ☐ Other (please specify) M Stabilizing the community 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? January 200**1** A) Specific wage and job goals to be attained within 2 years Ma Yes U No ¥ Yes → No B) Other job-creation and/or retention goals ☐ Yes ☐ No U Yes ☐ No C) Other wage goals U Yes ∠ No ☐ Yes ☐ No November D) Other goals other than wage and job goals Ma Yes U No Yes U No New construction of lodging facility (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 insurancegoals 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) Hourly Value of Job Job Retention Job Creation Health Insurance (excluding benefits) Creation Job Creation no hourly wage-level goal 7.5* 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 Part-time/ FTE (only if unable to **Hourly Wage** Seasonal/Temp. separate FT/PT) Hourly Value of Job Iob Retention (excluding benefits) Health Insurance Creation Job Creation Job Creation 2.0 less than \$7.00 11 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99

\$15.00 and higher			IULAI.	0.7 FIE		S
. Has the recipient achi	eved all goals (see	Questions 29,	30 and 31) ar	nd fulfilled <u>all oblig</u>	gations stipulated i	n the agreement?
		24 Yes	UNo			

Tata1.

1.0

8 5 ETE

\$13.00 to \$14.99

1

,-O-

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.) 33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.9942 (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.) M No Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) ☐ Yes (Complete the remainder of this section.) № No (Stop here and submit form to DTED.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (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 relocated to a different community U recipient was unable to fill vacant positions **□** other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) U 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 obligations? (Mark one.) U Yes UNo 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.

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

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

00-0861



2000 Minnesota Business Assistance Form

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

Section 1	Information A	About Grantor
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Section 1 Information Abou	t Grantor		·		
1. Name of grantor (funding en	tity)	2. Name of person completing this form			
City of Hugo		Ronald J. Otkin			
3. Street address		4. City	5. ZIP code	j	
5524 Upper 146th	Street N	Hugo	550)38	
6. County	7. Phone number	8. Fax number	9. E-mail addi		
Washington	651 429-6676	651 426-2859	rotkin@ci	.hugo.mn.us	
10. Please indicate who in your	organization should receive the	2001 MBAF if different from the	person in Quest	ion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
example, a city EDA would City government County government Regional government State government Other (Please specify.)	ease indicate affiliation. For check "City government.") check "City government.") ed any agreements to award a bu	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark onc.) 10/04/99 21 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.) usiness subsidy or financial assistance from August 1, 1999			
-	9 that is required to be reported u			rk one.)	
	plete the remainder of the form.)	□ No (Stop here, go to section	n 5 on page 4.)		
Section 2 Information Abou		T		<u> </u>	
14. Name of business or organize receiving subsidy or financial		15. Address where business st will be used 13615	absidy or financia	al assistance	
Nor-Lakes Holding	Co., L.L.C.	Fenway Blvd Ct N	Hugo	55038 ZIP code	
		Street address	City	ZIP code	
16. Does the recipient have a pa	rent corporation? (Mark one.)				
☐ Yes (Indicate name and address) No	ess of parent corporation below.	If more than one, indicate ultimo	tle owner.)	·	
Name of purent corporation		Street address City	Sinte	ZIP code	

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 agreeme	nt? (Mark one.)							
The Yes (Indicate city and state of previous address and reason reason in No (Go to Question 19.)	☑ Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) ☐ No (Go to Question 19.)							
St. Paul, MN Occupied leased property; lease expired								
City/State of previous address Reason project not completed a	City/State of previous address Reason project not completed at previous address							
financial assistance? (Mark one.)	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 diffe Section 3 General Information About the Agreement	rent Minnesota location							
	21 Data and the delication to 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.)							
\$529,900	12/14/99							
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) 12/14/99								
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	e four types of financial assistance (see Question 25) required to Grantial 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	Inot applicable, agreement provided a business subsidy							
□ loan	☐ assistance for property polluted by contaminants							
☐ grant (i.e., forgivable loan) ☐ tax abatement	assistance for renovating building stock or bringing it up							
XII TIF or other tax reduction or deferral	to code, when 50% or less of total cost assistance for pollution control or abatement							
☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution	assistance for a TIF soils condition district							
other (Specify subsidy type.)								
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or 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 necessary.)							
XX redevelopment								
☐ renewal and renovation ☐ soils condition	XXX No							
Solis condition Geonomic development	Grantor(s) and value of the agreement(s):							
mined underground space								
☐ hazardous substance subdistrict	Grantor Value (\$)							
	Grantor Value (\$)							

28. Minn. Stat. §116J.994 re of the following public purp	quires that busi	ness subsidy and fina d in the agreement?	ancial assistance agreements (Mark all that apply.)	s state a public pur	pose. Which
☐ Enhancing economic diver ☐ Creating high-quality job (☐ Job retention ☐ Stabilizing the community	growth	•	☐ Increasing tax base (cax XX Other (please specify) XX Other (please specify) ☐ Other (please specify)	Construct p Develop mfg	oublic imps g facilities
29. Indicate whether the agree at the time of this report.	ement included (Fill in the bo	I the following types xex and attainment d	of goals, and whether the reate(s) for each goal.)	ecipient had attaine	ed those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa (Please attach descriptions of attainment if not documented	retention goals ge and job goal f goals and pro	s gress toward	established? dates 2 Yes No 1 Yes No	get attainment (month & year) 2/14/01	All goals attained? 20 Yes No Yes No Yes No
	ge hourly value -time equivaler	of any employer-pro outs if you are unable o	ovided health insurance goa to separate goals by full- ar	ls for those jobs. 1	
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	1				s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99	-				s
\$15.00 and higher		-			s
	rly value of any	employer-provided	ther of actual jobs created a health insurance for those j ion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	obs. (<u>Only</u> indicat	
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	_5			_1	s
\$11.00 to \$12.99	1			_5	2
\$13.00 to \$14.99				_2	s
\$15.00 and higher					s
32. Has the recipient achiev (Mark one.)	ved <u>all goals</u> (se		nd 31) and fulfilled <u>all oblig</u> I No	gations stipulated i	in the agreement?

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

33. During the period August 1 through December 31, 1999, required by Minn. Stat. §116J.993 and §116J.994? (Mark o	did your organization have any	y recipients who failed to report as					
Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)							
VB 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 August 1, 1999, that were no Yes (Complete the remainder of this section)	equired to be fulfilled by the tir	me of this report? (Mark one.)					
35 39. Provide the following information for each recipien were to be attained by the time of reporting. (Attach at 35. Information on recipient and agreement:		other 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.)	erent community					
37. To date, has the recipient fulfilled its repayment obligation	on? (Mark one.)						
☐ Yes ☐ No, recipient <u>has begun</u> 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 Yes U No	igations? (Mark one.)					
39. Describe the steps being taken to bring recipient into cor	npliance or recoup the subsidy:	:					
							

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

2000 Minnesota Business Assistance Form

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



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.

Name of parent corporation

2001 Minne ate Decinary Assistance Com-

Section 1 Information Al	oout Grantor				
1. Name of grantor (funding er City of Jordan	ntity)	Name of person completing this form Tom Nikunen, Finance Director			
3. Street address 210 East 1st Str	reet	4. City Jordan	5. ZIP code 55352		
6. County Scott	7. Phone number 952–492–2535	8. Fax number 952-492-3861	9. E-mail address tnikunen@ci.jordan.mn		
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	e person in Question 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 held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) 2 Yes (Indicate hearing date - 12/6/49 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	ed any agreements to award a bu 0 that is required to be reported u	inder Minn. Stat. §116J.993 and	§116J.994? (Mark one.)		
Section 2 Information A	bout Pasiniont	□ No (<u>Stop here,</u> go to section	on 5 on page 4.)		
14. Name of business or organ receiving subsidy or finance	ization	15. Address where business su will be used	ubsidy or financial assistance		
Propellant Marketi	ng Group, Inc.	315 Braodway St. Jordan, MN 55352 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.) ☐ No					

Street address

City

ZIP code

State

17. Industry of recipient's facility (Mark one	.):			
☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance ☐ Construction ☐	e, Real Estate Other (please specif)	")
18. Did the recipient relocate as a result of si	gning this agreement	? (Mark one.)		
☐ Yes (Indicate city and state of previous add ☑ No (Go to Question 19.)	dress and reason reci _l	pient did not complete thi.	s project at that addres	ss.)
City/State of previous address Reason proj	ect not completed at p	previous address	· · · · · · · · · · · · · · · · · · ·	
19. Would the recipient have remained in profinancial assistance? (Mark one.)	evious location or relo	ocated elsewhere if not aw	varded this business su	bsidy or
☑ Remained at previous location □	Relocated to differen	t Minnesota location	☐ Relocated outside M	linnesota
ection 3 General Information Abo	ut the Agreemen	<u>t</u>		
 Total dollar value of business subsidy or assistance (Please separate value by type and 25.) 		21. Date agreement signe date, indicate any da	ed (In addition to the a tes the agreement was	
\$375,000.00		De	ecember 6, 199	9
22. Benefit date (Indicate the date the recipion indicate the date improvements were finitive whichever is earlier.) August				
3. Does the agreement provide a business so be reported? (Mark one.)		our types of financial assi	stance (see Question 2	5) required to
24. If the agreement provided a business subsined indicate the type(s) and total dollar value		25. If the assistance was assistance, please ind		of financial
not applicable, agreement provided financi	al assistance	Knot applicable, agreem	ent provided a busines	s subsidy
loan (only principal) grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral	\$	 assistance for property by contaminants assistance for renovating stock or bringing it up 	ng building to code, and	\$ \$
guarantee of payment Contribution of property or infrastructure preferential use of governmental facilities	\$ \$	assistance provided for historic preservation d 50% or less of total cos	istricts, when	
a land contribution a other (Specify subsidy type.)	_ S	□ assistance for pollution abatement□ assistance for a TIF soi		\$ \$
26. If the assistance included tax increment f indicate the type of TIF district? (Mark o	<u> </u>	27. Are any other granto financial assistance to	rs providing a business of the same project? (A	
not applicable, assistance was not in the fo	rm of TIF	☐ Yes (Specify each gran assistance below; attac		
D redevelopment D renewal and renovation D soils condition		Ģ _₹ No		
conomic development mined underground space hazardous substance subdistrict		Grantor(s) and value of the	ne agreement(s):	
		Grantor	Value (\$)	
	1	Grantor	Value (\$)	

Section 4 Goals and Public Purpose Identified in the Agreement 28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.) ☐ Enhancing economic diversity ☐ Increasing tax base (cannot be only purpose) A Creating high-quality job growth Other (please specify) Redevelopment ☐ 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? August 1, 2002 Y Yes I No A) Specific wage and job goals to be attained within 2 years ☑ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No B) Other job-creation and/or retention goals ☐ Yes ☐ No C) Other wage goals ☐ 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 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 Retention dol. Hourly Value of (excluding benefits) Creation Job Creation Job Creation Health Insurance no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$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

31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00				-	s
\$7.00 to \$8.99		_11_		_11	s
\$9.00 to \$10.99	_7	1		8_	s
\$11.00 to \$12.99	_1_			1	s
\$13.00 to \$14.99		1_		_1	s
\$15.00 and higher	1_			_1_	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 3 report as required by Minn. Stat. §116J.993 and §146J.	11, 2000, did your organization has 994? (Mark one.)	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
ON 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 sect	ion.) 🔄 No (Stop here and sub	bmit form to DTED .)
35 39. Provide the following information for each recipied were to be attained by the time of reporting. (Atta	ent failing to fulfill goals or any ot sech 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	☐ recipient relocated to a difference of the control of the contr	
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	. O 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 🗆 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 Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

00-0222



2000 Minnesota Business Assistance Form

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999:

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

	n About Grantor				
1. Name of grantor (funding entity) City OF LECENTER		2. Home of person completing this form DON HAYDEN			
3. Street address 10 W TYRO	NS ST	LE CENTER		5. ZIP code	
6. County	7. Phone number 607-357-4450	8. Fax number 407-357-4	888	9. E-mail addr	ess
10. Please indicate who in y	our organization should receive the	2001 MBAF if differ	ent from the pe	erson in Questi	on 2.
Name/Title	Phone number	Street add	ess	City	ZIP code
created by gov t agency.	(Mark onc. If grantor is entity pleuse indicate affiliation. For uld check City government.)	, .	a for awarding	public hearing business subsi §116J.9947 (M	dies in
City government County government County government		Yes (Indicate h	earing date	and at	tach criteria)
☐ State government ☐ Other (Please specify.)		criteria (Indica	te date of initia		•
Other (Please specify.) 13. Has your organization si through December 31, 1	gned any agreements to award a bu 999 that is required to be reported to mplese the remainder of the form.)	criteria (Indica Other (Please at	te date of Initia tach explanation notal assistance 61.993 and §11	on.) c from August 16J.994? (Mar.	1, 1999
Other (Please specify.) 13. Has your organization si through December 31, 1	999 that is required to be reported to mplete the remainder of the form.) n About Recipient nization notial assistance GARST Sul M	criteria (Indica Other (Please at siness subsidy or fina ander Minn, Stat. §11	te date of Initional ach explanation in its assistance 6J.993 and §11 go to section :	al hearing on.) c from August 16J.994? (Mar. 5 on page 4.)	1, 1999 k one.)
Ostate government Other (Please specify.) 13. Has your organization si through December 31, 1 Yes (Co Section 2 Information 14. Name of business or organization si through December 31, 1 Yes (Co Section 2 Information FRANCIS + MARK TRANCIS + MARK 16. Does the recipient have a	999 that is required to be reported to mplete the remainder of the form.) n About Recipient nization notial assistance GARST Sul M	criteria (Indica Other (Please at Siness subsidy or fina ander Minn. Stat. §11 No (Stop here. 15. Address wher will be used Y S PASIL Street address	te date of Initionach explanation in its assistance of 1,993 and §11 go to section :	al hearing	1, 1999 k one.) 1 assistance 3 (A)

17. Industry of recipient's facility (Mark one.):			
☐ Manufacturing Services	☐ Finance, Insurance, Real Estate		
☐ Rctail Trade ☐ Wholesale Trade	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 red 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 relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)			
Remained at previous location	nesota location		
Section 3 General Information About the Agre	ement		
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 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.)		
380,600 TORNADOLOAN	10/1/99		
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)			
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		
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		
☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district		
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)		
and 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):		
	Granter Value (\$)		
	Grantor Value (\$)		

28. Minn. Stat. §1161.994 r of the following public pu				s stare a public pur	pose. Which
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention			Other (please specify)	TORNADO	DANAGE
☐ Stabilizing the community			Other (please specify)		
29. Indicate whether the age at the time of this report				ecipient had attain	ed those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w	r retention goals	r)/A	established? dates 'Yes 'No 'Yes 'No 'Yes 'No 'Yes 'No	get attainment (month & year)	All goals attained? Yes No Yes No Yes No
(Please attach descriptions attainment if not documente					
	age hourly value	of any employer-pro	reation and/or retention gos wided health insurance goal to separate goals by full- a	ls for those jobs. (
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Scanonal/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			Andrew Conference		s
less than \$7.00		x	1/4		\$
\$7.00 to \$8.99			///		\$
\$9.00 to \$10.99	-				S
\$11.00 to \$12.99					\$
\$13.00 to \$14.99		-			5
\$15.00 and higher					\$
	urly value of any	employer-provided	ther of actual jobs created a health insurance for those jo- tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indicat	
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00			.11	-	\$
\$7.00 to \$8.99		<i>/</i>	U IA-		2
\$9.00 to \$10.99			// 1		\$
\$11.00 to \$12.99		-			5
\$13.00 to \$14.99					\$
\$15.00 and higher					\$
32. Has the recipient achie (Mark one.)	ved all goals (see		nd 31) and fulfilled <u>all obli</u> I No	gations stipulated i	n the agreement?

Name of recipient in default

Street address of recipient

Trecipient ceased operation

36. Reason(s) for default (Mark all that apply.):

I recipient was unable to fill vacant positions

37. To date, has the recipient fulfilled its repayment obligation? (Mark one)

☐ No, recipient has begun to repay the assistance.

O Yes O No

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section	on if you completed it on another 2000 MBAF submitted	to DTED.)
	1 through December 31, 1999, did your organization have an J.993 and §116J.9947 (Mark one.)	y recipients who failed to report as
Yes (Indicate the name of ea recipient. Attach addition	ich recipient failing to report and the value of subsidy or fina nal pages if necessary.)	ncial assistance awarded to that
Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or aft	e any recipients who failed to achieve any goals or fulfill any er August 1, 1999, that were required to be fulfilled by the tie lete the remainder of this section.) No (Stop here and s	ne of this report? (Mark one.)
	g information for each recipient failing to fulfill goals or any court time of reporting. (Attach additional pages if necessary,	
35. Information on recipient a	nd agreement:	

Type of subsidy or assistance

City/ZIP code of recipient

☐ other (Specify reason.) _

I recipient relocated to a different community

O No, recipient has not begun to repay the assistance.

Return your completed MBAF(5) by April 1, 2000, to:

38. Has the agreement been smended 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:

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

2000 Minnesota Business Assistance Form

Page 4 of 4

Department of Teade and Economic Development

Initial value of subsidy or assistance

Outstanding value of subsidy or assistance

How resultanted on 6/15/01 because granter (1.





0 9.1 4 8424/01

2001 Minnesota Business Assistance Form

RECEIVED MAY 2 9 2001

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

Name of grantor (funding entity) City of Little Falls		2. 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 Morrison	7. Phone number (320) 632-2341	8. Fax number (320) 632-2344	9. E-mail address	
10. Please indicate who i	n your organization should receive the	2002 MBAF if different fi	from the person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
created by gov't age	ntor (Mark one. If grantor is entity ncy, please indicate affiliation. For would check "City government.")	adopted criteria for	ion held a public hearing on and awarding business subsidies in inn. Stat. §116J.994? (Mark one.)	
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		Yes (Indicate hearing date - 12-20-99 and attach criteria) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)		
through December 3	n signed any agreements to award a bull, 2000 that is required to be reported (Complete the remainder of the form.)	under Minn. Stat. §116J.99		
		G 140 (Stop neve, go to	o section 5 on page 4.)	
14. Name of business or organization receiving subsidy or financial assistance Larson/Glastron Boats, Inc.		l5. Address where business subsidy or financial assistance will be used 700 Paul Larson Memorial Dr. Little Falls MN 56345		
		Street address	City State ZIP code	
16. Does the recipient ha	ive a parent corporation? (Mark one.)			
	d address of parent corporation below	. If more than one, indica	te ultimate owner.)	
Genmar Holdin Name of parent corporati		100 South 5th St S	Surk 2400 mpts mn 5546 City State ZIP code	

17. Industry of reci	pient's facility (Mark on	e.):			
	Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trad	☐ Finance, Insure ☐ Construction	rance, Real Estate Other (please specif	5)
18. Did the recipier	nt relocate as a result of s	igning this agreeme	nt? (Mark one.)		
☐ Yes (Indicate city Man No (Go to Question)		ddress and reason re	cipient did not complete	e this project at that addre	?ss.)
City/State of previous	us address Reason pro	ject not completed a	t previous address		
19. Would the recip		revious location or re	elocated elsewhere if no	t awarded this business su	ıbsidy or
☐ Remained	at previous location	Relocated to differen	ent Minnesota location	☐ Relocated outside N	1innesota
Section 3 Gener	al Information Abo	out the Agreeme	ent		
20. Total dollar val assistance (Plea and 25.)	ue of business subsidy o se separate value by typ	r financial e in Questions 24	date, indicate any	igned (In addition to the o v dates the agreement was	
\$1.	120.000		August 3	51, 1999	
	e improvements were fin	ished, equipment wa		r financial assistance. For the recipient occupied th	
23. Does the agreen be reported? (N	lark one.)	subsidy or one of the	four types of financial financial assistance	assistance (see Question 2	25) required to
	provided a business sub (s) and total dollar val			vas one of the four types of indicate the type(s).	of financial
not applicable, ag	reement provided financ	ial assistance	not applicable, agre	eement provided a busines	ss subsidy
☐ loan (only princip☐ grant (i.e., forgiva		\$ \$	assistance for property assistance	erty polluted	\$
☐ tax abatement TIF or other tax re guarantee of paym contribution of presented.	eduction or deferral	\$ \$ \$_1'!0'\000 \$	assistance for renoverstock or bringing it assistance provided historic preservation 50% or less of total	up to code, and I for designated on districts, when	.\$
☐ land contribution ☐ other (Specify sub		\$ \$ \$	assistance for pollu abatement		\$
			assistance for a TIF	soils condition district	\$
	included tax increment of TIF district? (Mark of			intors providing a busines ce to the same project? (/	
not applicable, ass	sistance was not in the fo	orm of TIF		grantor and the value of the stack an additional sheet	
☐ redevelopment ☐ renewal and renov	ation		⊠ No		. ,,
 □ soils condition ☎ economic develop □ mined undergrour □ hazardous substan 	id space		Grantor(s) and value of	of the agreement(s):	
- Huzardous substan	es suculdifici		Grantor	Value (\$)	
	•		Grantor	Value (\$)	

10:08

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. § 1161.994 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			Increasing tax base (cannot be only purpose) Other (please specify) oh or eahon Other (please specify)		
A Job retention 3 Stabilizing the community	·			יטיטא עטיטי	' 'Y
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.)					
				get attainment	All goals
A) Specific wage and job goals to be attained within 2 years			Yes No OL	s (month & year)	attained? □ Yes 22 No
B) Other job-creation and/or C) Other wage goals	retention goals	i	□ Yes □ No		□Yes □No □Yes □No
D) Other goals other than wa	ge and job goa		O Yes O No		Yes O No
(Please attach descriptions of attainment if not documented		Erest is were	ention 750 jobs ation 20 jobs	overage Solary) 25 ,000
	ge 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	Pert-time/ Seasons/Tomp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Jab Retention	Hourly Value of Health Insurance
no hourly wage-level goal					3
less than \$7.00		~~~			\$
57.00 to \$8.99		-		140	5
رام وو.012 ما 90.92 مامان	<u> </u>		<u>es</u>	y ¹⁰¹ 150	·
\$11.00 to \$12.99 POTE	0 20				1
513.00 to 514.99 C. 1		 ,			\$
\$15.00 and higher			<u></u>		\$
	rly value of any	employer-provided	ber of actual jobs created health insurance for those ion into full- and part-time	jobs. (Only Indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Sensens/Temp. Job Creation	FTE (enly if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Hoalth Insurance
less than \$7.00	<u>_</u>				<u>, —</u>
\$7.00 to \$2.99	40		_	<u> </u>	3 17 <u>0</u>
\$9.00 to \$10.99	<u>ao</u> _	<u>/</u>		[757]	0 1 7 <u>9</u>
511.00 to \$12.99	3		<u> </u>	7	3112
\$13.00 ம \$14.99	7			_	<u>, 179</u>
\$15.00 and higher	<u> </u>	<u> </u>			3 1 12
32. Has the recipient achiev (Mark one.)	ed <u>all goals</u> (so		nd 31) and fulfilled <u>all obl</u>	igations stipulated	in the agreement?
		🗅 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 report as required by Minn. Stat. §116J.993 and §1 H6J	31, 2000, did your organization has 994? (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	e (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	o achieve any goals or fulfill any e e required to be fulfilled by the tir	other obligations under an me of this report? (Mark one.)				
☐ Yes (Complete the remainder of this sect	ion.) 🙇 No (Stop here and su	bmit form to DTED .)				
35 39. Provide the following information for each recipi- were to be attained by the time of reporting. (Atta						
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 obligation? (Mark one.)						
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance. ☐ No, recipient <u>has not begun</u> to repay the assistance.					
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)						
□ Yes □ No						
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:					
						

Return your completed MBAF(s) by April 1, 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

For period 01/01/00 - 12/31/00

00-0796



Section 1 Information About Grantor

1. Name of grantor (funding entity)

2000 Minnesota Business Assistance Form

195 (F 19/1

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

Merroge Inter	relopment Authority	Gary Walz		
3. Street address 225 E First St 1	N.	4. City Melrose	5. ZIP code 56352	
6. County Stearns	700 054 4050		9. E-mail add	
10. Please indicate who in you NA	r organization should receive the 2	2001 MBAF if different from	the person in Quest	ion 2.
Name/Title	Phone number	Street address	City	ZIP code
	fark one. If grantor is entity lease indicate affiliation. For I check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
☑ City government ☐ County government		© Yes (Indicate hearing date - 9/13/99d attach criteria) □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explanation.)		
☐ Regional government ☐ State government ☐ Other (Please specify.)		criteria (Indicate dute e Cl Other (Please attach exp	of initial hearing planation.)	
□ Regional government □ State government □ Other (Please specify.) 13. Has your organization sign through December 31, 199	ned any agreements to award a bus 9 that is required to be reported was plete the remainder of the form.)	critoria (Indicate date of the Color of the	of initial hearing planation.) sistance from Augus and §116J.9947 (Man	st 1, 1999
□ Regional government □ State government □ Other (Please specify.) 13. Has your organization sign through December 31, 199 2 Yes (Com	9 that is required to be reported was uplete the remainder of the form.)	critoria (Indicate date of Other (Please attach expiness subsidy or financial as oder Minn, Stat. \$116J.993	of initial hearing planation.) sistance from Augus and §116J.9947 (Man	st 1, 1999
□ Regional government □ State government □ Other (Please specify.) 13. Has your organization sign through December 31, 199 24 Yes (Com	19 that is required to be reported unsplete the remainder of the form.) bout Recipient sization	critoria (Indicate date of Other (Please attach expiness subsidy or financial as oder Minn, Stat. \$116J.993	of initial hearing planation.) sistance from Augus and §116J.994? (Mai ection 5 on page 4.)	i 1, 1999 k one.)
□ Regional government □ State government □ Other (Please specify.) 13. Has your organization sign through December 31, 199 □ Yes (Confection 2 Information A) 14. Name of business or organization or organization A)	19 that is required to be reported unplete the remainder of the form.) bout Recipient bization cial assistance	criteria (Indicate date of Other (Please attach explainess subsidy or financial as of the Minn. Stat. §116J.993 at the Other (Stop here, go to subside the Minn. Stat. §116J.993 at the Minn. Stat. §116J.993 at the Other Minn. Stat. §116J.993 at the	of initial hearing planation.) sistance from Augus and §1161.9947 (Mai ection 5 on page 4.)	i 1, 1999 k one.)
□ Regional government □ State government □ Other (Please specify.) 13. Has your organization sign through December 31, 199 □ Yes (Confection 2 Information A) 14. Name of business or organization gradients or finance of the subsidy or finance of the subsidy or finance or the subsidient of the subsidient o	19 that is required to be reported unplete the remainder of the form.) bout Recipient bization cial assistance	criteria (Indicate date of Other (Please attach explainess subsidy or financial as of the Minn. Stat. §116J.993 and Other (Stop here, go to subside the minn. Stat. §116J.993 and Other of the minn. Stat. §116J.993	of initial hearing planation.) sistance from Augus and §116J.9947 (Mai ection 5 on page 4.)	is 1, 1999 k one.)
□ Regional government □ State government □ Other (Please specify.) □ Other (Please specify.) □ Yes (Confidence of Confidence of	19 that is required to be reported unplete the remainder of the form.) bout Recipient bization cial assistance	criteria (Indicate date date of Other (Please attach explainess subsidy or financial as oder Minn. Stat. §116J.993 at the No (Stop here, go to subside the subside will be used 733 W Main, Me Street address	of initial hearing planation.) sistance from Augus and §1161.994? (Mai ection 5 on page 4.) exx subsidy or finance Trose MN 50 City	ial assistance

17. Industry of recipient's facility (Mark one.):	-				
Manufacturing Services - Q 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? (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.)					
NA NA 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.) (present) but would not have undertaken the expansion. E) Remained at previous location C Relocated to different Minnesota location C 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	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.) \$61,086 TIF \$130,000 Loan \$191,086 Total	10/08/99				
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) Partial loan advance 12 (occupation of partially comple	s placed into service, or the recipient occupied the property, -03-99				
23. Does the agreement provide a business subsidy or one of the reported? (Mark one.)	he 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).				
anot applicable, agreement provided financial assistance	省 not applicable, agreement provided a business subsidy				
© loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ② TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark onc.)				
O 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 necessary.)				
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☑ economic development ☐ mined underground space	So No Grantor(s) and value of the agreement(s): NA				
☐ hazardous substance subdistrict	Gruntor Value (\$)				
	Grantor Value (\$)				

Section 4	Goals and	Public	Purpose	Identified	in the A	Agreement

of the following public purp			ncial assistance agreements (Mark all that apply.)	s state a public pu	rpose. Which
□ Enhancing economic diversity □ Creating high-quality job growth □ Job retention □ Stabilizing the community □ Stabilizing the community □ Containing tax base (cannot be only purpose) □ Other (please specify) assist this business □ Other (please specify) with growth & soliding □ Other (please specify) 1ts economic base					ls business h & solidify
 Indicate whether the agree at the time of this report. 				ecipient had attair	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 (Please attach descriptions of	retention goals	S	established? dates Yes \(\) No \(\) 12 Yes \(\) No \(\) 12 Yes \(\) No \(\) 12 Yes \(\) No	ct attainment (month & year) -01 -04 -04	All goals attained? Yes No Yes M No Yes M No Yes No Yes No
	ge hourly value l-time equivalen	of any employer-product if you are unable t	ovided health insurancegoa to separate goals by full- ar	is for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Se2sonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Josurance
no hourly wage-level goal				1	<u>, .70</u>
less than \$7.00		•			s
\$7.00 to \$8.99	5				s <u>, - 70</u>
\$9.00 to \$10.99			·	_8	<u>. 70</u>
\$11.00 to \$12.99			/201	3	<u>s . 70</u>
\$13.00 to \$14.99		<u></u>			s
					s
\$15.00 and higher					
31. For each of the following date and the actual hou	irly value of any	employer-provided	ther of actual jobs created a health insurance for those from into full- and part-time	jobs. (<u>Only</u> indica	
31. For each of the following date and the actual hou	irly value of any	employer-provided	health insurance for those	jobs. (<u>Only</u> indica	
31. For each of the following date and the actual hour full-time equivalents if	arly 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 ion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<i>Only</i> indica pasilions.) Job Retantion	Hourly Value of Health Insurance
31. 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 Creation 1	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those ion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indica positions.) Job Retention	Hourly Value of Health Insurance
31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	arly value of any you are unable Full-time Job Creation 1 0	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those ion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indica positions.) Job Retention	Hourly Value of Health Insurpace 1
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	orly value of any you are unable Full-time Job Creation 1	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those ion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indica positions.) Job Retention	Hourly Value of Health Insurance

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.) The year 2000 was only the first full year of the agreement. Although O Yes 10 No

the recipient expected to have created more new jobs by 12/31/00, the downturn

in the economy prevented his doing so.

2000 Minnesota Business Assistance Form

Page 3 of 4

Department of Trade and Economic Development

o not complete this section if you completed it or	another 2000 MBAF subm	ulled to DIED.)			
33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)					
Yes (Indicate the name of each recipient failing to report trecipient. Attach additional pages if necessary.)	and the value of subsidy or financ	ial assistance awarded to that			
¥ No					
NA					
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 August 1, 1999, that were in 					
☐ Yes (Complete the remainder of this secti	on) A No (Stop here and sub Goal fulfillmen	omit form to DTED.) t date is 01/27/02			
 35 39. Provide the following information for each recipies were to be attained by the time of reporting. (Attach a 	nt failing to fulfill goals or any orlanditional 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 differ of their (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 begun to repay the assistance.					
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)					
٥	Yes 🗆 No				
39. Describe the steps being taken to bring recipient into co	empliance or recoup the subsidy				

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

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



f.I.H. original received 5/2/01

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 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 Abou	ut Grantor			
Name of grantor (funding er DTED (MINNESOT.	ntity) A INVESTMENT FUND)	Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO	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.moe@state.mn.us		
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from t	he person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
☐ 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, 199	ed any agreements to award a bu 9 that is required to be reported t	under Minn. Stat. §116J.993 and	d §116J.994? (Mark one.)	
* Yes (Comp Section 2 Information Abo	olete the remainder of the form.)	□ No (Stop here, go to sect	tion 5 on page 4.)	
14. Name of business or organize receiving subsidy or financial	zation	15. Address where business subsidy or financial assistance will be used		
PRO FABRICATIO	N	Street address MADISC	ON LAKE City ZIP code	
16. Does the recipient have a pa	arent corporation? (Mark one.)	· · · · · · · · · · · · · · · · · · ·		
☐ Yes (Indicate name and addr. * No	ess of parent corporation below.	If more than one, indicate ulti	mate owner.)	
Name of parent corporation		Street address City	State ZIP code	

17. Industry of recipient's facility (Mark one.,):						
1	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)					
18. Did the recipient relocate as a result of sig	ming 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 proje	City/State of previous address Reason project not completed at previous address						
19. Would the recipient have remained in pre- financial assistance? (Mark one.)	vious location or reloc	ocated elsewhere if not awarded this business subsidy or					
* Remained at previous location	Relocated to different	nt Minnesota location					
Section 3 General Information About th	e Agreement						
20. Total dollar value of business subsidy or f assistance (Please separate by type - see Q and 25 - and indicate only principal amo	Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)					
\$115,000	,	September 22, 1999					
		he business subsidy or financial assistance. For example, ced into service, or the recipient occupied the property,					
be reported? (Mark one.)	•	our types of financial assistance (see Question 25) required to ☐ financial assistance					
24. If the agreement provided a business subsitindicate the type(s).	dy, please	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).					
not applicable, agreement provided financia	l assistance	☐ not applicable, agreement provided a business subsidy					
* loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)		 □ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district 					
26. If the assistance included tax increment fir 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	n 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 (\$)					

Section 4 Goals and Public Purpose Identified in the Agreement

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 agr at the time of this report			s of goals, and whether the redate(s) for each goal.)	ecipient had attain	ed those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa Please attach descriptions of that in the comment of the comment	retention goals age and job goal of goals and pro	ls ogress toward	established? dates * Yes \(\subseteq \text{No} \(\subseteq \) \(\subseteq \text{Yes} \(\supseteq \text{No} \) \(\subseteq \text{Yes} \(\supseteq \text{No} \) \(\supseteq \text{Yes} \(\supseteq \text{No} \)	get attainment (month & year) EPT 2002	All goals attained? a 1.1.6 Yes No Yes No Yes No Yes No
agreement and the avera	ige hourly value	of any employer-pro	reation and/or retention goa ovided health insurance goal to separate goals by full- an	s for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99	20				\$1.50
\$13.00 to \$14.99					s
\$15.00 and higher		. ———	·		s
date and the actual hou	rly value of any	employer-provided	ther of actual jobs created at health insurance for those job tion into full- and part-time for the following free to separate FT/PT) Job Creation	bs. (Only indicat	
Hourly Wage (excluding benefits)					
					s
(excluding benefits)					s
(excluding benefits) less than \$7.00					
(excluding benefits) less than \$7.00 \$7.00 to \$8.99					s
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99					s

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

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)						
☐ 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 August 1, 1999, that were r • Yes (Complete the remainder of this sect	required to be fulfilled by the time	e of this report? (Mark one.)				
35 39. Provide the following information for each recipier were to be attained by the time of reporting. (Attach ac		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	other (Specify reason.)	ent community				
37. To date, has the recipient fulfilled its repayment obligation	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.)						
□ Yes □ No						
39. Describe the steps being taken to bring recipient into cor	npliance or recoup the subsidy:					
						
 						

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

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



\$.7. H. riginal received 5/2/01

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

Name of grantor (funding end) DTED (MINNESOT)	ntity) A INVESTMENT FUND)	2. Name of person completing this form PAUL A. MOE			
3. Street address 500 METRO	O SQ., 121 7 TH PLACE EAST	4. City SAIN	ΓPAUL	5. ZIP code	55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-	5287	9. E-mail add	lress @state.mn.us
10. Please indicate who in you	r organization should receive the	2001 MBAF if diff	erent from the p	person in Ques	tion 2.
Name/Title	Phone number	Street ac	ldress	City	ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")		ganization held eria for awardin with Minn. Stat	g business sub	sidies in
☐ City government ☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		* Yes (Indicate No We held a pub criteria (India Other (Please	olic hearing but	have not yet ac	lopted
	ned any agreements to award a bus 9 that is required to be reported u				
	olete the remainder of the form.)	□ No (Stop her	e, go to section	5 on page 4.)	
Section 2 Information Abo 14. Name of business or organi receiving subsidy or financi	zation	15. Address who	ere business sub	osidy or financi	al assistance
LORENTZ, INC.		Street address	CANNON F	ALLS City	ZIP code
16. Does the recipient have a pa	arent corporation? (Mark one.)				
□ Yes (Indicate name and addr * No	ess of parent corporation below.	If more than one, i	ndicate ultimate	e owner.)	
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of reci	ipient's facility (Mark on	e.):		
	* Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurate ☐ Construction	nce, Real Estate Other (please specify)
18. Did the recipie	nt relocate as a result of s	signing this a g reemen	t? (Mark one.)	
☐ Yes (Indicate city * No (Go to Quest		ddress and reason rec	cipient did not complete i	this project at that address.)
City/State of previo	ous address Reason pro	ject not completed at	previous address	
19. Would the recip		revious location or rel	located elsewhere if not a	awarded this business subsidy or
* Remained	d at previous location	Relocated to differe	ent Minnesota location	☐ Relocated outside Minnesota
Section 3 General	Information About	the Agreement		
assistance (Plea	ue of business subsidy or ase separate by type - see ndicate only principal an	Questions 24		gned (In addition to the agreement dates the agreement was amended.)
	\$100,000			November 23, 1999
	mprovements were finishe	ed, equipment was plo		înancial assistance. For example, recipient occupied the property,
· · · · · · · · · · · · · · · · · · ·		May 25, 2000		
23. Does the agreer be reported? (Mark	k one.)	subsidy or one of the function business subsidy	four types of financial as	sistance (see Question 25) required to
24. If the agreement indicate the type(s	provided a business subs).	sidy, please		ras one of the four types of financial indicate the type(s).
not applicable, ag	reement provided financ	ial assistance	not applicable, agree	ement provided a business subsidy
	eduction or deferral nent operty or infrastructure f governmental facilities		assistance for renovato code, when 50%	ion control or abatement
	e included tax increment to of TIF district? (Mark one			ntors providing a business subsidy or to the same project? (Mark one.)
* not applicable, ass	sistance was not in the fo	rm of TIF		rantor and the value of their tach an additional sheet if necessary.)
□ redevelopment □ renewal and renov □ soils condition □ economic develop □ mined undergroup □ hazardous substar	oment nd space		Grantor(s) and value o CFEDA CFDA Grantor SWMIF	f the agreement(s): 109900 100000 Value (\$)
			Grantor	Value (\$)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 re of the following public purp				s state a public pui	pose. Which
□ Enhancing economic diver * Creating high-quality job g □ Job retention □ Stabilizing the community	rowth	•	☐ Increasing tax base (ca☐ Other (please specify)☐ Other (please specify)☐ Other (please specify)☐		
29. Indicate whether the agree at the time of this report.				ecipient had attain	ed those goals
A) Specific wage and job goz B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals ge and job goal	s	established? dates * Yes \(\simeg \text{No} \(\simeg \text{No} \) \(\simeg \text{Yes} \(\simeg \text{No} \)	get attainment (month & year) ov 2001	All goals attained? 21 1. Yes VNo Yes No Yes No Yes No Yes No
(Please attach descriptions o attainment if not documented					
	ge hourly value	of any employer-prov	eation and/or retention goa vided health insurance goa l o separate goals by full- ar	s for those jobs. (
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal				·	s
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	_10		· .		\$
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					s
full-time equivalents if y	ly value of any	employer-provided h o separate job creation Part-time/	per of actual jobs created a ealth insurance for those job into full- and part-time FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicat	
Hourly Wage (excluding benefits)	Creation	Seasonal/Temp. Job Creation	Job Creation	Job Retention	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 achiev (Mark one.)	ed <u>all goals</u> (see		d 31) and fulfilled <u>all oblis</u> No	gations stipulated i	n the agreement?

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

33. During the period August 1 through December 31, 1999 required by Minn. Stat. §116J.993 and §116J.994? (Mark of		recipients who failed to report as
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finance	cial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after August 1, 1999, that were		
☐ Yes (Complete the remainder of this sect	tion.) * No (Stop here and sui	bmit form to DTED .)
35 39. Provide the following information for each recipied were to be attained by the time of reporting. (Attach as		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 differ☐ 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 begur	to repay the assistance.
38. Has the agreement been amended to extend the recipient	's deadline for fulfilling its obliga	ations? (Mark one.)
٥	Yes 🖸 No	
39. Describe the steps being taken to bring recipient into con	mpliance or recoup the subsidy:	
<u> </u>		

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

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



E. J. H. original successed 5/2/01

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

Section 1 Information Abou	ut Grantor	iere to man or ra	x your comple	icu ivibru (s	m on page 4.
Name of grantor (funding en DTED (MINNESOTA	ntity) A INVESTMENT FUND)	Name of person completing this form PAUL A. MOE			
3. Street address 500 METRO	SQ., 121 7 TH PLACE EAST	4. City SAIN	T PAUL	5. ZIP code	55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5	5287	9. E-mail add	iress @state.mn.us
10. Please indicate who in your	r organization should receive the	2001 MBAF if diff	ferent from the p	person in Ques	tion 2.
Name/Title	Phone number	Street ad	idress	City	ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For I check "City government.")		ganization held a eria for awarding with Minn. Stat.	g business sub	sidies in
☐ City government ☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		* Yes (Indicate ☐ No ☐ We held a pub criteria (India	olic hearing but l cate date of initi	have not yet ad	lopted
13. Has your organization sign	ed any agreements to award a bus 9 that is required to be reported u	iness subsidy or fir	nancial assistanc	ce from Augus	
	lete the remainder of the form.)	□ No (Stop her	<u>e,</u> go to section	5 on page 4.)	
Section 2 Information About 14. Name of business or organize receiving subsidy or financial	zation	15. Address who	ere business sub	sidy or financi	al assistance
ROYAL AMERICA!	N FOODS, INC.	Street address	LE CENTER	City	ZIP code
16. Does the recipient have a pa	rent corporation? (Mark one.)				
☐ Yes (Indicate name and addre * No	ess of parent corporation below.	If more than one, i	ndicate ultimate	e owner.)	;
Name of parent corporation		Street address	City	State	ZIP code

<u></u>	
17. Industry of recipient's facility (Mark one.):	
* Manufacturing	☐ Finance, Insurance, Real Estate le Trade ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this ag	geement? (Mark one.)
☐ Yes (Indicate city and state of previous address and red * No (Go to Question 19.)	ason recipient did not complete this project at that address.)
City/State of previous address Reason project not comp	leted at previous address
19. Would the recipient have remained in previous location financial assistance? (Mark one.)	on or relocated elsewhere if not awarded this business subsidy or
* Remained at previous location ☐ Relocated to	o different Minnesota location
Section 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loan	(s.)
\$300,000	OCTOBER 6, 1999
indicate the date improvements were finished, equipment whichever is earlier.)	fit from the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
DECEIV	1BER 14, 2000
23. Does the agreement provide a business subsidy or one be reported? (Mark one.) * business sub	e of the four types of financial assistance (see Question 25) required to usidy financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
* loan grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.)	 □ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
	=
26. If the assistance included tax increment financing, ples 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 ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	☐ No Grantor(s) and value of the agreement(s): Le Center400,000
	Grantor Value (\$) Grantor Value (\$)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 r of the following public pur	equires that bus poses were state	iness subsidy and find din the agreement?	ancial assistance agreements (Mark all that apply.)	s state a public pu	rpose. Which
 Enhancing economic dive * Creating high-quality job Job retention Stabilizing the community 	growth	•	☐ Increasing tax base (ca☐ Other (please specify)☐ Other (please specify)☐ Other (please specify)☐		
29. Indicate whether the agr at the time of this report				ecipient had attain	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than was (Please attach descriptions of attainment if not documented	retention goals age and job goal of goals and pro	s gress toward	established? dates * Yes	get attainment (month & year) ov 2001	All goals attained? L. F. L.
	ge hourly value	of any employer-pro	reation and/or retention goa vided health insurance goal to separate goals by full- an	s for those jobs. (
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	. ———				s
less than \$7.00					s
\$7.00 to \$8.99	60				\$
\$9.00 to \$10.99		· · · · · · · · · · · · · · · · · · ·			\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					s
\$15.00 and higher					s
	rly value of any	employer-provided h	ber of actual jobs created an nealth insurance for those jo ion into full- and part-time p FTE (only if unable to separate FT/PT)	bs. (Only indicat	
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00					s
\$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					s
32. Has the recipient achiev (Mark one.)	ved <u>all goals</u> (se	-	nd 31) and fulfilled <u>all oblig</u> No	ations stipulated i	in the agreement?

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

33. During the period August 1 through December 31, 1999 required by Minn. Stat. §116J.993 and §116J.994? (Mark of		recipients who failed to report as
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finance	cial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after August 1, 1999, that were a 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 recipier were to be attained by the time of reporting. (Attach ac		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 different of their (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 <u>has not begun</u>	to repay the assistance.
38. Has the agreement been amended to extend the recipient	t's deadline for fulfilling its obliga	ations? (Mark one.)
٥	Yes 🗖 No	
39. Describe the steps being taken to bring recipient into cor	mpliance or recoup the subsidy:	
		· .
·		

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

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



L. Y. H. original received 5/2/01

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

Section 1 Information About Grantor

1. Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND) 2. Name of person completing this form PAUL A. MOE 3. Street address 500 METRO SQ., 121 7 TH PLACE EAST 4. City SAINT PAUL 5. ZIP code 55101 6. County RAMSEY 7. Phone number 651-297-1391 8. Fax number 651-296-5287 9. E-mail address paul a.moe@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.") City government County government State government No We held a public 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 statach 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 No (Stop here, go to section 5 on page 4.)	Section 1 Information Af	Jour Grantor				
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.") City government County government Regional government Regional government 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.994? (Mark one.)			, ,			
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.) * Yes (Indicate hearing date - 7-27-00 and attach criteria) No 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.)	3. Street address 500 METRO	SQ., 121 7 TH PLACE EAST	4. City SAINT PAUL	5. ZIP code 55101		
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 Cother (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 - 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 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.)	6. County RAMSEY	1 //			I <u>S</u>	
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	10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2.		
created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") □ City government □ County government □ Regional government □ Other (Please specify.) □ 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.994? (Mark one.)	Name/Title	Phone number	Street address	City ZIP code	е	
□ County government □ Regional government * State government □ 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.994? (Mark one.)	created by gov't agency, please indicate affiliation. For		adopted criteria for awarding business subsidies in			
through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)	☐ County government ☐ Regional government * State government		☐ No ☐ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)			
* Yes (Complete the remainder of the form.) No (Stop here, go to section 5 on page 4.)						
	* Yes (Comp	plete the remainder of the form.)	□ No (Stop here, go to section	n 5 on page 4.)		

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	business subsidy or fin	nancial assistance
SIGCO SUNPLANT	90 NO 8 TH ST Street address	BRECKENRIDGE City	MN 56520 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	,		
☐ Yes (Indicate name and address of parent corporation below. * No	If more than one, in	ndicate 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 rade ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreement	
•	
* Yes (Indicate city and state of previous address and reason in No (Go to Question 19.)	recipient did not complete this project at that address.)
BUSINESS MOVED FROM WAHPETON ND. TO EXIST City/State of previous address Reason project not completed a	
19. Would the recipient have remained in previous location or a financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to differ	rent Minnesota location
Section 3 General Information About the Agreeme	ent
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$180,000	DECEMBER 6, 1999
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.)	
MARCH 23, 2001	
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
* 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 □ economic development □ mined underground space	* No 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 p				ts state a public p	ourpose. Which
☐ Enhancing economic diversity of Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth	•	☐ Increasing tax base (cannot be only purpose)☐ Other (please specify)		
9. Indicate whether the agr at the time of this report			s of goals, and whether the state(s) for each goal.)	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 wage	retention goals	s	established? dates * Yes \(\square\) No \(\subseteq \text{DEC} \)	get attainment (month & year) CEMBER 2001	All goals attained?
Please attach descriptions (ttainment if not documente					
agreement and the avera	age hourly value ll-time equivale	e of any employer-pronts if you are unable	creation and/or retention go ovided 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					s
less than \$7.00		· 	<u> </u>		s
\$7.00 to \$8.99	_30				\$_1.00
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s _
\$13.00 to \$14.99					s
					s
\$15.00 and higher	<u> </u>				
For each of the following date and the actual hours	irly value of an you are unable	y employer-provided to separate job creat	health insurance for those j	jobs. (<u>Only</u> indic	
I. For each of the following date and the actual hou	irly value of an	y employer-provided	health insurance for those j	jobs. (<u>Only</u> indic	
For each of the following date and the actual hour full-time equivalents if	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 jation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic positions.) Job	ate job creation in Hourly Value of
For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits)	urly value of an you are unable Full-time Job	y employer-provided to separate job crea: Part-time/ Seasonal/Temp.	health insurance for those jation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic positions.) Job	nate job creation in Hourly Value of Health Insurance
For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	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 jation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic positions.) Job	Hourly Value of Health Insurance
Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	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 jation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic positions.) Job	Hourly Value of Health Insurance
Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	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 jation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic positions.) Job	Hourly Value of Health Insurance 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.)				
☐ 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				
☐ Yes (Complete the remainder of this sect	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		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 obligation? (Mark one.)				
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	. • No, recipient has not begun	n to repay the assistance.		
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) \[\textstyle \text{Yes} \text{No} \]				
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



&.4.4. original scecewed 5/2/01

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Section 1 Information About Grantor

1. 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	
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 8. Fax number 9. E-mail address paul.a.moe@state.mn.u	<u>1S</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	e
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 □ No □ Regional government □ We held a public hearing but have not yet adopted * 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. §116J.993 and §116J.994? (Mark one.) * Yes (Complete the remainder of the form.) No (Stop here, go to section 5 on page 4.)	
Section 2 Information About Recipient	
14. Name of business or organization receiving subsidy or financial assistance will be used	
THOMAS ENGINEERING CO. 7024 NORTHLAND DR. BROOKLYN PARK MN 554 Street address City ZIP cod	
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	le

17. Industry of recipient's facility (Mark one.):				
* Manufacturing	☐ 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	ent Minnesota location			
Section 3 General Information About the Agreeme	ent			
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
\$135,000	DECEMBER 28, 1999			
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.)	s placed into service, or the recipient occupied the property,			
DECEMBER 28, 19				
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	* No Grantor(s) and value of the agreement(s			
☐ hazardous substance subdistrict	Grantor Value (\$)			
	Grantor Value (\$)			

Minn. Stat. §116J.994 r of the following public p			nancial assistance agreement? (Mark all that apply)	ts state a public p	urpose. Which
☐ Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth	•	☐ Increasing tax base (c:☐ Other (please specify)		pose)
9. Indicate whether the agr			s of goals, and whether the a	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	r retention goals	5	established? dates * Yes \(\simeg \) No \(\subseteq \) DEC \(\supseteq \) Yes \(\supseteq \) No	get attainment (month & year) EMBER 2001	All goals attained? Q1, \\ \text{U Yes \text{No}} \text{Yes \text{No}} \text{Yes \text{No}} \text{Yes \text{No}} \text{Yes \text{No}} \text{Yes \text{No}}
Please attach descriptions (attainment 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- 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) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			·		s
less than \$7.00					\$
less man 57.00					
\$7.00 to \$8.99				-	\$ _
					\$_ \$
\$7.00 to \$8.99					
\$7.00 to \$8.99 \$9.00 to \$10.99					\$
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99					\$
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hourself.	ng wage catego	y employer-provided	nber 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. (Only indica	\$\$ \$4.89 \$ nce the benefit
\$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 hour full-time equivalents if	ng 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> indica positions.) Job	\$\$ \$4.89 \$ mice the benefit ate job creation in Hourly Value of
\$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)	ng 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> indica positions.) Job	\$\$ \$4.89 \$ mee the benefit ate 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 hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ng 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> indica positions.) Job	\$\$ \$4.89 \$ mee the benefit ate 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 hour 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 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> indica positions.) Job	\$\$ \$4.89 \$ mee the benefit ate 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 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 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> indica positions.) Job	\$\$ \$4.89 \$ mee 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.)

				
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		
 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	omit form to DTED .)		
35 39. Provide the following information for each recipie 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 differe ☐ 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.)				
□ 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



E. F. A. original received 5/2/01

- 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 en DTED (MINNESO)	tity) TA INVESTMENT FUND)	2. Name of person com	pleting this form PAUL A. MOE	
3. Street address 500 METRO	4. City SAINT PAI	UL 5. ZIP coo	le 55101	
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail paul.a.r	address noe@state.mn.us
10. Please indicate who in you	organization should receive the	2002 MBAF if different f	from the person in Q	uestion 2.
Name/Title	Phone number	Street address	City	ZIP code
	fark one. If grantor is entity ease indicate affiliation. For check "City government.")		ion held a public hear awarding business s Iinn. Stat. §116J.994	ubsidies in
☐ 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.)		
	ed any agreements to award a bus that is required to be reported un			
* Yes (Comp	lete the remainder of the form.)	□ No (<u>Stop here,</u> go t	o section 5 on page	4.)
Section 2 Information Al	oout Recipient			
14. Name of business or organ receiving subsidy or finance		15. Address where bus will be used	iness subsidy or fina	ncial assistance
EMERALD MANUFACTURING, INC.		305 ELM ST. Street address	ERSKINE City	MN 56535 ZIP code
16. Does the recipient have a	parent corporation? (Mark one.)			
☐ Yes (Indicate name and add * No	dress of parent corporation below	v. If more than one, indic	cate ultimate owner.)	
Name of parent corporation		Street address	City	State ZIP code

17. Industry of recipient's facility (Mark one.):				
 Manufacturing ☐ 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 differ	ent Minnesota location			
Section 3 General Information About the Agreeme	ent			
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
\$50,000	AUGUST 30, 1999			
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.)				
DECEMBER 31, 19	999			
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	□ 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			
* other (Specify subsidy type.)Loan to EDA to rehab building	leased to Company			
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other 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 (\$) _NW MN Foundation \$80,000 Grantor Value (\$) City of Erskine \$30,000			
	City of District #50,000			

Minn. Stat. §116J.994 re of the following public pu			ancial assistance agreeme	nts state a public p	urpose. Which	
■ Enhancing economic diver * Creating high-quality job g	rsity	•	☐ Increasing tax base (☐ Other (please specify		pose)	
☐ Job retention☐ Stabilizing the community			a other (prease speety)	,		
29. Indicate whether the agre at the time of this report.				recipient had attai	_	
A) Specific wage and job goa B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	als to be attaine retention goals	ed within 2 years	Goals Tan established? date * Yes □ No DEC	rget attainment s (month & year) CEMBER 2001	All goals attained? Yes No Yes No Yes No Yes No	8122
(Please attach descriptions o attainment if not documented		_				
	ge hourly value	e of any employer-pro	reation and/or retention gooded 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	
67 00 4- ES 00				<u></u>	\$	
\$7.00 to \$8.99						
\$9.00 to \$10.99	10				\$ 0	
	10				\$ 0 \$	٠
\$9.00 to \$10.99	10					
\$9.00 to \$10.99 \$11.00 to \$12.99	10				\$	
\$9.00 to \$10.99 \$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	ng wage catego	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tim	jobs. (Only indicate	\$ \$ \$ nce the benefit	·
\$9.00 to \$10.99 \$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	ng wage catego	y employer-provided	health insurance for those	jobs. (Only indicate	\$ \$ \$ 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 followin date and the actual hour full-time equivalents if y Hourly Wage	ng wage catego rly value of an vou 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> indicate positions.) Job	\$ \$ nce the benefit ate job creation in Hourly Value of	
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits)	ng wage catego rly value of an vou 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> indicate positions.) Job	\$ \$ nce 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 followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00	ng wage catego rly value of an vou 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> indicate positions.) Job	\$ \$ nce 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 followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ng wage catego rly value of an vou 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> indicate positions.) Job	\$ \$ nce the benefit ale 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 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	ng wage catego rly value of an vou 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> indicate positions.) Job	\$ \$ 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.)

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 Yes (Complete the remainder of this sect	e required to be fulfilled by the tim	ne of this report? (Mark one.)		
35 39. Provide the following information for each recipied were to be attained by the time of reporting. (Attack		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	☐ 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 <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 recipier	nt's deadline for fulfilling its oblig	gations? (Mark one.)		
0	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

00-1028



200 DMinnesota Business Assistance Form

e. F. H. original secceived 5/31/01

- 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 bart.bevins@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 -		
☐ 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.)		
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	plete the remainder of the form.)	□ No (Stop here, go to section	n 5 on page 4.)	

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	business subsidy or finan	cial assistance
T& R PROPERTIES	1020 INT'L DRIVI Street address	E FERGUS FALLS City	MN 56537 ZIP code
16. Does the recipient have a parent corporation? (Mar	k one.)		
* Yes (Indicate name and address of parent corporation No	on below. If more than one, in	dicate ultimate owner.)	
VINYLITE WINDOWS	1020 INT'L DRIVE	FERGUS FALLS	MN 56537
Name of parent corporation	Street address	City S	State ZIP code

17. Industry of recipient's facility (Mark one.):				
* Manufacturing	☐ Finance, Insurance, Real Estate rade ☐ 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 differ	rent Minnesota location			
Section 3 General Information About the Agreeme	ent			
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
\$150,000	OCTOBER 29, 1999			
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) OCTOBER 29, 1999	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.) * business subsidy	four types of financial assistance (see Question 25) required to ☐ 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 □ soils condition □ economic development □ mined underground space □ hazardous substance subdistrict	* No Grantor(s) and value of the agreement(s Grantor Value (\$) Grantor Value (\$)			

Section 4 Goals and Pu	iblic Purpos	se Identified in t	he Agreement			
28. Minn. Stat. §116J.994 re of the following public pu				s state a public p	urpose. Which	
 □ Enhancing economic dive * Creating 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				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			established? dates (et attainment month & year) 2002	All goals attained? Yes Not. 1.4 Yes No Yes No Yes No	8131
(Please attach descriptions of attainment if not documented						
	ge hourly value	of any employer-pr	creation and/or retention goa ovided health insurance goal to separate goals by full- an	s for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal				· · · · · · · · · · · · · · · · · · ·	s	
less than \$7.00					\$	
\$7.00 to \$8.99	12				\$	
\$9.00 to \$10.994	3				\$	
\$11.00 to \$12.99					\$	
\$13.00 to \$14.99					\$	ı
\$15.00 and higher	1				\$	
	rly value of an	y employer-provided	nber of actual jobs created as health insurance for those jo tion into full- and part-time	bs. <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 than \$7.00					s	
\$7.00 to \$8.99	7				\$.97	
\$9.00 to \$10.99	4				\$.97	
\$11.00 to \$12.99	1				\$.97	
\$13.00 to \$14.99					\$	
\$15.00 and higher					\$	
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		and 31) and fulfilled all oblig	gations stipulated	d in the agreement?	

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

	uary 1, 2000 through December inn. Stat. §116J.993 and §116J.9	31, 2000, did your organization l 194? (Mark one.)	nave 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 assistanc	e (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 (Con	mplete the remainder of this sect	tion.) * No (Stop here and st	ubmit 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 recipie	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.):					
☐ recipient ceased operation ☐ recipient relocated to a different communit ☐ recipient was unable to fill vacant positions ☐ other (Specify reason.)		erent community				
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.)						
□ 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

00-1029



2000 Minnesota Business Assistance Form

e.4. H. ociginal received 5/3/0/

- 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 en DTED (CHALLENCE)		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 add bart.bevins@	ress @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	
	Mark one. If grantor is entity lease indicate affiliation. For I check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §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.) No (Stop here, go to section 5 on page 4.)					

Section 2 Information About Recipient

Name of business or organization receiving subsidy or financial assistance	15. Address where bu	15. Address where business subsidy or financial assistance will be used			
AARON CARLSON WOODWORK	801 ATLANTIC AV Street address	E MORRIS City	MN 56267 ZIP code		
16. Does the recipient have a parent corporation? (Mark of	one.)				
* Yes (Indicate name and address of parent corporation No	below. If more than one, indi	icate ultimate owner	:.)		
AARON CARLSON CORP Name of parent corporation	1505 CENTRAL AVE NE Street address	MINNEAPOLIS City	MN 55413 State ZIP code		

17. Industry of recipient's facility (Mark one.):				
* Manufacturing	☐ 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 * 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.)	elocated elsewhere if not awarded this business subsidy or			
☐ Remained at previous location ☐ Relocated to differ	rent Minnesota location			
Section 3 General Information About the Agreeme	ent			
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
\$100,000	DECEMBER 1, 1999			
	22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property,			
DECEMBER 1, 1999)			
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	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 ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	* No Grantor(s) and value of the agreement(s Grantor Value (\$) Grantor Value (\$)			

Section 4 Goals and Pu	iblic Purpo	se Identified in t	he Agreement			_
28. Minn. Stat. §116J.994 roof the following public pu				its state a public	purpose. Which	
 Enhancing economic dive Creating high-quality job Job retention Stabilizing the community 	growth		☐ Increasing tax base (c☐ Other (please specify)		rpose)	
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 wa	retention goals	s	established? dates	get attainment (month & year) E 2002	All goals attained? Yes No Yes No Yes No Yes No	81301
attainment if not documented						
	ge hourly value l-time equivale	e of any employer-pronts if you are unable	ovided health insurance gos to separate goals by full- o	als for those jobs		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					s	
\$7.00 to \$8.99			20		s	
\$9.00 to \$10.994					\$	
\$11.00 to \$12.99					\$	
\$13.00 to \$14.99					\$	
\$15.00 and higher					\$	
	rly value of an	y employer-provided	nber of actual jobs created health insurance for those tion 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 (<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			2		\$.58	
\$9.00 to \$10.99			2		\$.58	ļ
\$11.00 to \$12.99		·			\$	İ
\$13.00 to \$14.99			1		\$.58	
\$15.00 and higher					\$	
32. Has the recipient achieval (Mark one.)	ved <u>all goals</u> (s	ee Questions 29, 30 a	and 31) and fulfilled <u>all obl</u> * No	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 period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.99		ive any recipients who failed to	
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	t and the value of subsidy or finan	icial assistance awarded to that	
* No			
Name of recipient Type of subsidy or assistance	: (See Questions 24 and 25.)	Value of subsidy or assistance	
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 secti	ion.) * No (Stop here and sub	bmit form to DTED .)	
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attach	ent failing to fulfill goals or any ot an 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	other (Specify reason.)	ent community	
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)		
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	. O 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

00-1031



2000 Minnesota Business Assistance Form

e.t. p. original received 5/31/01

- 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 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 PA	AUL 5. ZIP	code 55101
7. Phone number 651-297-1170		8. Fax number 651-296-5287		nail address bevins@state.mn.us
10. Please indicate who in you	r organization should receive the	2002 MBAF if different	from the person in	Question 2.
Name/Title	Phone number	Street address	City	ZIP code
11. Classification of grantor (Macreated by gov't agency, piexample, a city EDA would □ 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 - 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.)			
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported u plete the remainder of the form.)		993 and §116J.994	? (Mark one.)
Section 2 Information Al	bout Recipient			
14. Name of business or organ receiving subsidy or finan		15. Address where bu will be used	siness subsidy or f	inancial assistance
HEALTH POSTURES, INC.		262 W 1 ST ST Street address	MORTON City	MN 56270 ZIP code
16. Does the recipient have a	parent corporation? (Mark one.)			
☐ Yes (Indicate name and ad * No	dress of parent corporation below	v. If more than one, ind	icate ultimate own	er.)
Name of parent corporation		Street address	City	State ZIP code

☐ Finance, Insurance, Real Estate rade ☐ Construction ☐ Other (please specify)			
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.			
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.)			
rent Minnesota location			
ent			
21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
NOVEMBER 24, 1999			
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)			
s four times of financial essistance (see Overtion 25) required to			
four types of financial assistance (see Question 25) required to ☐ financial assistance			
25. If the assistance was one of the four types of financial assistance, please indicate the type(s).			
* not applicable, agreement provided a business subsidy			
□ 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			
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 Grantor Value (\$)			

28. Minn. Stat. §116J.994 r of the following public p				ts state a public p	urpose. Which
 Enhancing economic dive Creating high-quality job Job retention Stabilizing the community 	growth	•	☐ Increasing tax base (c.☐ Other (please specify)		pose)
29. Indicate whether the agrat the time of this report				recipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	S	established? dates * Yes \(\square\) No \(\sum_{NOV} \)	get attainment (month & year) (EMBER 2001	All goals attained? Yes No 21 10 8 30 130 130 130 130 130 130 130 130 130
(Please attach descriptions of attainment if not documente					
	ige hourly value	e of any employer-pr	creation and/or retention go ovided health insurance go 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					\$
\$7.00 to \$8.99	23				s
\$9.00 to \$10.994					\$
\$11.00 to \$12.99	2				\$
\$13.00 to \$14.99					\$
\$15.00 and higher	25				\$
full-time equivalents if	orly value of any you are unable Full-time	y employer-provided to separate job crea Part-time/	health insurance for those jetion into full- and part-time FTE (only if unable to	obs. (<u>Only</u> indice positions.)	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					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					\$
\$11.00 to \$12.99	1	· .			\$
\$13.00 to \$14.99	1				\$
\$15.00 and higher	3	1			s
\$15.00 and higher 32. Has the recipient achie (Mark one.)		ee Questions 29, 30	and 31) and fulfilled <u>all obl</u>	gations stipulated	

(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.)				
* No				
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 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: 				
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.)			
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	☐ No, recipient <u>has not begu</u>	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	empliance 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



e. F. H. original received 5/31/01

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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)		2. Name of person completing BAR	this form T 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 bart.bevins@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 ☐ 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	thave 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 (Complete the remainder of the form.)		□ No (Stop here, go to section	n 5 on page 4.)	

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used		
LAND OF LAKES STONE/GEM CORP	11800 62 ND ST NE Street address	ALBERTVILLE City	MN 55301 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 S	tate 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	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	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 differ	ent Minnesota location			
Section 3 General Information About the Agreeme	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 agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
\$100,000	SEPTEMBER 10, 1999			
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.)				
SEPTEMBER 20, 19	99			
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	* No Grantor(s) and value of the agreement(s Grantor Value (\$) Grantor Value (\$)			

28. Minn. Stat. §116J.994 r of the following public p				ts state a public p	ourpose. Which
☐ Enhancing economic dive * Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		☐ Increasing tax base (ca ☐ Other (please specify)		pose)
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 wa	r retention goals	5	established? dates	get attainment (month & year) FEMBER 2001	All goals attained? Yes \(\) No Yes \(\) No Yes \(\) No
Please attach descriptions of attainment if not documented					
	age hourly value	e of any employer-pro	reation and/or retention good ovided 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
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.994			·		s
\$11.00 to \$12.99					S
\$13.00 to \$14.99			·		\$
\$15.00 and higher			6		\$3.97
\$15.00 and mgner			h	and/or retained si	nce the benefit
11. For each of the following date and the actual hou	urly value of any	y employer-provided	health insurance for those join into full- and part-time	obs. (Only indic	
For each of the following date and the actual hours.	urly value of any	y employer-provided	health insurance for those j	obs. (Only indic	
For each of the following date and the actual hour 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 join into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indic positions.) Job	ate job creation in Hourly Value of
1. 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 creat Part-time/ Seasonal/Temp.	health insurance for those join into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indic positions.) Job	ate job creation in Hourly Value of
1. For each of the following date and the actual hour 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. Job Creation	health insurance for those join into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indic positions.) Job	ate job creation in 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	y employer-provided to separate job creat Part-time/ Seasonal/Temp. Job Creation 1	health insurance for those join into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indic positions.) Job	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 \$9.00 to \$10.99	urly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp. Job Creation 1	health insurance for those join into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indic positions.) Job	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 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 §116f.994? (Mark one.)			
☐ Yes (Indicate the name of each recipient failing to repor recipient. Attach additional pages if necessary.)	t and the value of subsidy or finan	icial 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 have any recipients who failed to agreement signed on or after January 1, 2000, that were			
☐ Yes (Complete the remainder of this sect	tion.) * No (Stop here and sub	bmit 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 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 obliga	tion? (Mark one.)		
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	. D 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	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



b. 4. b. original reveived 5/31/01

- 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 (URBAN INITIATIVE)		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		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 - 9-17-99- and attach criteria) □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explanation.)			
through December 31, 200	ed any agreements to award a bus 0 that is required to be reported un olete the remainder of the form.)		§116J.994? (Mark one.)		

Section 2 Information About Recipient

Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistant will be used					
AXIS MINNESOTA, INC.	1611 AMES AVE Street address	ST. PAUL City	MN 55106 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	☐ 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 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 differ	rent Minnesota location							
Section 3 General Information About the Agreeme	ent							
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)							
\$99,900	AUGUST 1, 1999							
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.)								
AUGUST 1, 1999								
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							
* 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 □ economic development □ mined underground space □ hazardous substance subdistrict	* No Grantor(s) and value of the agreement(s Grantor Value (\$) Grantor Value (\$)							

ection 4 Goals and P	ublic Purpo:	se Identified in t	he Agreement			
28. Minn. Stat. §116J.994 of the following public p					purpose. Which	
☐ Enhancing economic diverselves * Creating high-quality job ☐ Job retention ☐ Stabilizing the communit	growth		☐ Increasing tax b☐ Other (please sp	vase (cannot be only pu pecify)	irpose)	
29. Indicate whether the ag at the time of this repor	reement include t. <i>(Fill in the b</i> e	ed the following types oxes and attainment of	s of goals, and whether date(s) for each goal.	er the recipient had atta	nined 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	Goals established? * Yes \(\text{No} \) \(\text{Yes} \(\text{No} \) \(\text{Yes} \(\text{No} \) \(\text{Yes} \(\text{No} \) \(\text{Yes} \(\text{No} \)	Target attainment dates (month & year) SEPTEMBER 2001	All goals attained? X Yes \(\) No Yes \(\) No Yes \(\) No Yes \(\) No	1. 8134
Please attach descriptions attainment if not documente						
30. For each of the followin agreement and the average job creation goals in fu	age hourly value	e of any employer-pro	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		Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00					\$	
\$7.00 to \$8.99	8				\$	
\$9.00 to \$10.994	3				s	
\$11.00 to \$12.99					\$	
\$13.00 to \$14.99	5				s	
\$15.00 and higher	2				\$	
For each of the following date and the actual hor full-time equivalents if	urly value of any you are unable	y employer-provided to separate job creat	health insurance for tion into full- and par	those jobs. (<u>Only</u> indic t-time positions.)		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unabl separate FT/PT Job Creation		Hourly Value of Health Insurance	
less than \$7.00		· ·	,		s	
\$7.00 to \$8.99	10				\$1.13	
\$9.00 to \$10.99	6				\$1.13	
\$11.00 to \$12.99					\$	
\$13.00 to \$14.99	9				\$1.13	
\$15.00 and higher					\$	
2. Has the recipient achie (Mark one.)	ved <u>all goals</u> (se		and 31) and fulfilled and No	all obligations stipulate	d in the agreement?	

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

	ry 1, 2000 through December . n. Stat. §116J.993 and §116J . 9	31, 2000, did your organization h 194? (Mark one.)	nave any recipients who failed to
	each recipient failing to repor tional pages if necessary.)	t and the value of subsidy or fina	incial assistance awarded to that
* No			
Name of recipient	Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or a	after January 1, 2000, that were	o achieve any goals or fulfill any e required to be fulfilled by the ti	me of this report? (Mark one.)
☐ Yes (Comp	plete the remainder of this sect	tion.) * No (Stop here and si	ubmit form to DTED .)
		ent failing to fulfill goals or any on the difference of the diffe	other 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 (M	ark all that apply.):		
☐ recipient ceased operation☐ recipient was unable to fill	vacant positions	☐ recipient relocated to a diffe☐ other (Specify reason.)	rent community
37. To date, has the recipient	t fulfilled its repayment obliga	tion? (Mark one.)	
☐ Yes ☐ No, recipient has	s 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.)
		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



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

Section 1 Information Ab					
Name of grantor (funding en CITY OF MONTICELL		Name of person completing this form OLLIE KOROPCHAK			
3. Street address 505 WALNUT STREET	Street address 505 WALNUT STREET, SUITE 1		. City 5. ZIP code 55362		
6. County 7. Phone number 763-271-3208		8. Fax number 763-295-4404	9. E-mail address okoropch@uslink.c		
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from th	ne person in Que	stion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
created by gov't agency, pl	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.")		d a public hearin ing business sub- at. §116J.994? (1	sidies in	
☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		Yes (Indicate hearing date - 9/13/9 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, 199	ed any agreements to award a bu 9 that is required to be reported u	ınder Minn. Stat. §116J.993 and	§116J.994? <i>(M</i>		
Yes (Comp.	lete the remainder of the form.)	□ No (Stop here, go to section	on 3 on page 4.)		
Section 2 Information Al	bout Recipient				
14. Name of business or organ receiving subsidy or finance		Address where business subsidy or financial assistance will be used			
TWIN CITY DIE CAS	TINGS COMPANY	520 CHELSEA ROAD Street address	MONTICE City	LLO 55362 ZIP code	
16. Does the recipient have a p	parent corporation? (Mark one.)				
☐ Yes (Indicate name and add XX No	ress of parent corporation below	. If more than one, indicate ulti	mate owner.)		
Name of parent corporation		Street address City	Sta	te ZIP code	

17. Industry of recipient's facility (Mark one.):	·
Manufacturing	☐ Finance, Insurance, Real Estate rade ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreen	ment? (Mark one.)
Yes (Indicate city and state of previous address and reason No (Go to Question 19.)	recipient did not complete this project at that address.)
City/State of previous address Reason project not complete	d at previous address
 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 XX Relocated to diffe	erent Minnesota location XX Relocated outside Minnesota
ection 3 General Information About the Agree	ment
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$40.000	OCTOBER 25, 1999
indicate the date improvements were finished, equipment	rom the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property, NTICIPATED CERTIFICATE OF COMPLETION and the business of the completion of the com
23. Does the agreement provide a business subsidy or one of be reported? (Mark one.) XXX business subsidy	the 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	**************************************
□ loan □ grant (i.e., forgivable loan) □ tax abatement □ TIF or other tax reduction or deferral □ guarantee of payment □ contribution of property or infrastructure □ preferential use of governmental facilities □ land contribution	 □ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
Wother (Specify subsidy type.) REDUCTION OF TRUNK	TEES
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	Grantor(s) and value of the agreement(s):
mined underground space hazardous substance subdistrict	MONTICELLO HRA \$225,000 TIF
anazardous substance subdistillet	MUNITICELLO EDA \$100,000 LOAN AGREEMENT
	EXECUTED

EXECUTED

☐ Enhancing economic divers	in.	•	Valueressing tax base (e.	annot be only nor		
Creating high-quality job growth			☐ Increasing tax base (cannot be only purpose) ☐ Other (please specify)			
Job retention		Other (please specify)				
☐ Stabilizing the community			Other (please specify)			
 Indicate whether the agree at the time of this report. 				recipient had attai	ned those goals	
				get attainment	All goals	
A) Specific wage and job goals	r to be attain	ad within 2 years		(month & year)	attained?	
B) Other job-creation and/or re			•	pt. 1, 2002	Q Yes Q No	
C) Other wage goals	_		☐ Yes ☐ No		☐ Yes ☐ No	
D) Other goals other than wage	e and job go	als	□ Yes □ No	· · · · · · · · · · · · · · · · · · ·	□ Yes □ No	
(Please attach descriptions of a attainment if not documented i						
30. For each of the following agreement and the average					(Only indicate	
job creation goals in full-t						
Hourly Wage	Full-time Job	Part-time/ Seasonal/Temp.	FTE (<u>only</u> if goals not stated as FT/PT)	Job	Hourly Value of	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance	
no hourly wage-level goal					\$	
XXXXXXXXXXX					s	
AT LEAST \$8.50					s	
X 9X9XXXX X XXXX					s	
At LEAST, \$12.00	14				s	
£12.00 £14.00					\$	
CLE OO Lhigher					s	
	y value of ar u are unable	y employer-provided	d health insurance for those tion into full- and part-tim	jobs. (Only indic		
Hourly Wage (excluding benefits)	Full-time Job Creation	Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
					s	
KKXKX KXX X					s	
XXXXXXXXXXXX			·			
•	3				5 <u>97/H</u>	
X -X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-	3		·		; <u>9</u> 7/₩ ;	
XXXXXXXXXXX AT LEAST \$8.50	3				; <u>.</u> ၅2/ዙ ; ;_92/ዙ	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3				; <u>ግ</u> ሂዙ ; ; <u>.ዓጌ</u> /ዙ	

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

Do not complete this sec	tion if you completed it o	in unother 2000 MBAF Sub	milieu io DIED.)
33. During the period Augus required by Minn. Stat. §	t I through December 31, 199 116J.993 and §116J.994? (M	9, did your organization have any ark one.)	recipients who failed to report as
	each recipient failing to report itional pages if necessary.)	t and the value of subsidy or finar	ncial assistance awarded to that
M 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 required to be fulfilled by the tin	
🗅 Yes (Compl	ete the remainder of this section	on.) 🎢 No (Stop here and sub	omit form to DTED .)
		ent failing to fulfill goals or any o ach 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 (Ma	ırk 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 obligat	tion? (Mark one.)	
☐ Yes ☐ No, recipient has	begun to repay the assistance	. O No, recipient has not begi	un to repay the assistance.
38. Has the agreement been a	mended to extend the recipier	nt's deadline for fulfilling its obli	gations? (Mark one.)
	0	Yes 🗆 No	
39. Describe the steps being	aken to bring recipient into co	ompliance or recoup the subsidy:	
	····		
			· · · · · · · · · · · · · · · · · · ·

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

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



2. Name of person completing this form

OLLIE KOROPCHAK

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

Section 1 Information About Grantor

MONTICELLO ECONOMIC DEVELOPMENT AUTHORITY

1. Name of grantor (funding entity)

2 Charles delana				
3. Street address 505 WALNUT STREET,	SUITE 1	4. City MONTICELLO	5. ZIP code 55362	
6. County WRIGHT	7. Phone number 763-271-3208	8. Fax number 763-295-4404	9. E-mail address okoropch@uslink.com	
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from th	e person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")	Has your organization held adopted criteria for awardi compliance with Minn. Sta		
☐XCity government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		Yes (Indicate hearing date - 8/31/99 and attach criteria) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)		
		<u> </u>		
13. Has your organization sign through December 31, 199	ned any agreements to award a bug that is required to be reported to lete the remainder of the form.)		§116J.994? (Mark one.)	
13. Has your organization sign through December 31, 199	9 that is required to be reported ulete the remainder of the form.)	under Minn. Stat. §116J.993 and	§116J.994? (Mark one.)	
13. Has your organization sign through December 31, 199	9 that is required to be reported under the remainder of the form.) bout Recipient ization	under Minn. Stat. §116J.993 and	§116J.994? (Mark one.) n 5 on page 4.)	
13. Has your organization sign through December 31, 199 Yes (Comp. Section 2 Information Al 14. Name of business or organ	9 that is required to be reported under the remainder of the form.) bout Recipient ization sial assistance	nder Minn. Stat. §116J.993 and ☐ No (Stop here, go to section 15. Address where business su	§116J.994? (Mark one.) n 5 on page 4.) ubsidy or financial assistance	
13. Has your organization sign through December 31, 199 Yes (Comp. Section 2 Information Al 14. Name of business or organ receiving subsidy or finance AROPLAX CORPORATI	9 that is required to be reported under the remainder of the form.) bout Recipient ization sial assistance	15. Address where business st will be used 200 CHELSEA ROAD M	§116J.994? (Mark one.) In 5 on page 4.) Subsidy or financial assistance CONTICELLO 55362	
13. Has your organization sign through December 31, 199 Yes (Comp. Section 2 Information Al 14. Name of business or organ receiving subsidy or finance AROPLAX CORPORATI 16. Does the recipient have a p	9 that is required to be reported under the remainder of the form.) bout Recipient ization izal assistance	15. Address where business st will be used 200 CHELSEA ROAD M Street address	§116J.994? (Mark one.) In 5 on page 4.) Subsidy or financial assistance SONTICELLO 55362 City ZIP code	

17. Industry of recipient's facility (Mark one.):					
XXI 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.)				
☐ Yes (Indicate city and state of previous address and reason r ☐ No (Go to Question 19.)	ecipient 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.) Expansion	relocated elsewhere if not awarded this business subsidy or				
Remained at previous location Relocated to differ	ent Minnesota location				
Section 3 General Information About the Agreem	ent				
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)				
\$100,000.00	December 6, 1999				
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) December 6, 1999 Closing date of loan	n the business subsidy or financial assistance. For example, vas placed into service, or the recipient occupied the property,				
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	e four types of financial assistance (see Question 25) required to ☐ financial assistance				
a business subsidy	I mancial 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.) REAL ESTATE DEVELOPMENT	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district ENT LOAN				
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 (\$)				

Section 4 Goals and Put	oue Purpos	e identified in	the Agreement		
28. Minn. Stat. §116J.994 req of the following public pu					ourpose. Which
☐ Enhancing economic divers XXCreating high-quality job gr ☐ Job retention ☐ Stabilizing the community		•	☐ Other (please spec	se (cannot be only pur cify) cify) cify)	
29. Indicate whether the agree at the time of this report.					ined 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	etention goals		D.W D.M.	Target attainment dates (month & year) Dec 6, 2001	All goals attained? 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 averagiob creation goals in full-	e hourly value	of any employer- nts if you are unab	provided 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 n stated as FT/PT) Job Creation	ot Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
lamber \$7.00					\$
x x xxxxx					\$
\$\$5.00 ^T 10516.59 \$8.24	<u>10 new</u>	jobs			\$
\$1 4.00 to \$12.0 9					\$
\$ 15.50 £14 99	·				\$2
S NC 00 and higher					s
31. For each of the following date and the actual hourl full-time equivalents if you Hourly Wage (excluding benefits)	y value of an	y employer-provid	ed health insurance for t	those jobs. (<u>Only</u> indic t-time positions.)	
less than \$7.00					\$
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	口	<u></u>			<u>. 2.</u> 10
\$11.00 10.513.09					\$
\$15.00 to 5109	. 				s
\$15.00 and mgner					s
32. Has the recipient achieve (Mark one.)	ed <u>all goals</u> (se	ee Questions 29, 30	0 and 31) and fulfilled a	ll obligations stipulate	d in the agreement?

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

33. During the period August 1 through December 31, required by Minn. Stat. §116J.993 and §116J.994?	1999, did your organization have any (Mark one.)	recipients who failed to report as
☐ Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary		icial assistance awarded to that
MNo		
Name of recipient Type of subsidy or assis	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 August 1, 1999, that		
☐ Yes (Complete the remainder of this	section.) 💢 No (Stop here and sub	mit 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 of	oligation? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assist	ance. No, recipient has not begu	<u>ın</u> to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its oblig	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, 2000, to:

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



RECEIVED APR 9 5 2001

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

Name of grantor (funding en MONTICELLO HOUSING	ntity) G AND REDEVELOPMENT	2. Name of person complete UTHORITY OLLIE 1	ng this form KOROPCHAK	
3. Street address 505 WALUNT STREET. SUITE 1		4. City	5. ZIP code	
		MONTICELLO	55362	· · · · · · · · · · · · · · · · · · ·
6. County 7. Phone number 763-271-3208		8. Fax number 763-295-4404	9. E-mail add okoropch	dress @uslink.co
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from	the person in Que	estion 2.
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")	12. Has your organization hadopted criteria for awa compliance with Minn.	rding business sub	osidies in
City government County government Regional government State government Other (Please specify.)			but have not yet a initial hearing -	
	ned any agreements to award a bigo that is required to be reported			
XX v (C	lete the remainder of the form.)	☐ No (Stop here, go to see	etion 5 on naga 1	

Section 2 Information About Recipient 15. Address where business subsidy or financial assistance 14. Name of business or organization will be used receiving subsidy or financial assistance MONTICELLO 55362 TWIN CITY DIE CASTINGS COMPANY 520 CHELSEA ROAD Street address 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 Street address Name of parent corporation City ZIP code

17. Industry of recipient's facility (Mark one.):		
X Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Tra	☐ Finance, Insurance, Real Estate Ide ☐ 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 ☐ Remained to differ	rent Minnesota location XX Relocated outside Minnesota	
Section 3 General Information About the Agreem	nent	
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.)	
\$225,000.00	OCTOBER 25, 1999	
	was placed into service, or the recipient occupied the property,	
whichever is earlier.) SEPTEMBER 1, 2000 ANT	ricipated certificate of completion	
23. Does the agreement provide a business subsidy or one of the reported? (Mark one.) Debusiness subsidy	ne four types of financial assistance (see Question 25) required to	
All	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).	
not applicable, agreement provided financial assistance	रूप्न 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 \$210,000 land write-down □ other (Specify subsidy type.) \$15,000 site improve	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district	
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)	
☐ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)	
☐ redevelopment ☐ renewal and renovation ☐ soils condition	□ No	
KKeconomic development ☐ mined underground space	Grantor(s) and value of the agreement(s):	
hazardous substance subdistrict	CITY OF MONTICELLO \$500,000 agreement Grantor Value (S) Monticello EDA \$100,000 agreement Grantor Value (S)	

CITY OF MONTICELLO

\$40,000 Trunk fee reductio Contract for Private Redev

28. Minn. Stat. §116J.994 req of the following public pu	uires that bus	siness subsidy and fi stated in the agreeme	nancial assistance agreement? (Mark all that apply)	nents state a public p	ourpose. Which
☐ Enhancing economic divers ☐ Creating high-quality job gr ☐ Job retention		•	☐ Other (please specify ☐ Other (please specify) ☐ Other (please specify)	v) v)	·
☐ Stabilizing the community			Other (please specify	v)	
29. Indicate whether the agree at the time of this report.				he recipient had atta	uined 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 (Please attach descriptions of attainment if not documented if	etention goals e and job goa goals and pr	s als ogress toward	established? date	arget attainment es (month & year) ept. 1, 2002	All goals attained? Yes No Yes No Yes No
30. For each of the following agreement and the average job creation goals in full-	e hourly valu time equivale	e of any employer-parts if you are unable	rovided health insurance go 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 hourly wage-level goal					\$
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			· 	·	s
AT LEAST \$8.50	71				s
XXXXXXXXXXX	<u></u>				s
At LEAST, \$12.00	14		 .		s
<u> </u>					s
\$15.00 and higher		·			s
31. For each of the following date and the actual hourl full-time equivalents if you Hourly Wage (excluding benefits)	y value of an	y employer-provided	d health insurance for tho	se jobs. (Only indi	
KXXXXXXX X		·			s
XXXXXXXXX AT LEAST \$8.50	3				; ;_92/H~
AT Least \$12.0	0 11				5 92/H~ 5
and ingite					s
32. Has the recipient achieve (Mark one.)	d <u>all goals</u> (s	•	and 31) and fulfilled all o	<u>bbligations</u> stipulate	d in the agreement?

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.) 33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report 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 August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) ☐ Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (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.): arecipient relocated to a different community recipient ceased operation

□ other (Specify reason.)

☐ No, recipient <u>has not begun</u> to repay the assistance.

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

☐ Yes ☐ No

38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

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

recipient was unable to fill vacant positions

37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)

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

☐ No, recipient <u>has begun</u> to repay the assistance.

ZIP code

State

2001



XXNo

Name of parent corporation

Minnesota Business Assistance Form RECEIVED MAY 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 §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.

Clay	7. Phone number 218-299-5441	Beth Grosen 4. City Moorhead 8. Fax number 218-299-5399	5. ZIP code 56560 9. E-mail address	
500 Center Avenue, 6. County Clay	7. Phone number 218-299-5441	Moorhead 8. Fax number	56560	
6. County Clay	7. Phone number 218-299-5441	8. Fax number		
Clay	218-299-5441		9. E-mail address	
Clay 10. Please indicate who in your		218-299-5399		
10. Please indicate who in your	organization should receive the		beth.grosen@	ci.moorh
		2002 MBAF if different from	the person in Question 2	2.
Name/Title	Phone number	Street address	City Z	ZIP code
11. Classification of grantor (M. created by gov't agency, ple example, a city EDA would	ease indicate affiliation. For		rding business subsidies Stat. §116J.994? (Mark	in
XXCity government		XX Yes (Indicate hearing do	8/23/99 10and <u>attach</u>	criteria)
County government		□ No		
☐ Regional government		☐ We held a public hearing but have not yet adopted		
☐ State government ☐ Other (Please specify.)		criteria (Indicate date of initial hearing) U Other (Please attach explanation.)		
through December 31, 2000	ed any agreements to award a but that is required to be reported unlete the remainder of the form.)		nd §116J.994? (Mark on	
				<u> </u>
 Name of business or organi- receiving subsidy or financial 		15. Address where business will be used	s subsidy or financial ass	sistance
Dr. Jeffrey & Sher	ryl Harvey	1550 30 Ave. S. Street address Cit		5560 CIP code

Street address

City

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

17. Industry of reci	pient's facility (Mark o	ne.):			
	☐ Manufacturing ☐ Retail Trade	XX Services Wholesale Trad		insurance, Real Estate	бу)
18. Did the recipier	nt relocate as a result of	signing this agreemer	nt? (Mark one.)		
Yes (Indicate city No (Go to Questi		address and reason re	cipient did not com	plete this project at that addre	:55.)
Moorhead, M City/State of previo	us address Reason pr	oject not completed a	previous address	· <u></u>	· · · · · · · · · · · · · · · · · · ·
19. Would the recipions financial assistan	•	previous location or re	located elsewhere	f not awarded this business su	ıbsidy or
☐ Remained	at previous location	Relocated to differe	nt Minnesota locat	ion XXRelocated outside M	1innesota
ection 3 Gener	al Information Ab	out the Agreeme	nt		
	lue of business subsidy use separate value by ty			ent signed (In addition to the ce any dates the agreement was	
	75,000		Octobe	r 1999	
	e improvements were fi rlier.)			ly or financial assistance. Fo e, or the recipient occupied th	
23. Does the agreed be reported? (/	Aark one.)	subsidy or one of the	four types of finan	cial assistance (see Question 2	25) required to
_	provided a business su e(s) and total dollar va			nce was one of the four types of ease indicate the type(s).	of financial
not applicable, ag د	reement provided finan	ncial assistance	XXnot applicable,	agreement provided a busines	s subsidy
☐ loan (only princip☐ grant (i.e., forgive		\$ S	assistance for p		\$
☐ tax abatement ☐ TIF or other tax r ☐ guarantee of payr ☐ contribution of pa	eduction or deferral nent operty or infrastructure		stock or bringi assistance prov	enovating building ng it up to code, and rided for designated vation districts, when	\$
→ preferential use o → land contribution ▼ other (Specify sub		s S S	50% or less of assistance for pabatement	total cost pollution control or	\$
Enterprise Border City (Sales Tax	Zone Tax Credi; Development Zo	t \$ 50,000 one \$ 25,000		TIF soils condition district	S
26. If the assistance	included tax increment of TIF district? (Mark			r grantors providing a busines stance to the same project? (A	
	sistance was not in the	form of TIF		ach grantor and the value of the walue of th	
☐ redevelopment ☐ renewal and reno ☐ soils condition	vation		XXNo		
□ cconomic develo □ mined undergrou	nd space		Grantor(s) and va	lue of the agreement(s):	
☐ hazardous substa .	nce subdistrict		Grantor	Value (\$)	
			Grantor	Value (\$)	

28. Minn. Stat. §116J.994 r of the following public					urpose. Which
☐ Enhancing economic dive☐ Creating high-quality job			Increasing tax base Other (please spec		ose)
Stabilizing the community	y			-	
29. Indicate whether the agr				the 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	retention goals	•	established? d	Target attainment ates (month & year) 12/31/01	All goals attained? XXI Yes \(\) No \(\) Yes \(\) No \(\) 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 fundaments.	age hourly value	of any employer-pr	ovided health insuranc	e goals for those jobs.	
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 Job Retenti on	Hourly Value of Health Insurance
no hourly wage-level goal					3
less than \$7.00		·		-	s
\$7.00 to \$8.99					s
\$9.00 to \$10.99				_6	s
\$11.00 to \$12.99	-				s
\$13.00 to \$14.99	_1_	<u></u>	· 	_4	s
\$15.00 and higher	_1_	g k generation		_5	s
31. For each of the following date and the actual hor full-time equivalents if	urly value of an you are unable	y employer-provided to separate job crea	health insurance for the tion into full- and part-	nose jobs. (<u>Only</u> indic- time positions.)	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable separate FT/PT) Job Creation	to Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99				_6	s
\$11.00 to \$12.99					s
\$13.00 to \$14.99	_1			_4	s
\$15.00 and higher	_1_			_5	s
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		and 31) and fulfilled <u>all</u>	l obligations stipulated	d in the agreement?

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

report as required by Mir	nn. Stat. §116J.993 and §116J	•	
Yes (Indicate the name of crecipient. Attach addit	each recipient failing to repor tional pages if necessary.)	rt and the value of subsidy or finan	ncial assistance awarded to that
XXVo		•	
Name of recipient	Type of subsidy or assistance	ce (See Questions 24 and 25.)	Value of subsidy or assistance
		to achieve any goals or fulfill any or re required to be fulfilled by the tin	
☐ Yes (Comp	plete the remainder of this sec	tion.) 🛭 No (Stop here and suc	bmit form to DTED .)
		ient failing to fulfill goals or any o ach 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 (Ma	ark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill		U recipient relocated to a differ U other (Specify reason.)	
37. To date, has the recipient	t fulfilled its repayment obliga	ation? (Mark one.)	
☐ Yes ☐ No, recipient has	s begun to repay the assistance	e. 🗘 No, recipient <u>has not begu</u>	in to repay the assistance.
38. Has the agreement been a	amended to extend the recipie	ent's deadline for fulfilling its oblig	gations? (Mark one.)
		J Yes 🖸 No	
39. Describe the steps being	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



Name of parent corporation

2001 Minnesota Business Assistance Form RECEIVED MAY 2 2001

- 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 en	itity)	2. Name of person completing this form			
City of Moorhead	City of Moorhead		·		
3. Street address		4. City	5. ZIP code		
500 Center Avenue	, PO Box 779	Moorhead	56560		
6. County	7. Phone number	8. Fax number	9. E-mail address		
Clay	218-299-5441	218-299-5399	beth.grosen@ci.moor		
10. Please indicate who in you	r organization should receive the	: 2002 MBAF if different from	n 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.")		adopted criteria for aw	held a public hearing on and arding business subsidies in . Stat. §116J.994? (Mark one.)		
XXCity government		XX Yes (Indicate hearing d	8/23/99 ateand attach criteria)		
☐ County government		□ No	<u> </u>		
☐ Regional government		☐ We held a public hearing			
☐ State government		criteria (Indicate date of initial hearing)			
Other (Please specify.)		Other (Please attach exp	planation.)		
	ed any agreements to award a but that is required to be reported				
Yes (Comp	olete the remainder of the form.)	□ No (Stop here, go to se	ection 5 on page 4.)		
Section 2 Information A	bout Recipient				
14. Name of business or organ receiving subsidy or finance		15. Address where busines will be used	ss subsidy or financial assistance		
Michael Schwindt/ Industrial Contr		3030 24 Ave. S. Street address	Moorhead MN 56560		
	parent corporation? (Mark one.)		,		
13. 2 300 the recipient have a	zarom corporation. (mark one.)				
☐ Yes (Indicate name and add XXNo	ress of parent corporation belov	v. If more than one, indicate t	ultimate owner.)		

Street address

City

State

ZIP code

17. Industry of recipient's facility (Mark one.):		
☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate Example XXI Construction ☐ Other (please specification)	5)
18. Did the recipient relocate as a result of significant signific	gning this agreemer	nt? (Mark one.)	
XXX) Yes (Indicate city and state of previous add \(\sum \text{No} \) (Go to Question 19.)	lress and reason re	cipient did not complete this project at that addre	ss.)
Rural Moorhead, MN City/State of previous address Reason proje	ect not completed a	t previous address	
19. Would the recipient have remained in prefinancial assistance? (Mark one.)	evious location or re	elocated elsewhere if not awarded this business su	bsidy or
☐ Remained at previous location ☐	Relocated to differe	ent Minnesota location XX Relocated outside N	1innesota
Section 3 General Information Abou	ut the Agreeme	ent	
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.)	financial in Questions 24	21. Date agreement signed (In addition to the date, indicate any dates the agreement was	
	80,000	9-7-99	
		the business subsidy or financial assistance. Fo s placed into service, or the recipient occupied th	
be reported? (Mark one.)	ubsidy or one of the	four types of financial assistance (see Question 2 ☐ financial assistance	(5) required to
24. If the agreement provided a business subs indicate the type(s) and total dollar valu		25. If the assistance was one of the four types of assistance, please indicate the type(s).	of financial
☐ not applicable, agreement provided financia	al assistance	XX not applicable, agreement provided a busines	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	\$ \$ \$ \$ \$	☐ 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	\$
Upreferential use of governmental facilities Upland contribution	s	50% or less of total cost U assistance for pollution control or	\$
XXother (Specify subsidy type.) Border City Development Zone	\$ 80,000	abatement abatement abatement abatement abatement abatement	s
26. If the assistance included tax increment f indicate the type of TIF district? (Mark o		27. Are any other grantors providing a busines financial assistance to the same project? (1)	
XXnot applicable, assistance was not in the for	rm of TIF	Section Yes (Specify each grantor and the value of the assistance below; attach an additional sheet	
☐ redevelopment ☐ renewal and renovation ☐ soils condition		XX No	y necessury.)
☐ cconomic development ☐ mined underground space ☐ hazardous substance subdistrict		Grantor(s) and value of the agreement(s):	
		Grantor Value (\$)	
		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.) XXEnhancing 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.) Target attainment All goals established? dates (month & year) attained? A) Specific wage and job goals to be attained within 2 years XXYes D No 9-1-01 XX Yes D 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 ☐ 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 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 Wage Job Job Retention Hourly Value of (excluding benefits) Creation Job Creation Job Creation Health Insurance no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 38 \$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 Job Seasonal/Temp. separate FT/PT) Job Retention Hourly Value of Job Creation Health Insurance (excluding benefits) Creation Job Creation less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 2

\$15.00 and higher

(Mark one.)

O No

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

XX Yes

(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.		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 financ	cial assistance awarded to that
XKNo	•	
	•	
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were		
☐ Yes (Complete the remainder of this secti	on.) 🚨 No (Stop here and sub	omit form to DTED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Atta		
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	recipient relocated to a different	ent community
☐ recipient was unable to fill vacant positions	other (Specify reason.)	
37. To date, has the recipient fulfilled its repayment obligation	tion? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	. O 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.)
٥	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:

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 & Economic Development

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00-0523

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 A	Lbout Grantor					
1. Name of grantor (funding of NoRH BRANCE	entity) EDA	2. Name of person con				
3. Street address 6408 ELM	s+.	4. City NORTH BRANC	٨ .	5. ZIP code 55056		
6. County Chis Ago	7. Phone number 651-674-8 113	8. Fax number 9. E-mail address 651-674-8262 0246800000000000000000000000000000000000				
10. Please indicate who in yo	our organization should receive the	2002 MBAF if different	from the pe	rson in Questi	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 organize adopted criteria for compliance with h	or awarding	business subs	idies in	
☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		☐ Yes (Indicate hearing date - 8/23/19 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, 20	gned any agreements to award a b 200 that is required to be reported implete the remainder of the form.	under Minn. Stat. §116J.	993 and §1	16J.994? (Ma		
Section 2 Information	About Recipient					
14. Name of business or org- receiving subsidy or fina		15. Address where be will be used 5481 St CRO!7		-	i i	
TRI-PARTNERS	, <u>,</u> , <u>,</u> , <u>,</u> , <u>,</u> , <u>,</u> , ,	Street address	City	State	ZIP code	
•	a parent corporation? (Mark one.)					
☐ Yes (Indicate name and a	ddress of parent corporation belo	w. If more than one, indi	cate ultimat	e onner.)		
Name of parent corporation		Street address	City			

				1
17. Industry of recipient's facility (Mark o	ne.):			
☐ Manufacturing☐ Retail Trade	☐ Services ☐ Wholesale Trade		urance, Real Estate n	iv)
18. 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.)	address and reason rec	ipient did not compl	ete this project at that addres	rs.)
City/State of previous address Reason p	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	osidy or
Remained at previous location	☐ Relocated to differe	nt Minnesota locatio	n 🖸 Relocated outside M	innesota
Section 3 General Information A	bout the Agreeme	nt		
20. Total dollar value of business subsidy assistance (Please separate value by (and 25.)	or financial	21. Date agreemen	t signed (In addition to the a uny dates the agreement was	
\$ 1,291,221		9-7-	1999	
22. Benefit date (Indicate the date the recindicate the date improvements were) whichever is earlier.)	ipient will benefit from finished, equipment was - 1999	the business subsidy s placed into service,	or financial assistance. For or the recipient occupied th	example, e property,
23. Does the agreement provide a busines be reported? (Mark one.)		four types of financi		5) required to
24. If the agreement provided a business s indicate the type(s) and total dollar v	• •		c was one of the four types of the indicate the type(s).	f financial
not applicable, agreement provided fina	ncial assistance	not applicable, a	greement provided a busines	s subsidy
□ loan (only principal) □ grant (i.c., forgivable loan) □ tax abatement □ TIF or other tax reduction or deferral □ guarantee of payment □ contribution of property or infrastructur □ preferential use of governmental faciliti □ land contribution ⋈ other (Specify subsidy type.) **MAND *** **MAND **** ** **MAND ***** **MAND ************************************	cs <u>S</u> S <u>1, 27/,22</u> /	assistance provide historic preserve 50% or less of to assistance for perabatement	novating building it up to code, and ded for designated ation districts, when otal cost	\$ \$ \$
26. If the assistance included tax increme indicate the type of TIF district? (Mar.)	nt financing, please	27. Are any other	grantors providing a businessance to the same project? (M	
🔾 not applicable, assistance was not in the		☐ Yes (Specify euc	th gruntor and the value of the cuttach an additional sheet	neir
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict		X No Grantor(s) and value	ue of the agreement(s):	·
• navardons shoamice adodistifet		Grantor	Value (S)	
		Grantor	Value (\$)	

(Mark one.)

TENO

Yes X

33. During the period Ja report as required by	muary 1, 2000 through Decem Minn. Stat. §116J.993 and §1	nber 31, 2000, did your organization ha 116J.994? (Mark one.)	we any recipients who failed to
Yes (Indicate the nam recipient, Attach i	e of each recipient failing to additional puges if necessury.	report and the value of subsidy or finan)	icial assistance awarded to that
X No		•	
Name of recipient	Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed or		iled to achieve any goals or fulfill any of twere required to be fulfilled by the ting section.) 20 No (Stop here and su	me of this report? (Mark one.)
		recipient failing to fulfill goals or any o (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 defau	lt (Mark all that upply.):	:	
		other (Specify reason.)	rent community
recipient ceased opera			
recipient was unable t	ipient fulfilled its repayment of	obligation? (Mark one.)	
37. To date, has the rec	ipient fulfilled its repayment ont has begun to repay the assi		un to repay the assistance.
☐ recipient was unable to 37. To date, has the rec ☐ Yes ☐ No, recipient	nt has begun to repay the assi		
☐ recipient was unable to 37. To date, has the rec ☐ Yes ☐ No, recipient	nt has begun to repay the assi	stance.	
☐ recipient was unable to 37. To date, has the recipier ☐ Yes ☐ No, recipier 38. Has the agreement 1	nt has begun to repay the assi- been amended to extend the re	stance. No, recipient has not begreipient's deadline for fulfilling its obli	gations? (Mark one.)

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



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

1. Name of grantor (funding	2. Name of person completing this form				
3. Street address 801	4. City Northfield	MN	5. ZIP code 5550	s 7	
6. County	7. Phone number 507-645-3069	8. Fax number 507 - 645 -	3055	9. E-mail addr	ess
10. Please indicate who in y Shop Name/Title Common 1	your organization should receive the 2	~	ninglans	· · .	on 2. 14, 1/1/1550 ZIP code
created by gov't agency	(Mark one. If grantor is entity of please indicate affiliation. For ould check "City government.")		for awardir	a public hearing ng business subsi t. §116J.994?(M	dies in
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		Yes (Indicate hearing date - 1-3-100) 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,	rigned any agreements to award a bust 1999 that is required to be reported uncomplete the remainder of the form.)		J.993 and §	116J.994? (Mark	
Section 2 Information	About Recipient				
14. Name of business or or receiving subsidy or fin	-	15. Address where will be used	business su	ibsidy or financia	al assistance
MDC Decelor	Street address	van Dr	North idd	WN 550S ZIP code	
16. Does the recipient have	a parent corporation?(Mark one.)				
☐ Yes (Indicate name and a No	address of parent corporation below.	If more than one, inc	licate ultim	ale owner.)	
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark on	e.):		
Manufacturing Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insura ☐ Construction	unce, Real Estate Other (please specify)
18. Did the recipient relocate as a result of	signing this agreement	(Mark one.)	
Tyes (Indicate city and state of previous at No (Go to Question 19.)	Idress and reason recip	oient did not complete	this project at that address.)
City/State of previous address Reason pro	ject not completed at p	revious address	
19. Would the recipient have remained in printer financial assistance? (Mark one.)	revious location or relo	cated elsewhere if not	awarded this business subsidy or
☐ Remained at previous location	Relocated to differen	Minnesota location	☐ Relocated outside Minnesota
ection 3 General Information About the A	Igreement		· · · · · · · · · · · · · · · · · · ·
 Total dollar value of business subsidy or assistance (Please separate by type - see and 25 - and indicate only principal and 	Questions 24	date, indicate any	gned (In addition to the agreement dates the agreement was amended.)
\$345,000	į	0-0	
22. Benefit date (Indicate the date the reciping indicate the date improvements were finish whichever is earlier.)			
23. Does the agreement provide a business see the reported? (Mark one.)	-	our types of financial a	ssistance (see Question 25) required to
24. If the agreement provided a business sub indicate the type(s).		25. If the assistance w	as one of the four types of financial indicate the type(s).
not applicable, agreement provided finance	ial assistance	anot applicable, agree	ement provided a business subsidy
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution		☐ assistance for renov to code, when 50% ☐ ☐ assistance for pollut	rty polluted by contaminants ating building stock or bringing it up or less of total cost ion control or abatement soils condition district
other (Specify subsidy type.)			
26. If the assistance included tax increment indicate the type of TIF district? (Mark on			ntors providing a business subsidy or to the same project? (Mark one.)
I not applicable, assistance was not in the fo	orm of TIF		rantor and the value of their ttach an additional sheet if necessary.)
D redevelopment D renewal and renovation D soils condition		□ N ₀	· · · · · · · · · · · · · · · · · · ·
economic development mined underground space		Grantor(s) and value o	
☐ hazardous substance subdistrict		EDA Grantor	\$30,000 Value (\$)
	1;	Grantor	Value (\$)

Section 4 Goals and P	ublic Purpo	se Identified in t	he Agreement		
28. Minn. Stat. §116J.994 r of the following public pu				nts state a public pu	rpose. Which
Enhancing economic diversity Creating high-quality job growth Dother (please specify) Other (please specify) Other (please specify) Other (please specify)					
29. Indicate whether the agr				recipient had attair	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than water (Please attach descriptions of	retention goals	ıls	established? date:	get attainment s (month & year)	All goals attained? X + s 1, No Yes No Yes No
30. For each of the followin agreement and the avers	ng wage categor age hourly value ll-time equivalen	ies, indicate the job ce of any employer-pronts if you are unable	reation and/or retention go ovided health insurance gos to separate goals by full- a	als stated in the	
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
\$9.00 to \$10.99	6				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99		-			s
\$15.00 and higher					. s
	rly value of an	y employer-provided	ther of actual jobs created health insurance for those ion into full- and part-time FTE (only if unable to	jobs. (<u>Only</u> indica	
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		*******			\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99	11_		-		s4.00
\$13.00 to \$14.99					s
\$15.00 and higher					S
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (se	V	nd 31) and fulfilled <u>all obl</u> No	igations stipulated	in the agreement?

Section 5 Recipients Failing to Fulfill Obligations (Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.) 33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.) ☐ 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. Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance Name of recipient 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) ☐ 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.): 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.)

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

☐ Yes ☐ No

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.

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

☐ No, recipient <u>has begun</u> to repay the assistance.

☐ No, recipient <u>has not begun</u> to repay the assistance.



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 Questions? Call (651) 297-2335. Information on wh Section 1 Information About Grantor 	nere to mail or fax your completed MBAF(s) in on page 4.		
1. Name of grantor (funding entity) North Field ED A	2. Name of person completing this form		
3. Street address 801 Washington Street	4. City orthogold 5. ZIP code 55057		
6. County 7. Phone number 550-645-3069	8. Fax number 9. E-mail address 507 - 645 - 3055		
10. Please indicate who in your organization should receive the 2000 Bishop SO0.645.3069 Name/Title Phone number			
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 - 1-3-00 and attach criteria) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)		
13. Has your organization signed any agreements to award a bus through December 31, 1999 that is required to be reported unit of the form.)			
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		
tramplant of	1800 Riverview Dr Monthard 55057		

ZIP code Street address City 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.) Ø No Name of parent corporation Street address City State ZIP code

17. Industry of recipient's facility (Mark one.)		•
/	□ Services □ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of sig	ning this agreement? ((Mark one.)
□ Yes (Indicate city and state of previous addi No (Go to Question 19.)	ress and reason recipi	ent did not complete this project at that address.)
City/State of previous address Reason project	ct not completed at pre	evious address
 Would the recipient have remained in prev financial assistance? (Mark one.) 	vious location or reloca	ated elsewhere if not awarded this business subsidy or
☐ Remained at previous location A Re	elocated to different M	finnesota location
ection 3 General Information Abou	t the Agreement	
20. Total dollar value of business subsidy or fi assistance (Please separate by type - see Q and 25 - and indicate only principal amou	inancial 21.	Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$30,600		8-24-99
		business subsidy or financial assistance. For example, laced into service, or the recipient occupied the property,
be reported? (Mark one.)		r types of financial assistance (see Question 25) required to inancial assistance
24. If the agreement provided a business subsidindicate the type(s).	dy, please 25.	. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial	assistance Q	not applicable, agreement provided a business subsidy
□ loan □ grant (i.e., forgivable loan) □ tax abatement □ TIF or other tax reduction or deferral □ guarantee of payment □ contribution of property or infrastructure □ preferential use of governmental facilities □ land contribution □ other (Specify subsidy type.)		assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district
26. If the assistance included tax increment fin indicate the type of TIF district? (Mark on		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		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	Cs Gr	ty of Worthfred 8345,000 value (\$)
•	Gr	antor Value (\$)

28. Minn. Stat. §116J.994 r of the following public					ourpose. Which
Enhancing economic dive Concerning high-quality job Dob retention Stabilizing the community	reating high-quality job growth b retention Other (please specify) Other (please specify)				
29. Indicate whether the agr 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 wa	retention goal	s	Goals established? Yes □ No □ Yes ② No □ Yes ② No □ Yes Ø No	Target attainment dates (month & year)	All goals attained? Yes INO Yes No Yes No
(Please attach descriptions of attainment if not documented				<u></u>	
30. For each of the followin agreement and the avera job creation goals in ful	ige hourly valu	e of any employer-p	rovided health insuran	ace goals for those jobs full- and part-time pos	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99	le			-	\$
\$11.00 to \$12.99	-	***			\$
\$13.00 to \$14.99					s
\$15.00 and higher					s
31. For each of the following date and the actual hot full-time equivalents if	urly value of ar	ny employer-provide e to separate job cre	d health insurance for ation into full- and pa	those jobs. (Only indirectime positions.)	since the benefit cate job creation in
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
less than \$7.00					\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99				-	\$
\$11.00 to \$12.99	11			-	24. W
\$13.00 to \$14.99					s
\$15.00 and higher					s
32. Has the recipient achie (Mark one.)	ved all goals (see Questions 29, 30	and 31) and fulfilled	all obligations stipulate	ed in the agreement
		Yes	DN0		

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

33. During the period August 1 through December 31+19	99, did your organization have any	
required by Minn. Stat. §116J.993 and §116J.994? (A	1ark one.)	
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or final	ncial assistance awarded to that
₩ No		
Name of recipient Type of subsidy or assistance	ce (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after August 1, 1999, that were		
☐ Yes (Complete the remainder of this sect	tion.) 💆 No (Stop here and sub	bmit form to DTED .)
35 39. Provide the following information for each recipi were to be attained by the time of reporting. (Atta		
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 obligi	ation? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	e. O No, recipient has not beg	un to repay the assistance.
38. Has the agreement been amended to extend the recipie	ent's deadline for fulfilling its obli	gations? (Mark one)
	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into o	compliance or recoup the subsidy:	
		

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

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



RECEIVED MAY 1 / 2001

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

warning. If it fails to re	eport by June 1, it may not aw	ard any business subsidi-	es until a report ha	s been filed.
Questions? Call (651)	297-2335. Information on wh	nere to mail or fax your o	completed MBAF(s	s) in on page 4.
Section 1 Information Ab	out Grantor			-
1. Name of grantor (funding entity) City of Ramsey		2. Name of person composition Sean Sullivan	-	
3. Street address 15153 Nowthen Blvd. NW		4. City Ramsey	5. ZIP code 55303	
6. County Anoka			9. E-mail ad ssulliva ci.ramse	dress n@ y.mn.us
10. Please indicate who in your	organization should receive the	2001 MBAF if different from	m the person in Ques	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.") Y 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 - 9-23-1 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, 1999	ed any agreements to award a buse of that is required to be reported unplete the remainder of the form.)	•	and §116J.994? (Ma	rk one.)
Section 2 Information Al	bout Recipient			
14. Name of business or organi receiving subsidy or finance	ial assistance	15. Address where business subsidy or financial assistance will be used AMSEY, MN 55303 7.180 SUNWOOD PR. NW		
INTECH I DUST	RIES, INC.	Street address	City	ZIP code
16. Does the recipient have a p Yes (Indicate name and add) No	varent corporation?(Mark one.) ress of parent corporation below.	. If more than one, indicate	ultimate owner.)	
Name of parent corporation		Street address C	ity Stat	e ZIP code

17. Industry of recipient's facility (Mark on	e.):	
Manufacturing Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of s	signing this agreement	t?(Mark one.)
Yes (Indicate city and state of previous ac No (Go to Question 19.)	ddress and reason reci	ipient did not complete this project at that address.)
MROLE brown MN City/State of previous address Reason pro	Space Dject not completed at p	previous address
19. Would the recipient have remained in pringer financial assistance? (Mark one.)	revious location or relo	located elsewhere if not awarded this business subsidy or
☐ Remained at previous location	Relocated to differer	ent Minnesota location
Section 3 General Information About the A	Agreement	
20. Total dollar value of business subsidy of assistance (Please separate by type - see and 25 - and indicate only principal and	or financial e Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$ 164,360.00		11-22-1999
indicate the date improvements were finis whichever is earlier.) 3 - 3 - 23. Does the agreement provide a business be reported? (Mark one.)	shed, equipment was pl	the business subsidy or financial assistance. For example, placed into service, or the recipient occupied the property, four types of financial assistance (see Question 25) required to
24. If the agreement provided a business sub- 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 finance	cial assistance	not applicable, agreement provided a business subsidy
□ loan □ grant (i.e., forgivable loan) □ tax abatement □ TIF or other tax reduction or deferral □ guarantee of payment □ contribution of property or infrastructure □ preferential use of governmental facilities □ land contribution □ other (Specify subsidy type.)		 □ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
26. If the assistance included tax increment indicate the type of TIF district? (Mark or	٠. ١	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 f	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		RQ No
economic development mined underground space hazardous substance subdistrict		Grantor(s) and value of the agreement(s):
a mandous substance subdistrict		Grantor Value (\$)
		Grantor Value (\$)

28. Minn. Stat. §116J.994 roof the following public pur				nts state a public pu	rpose. Which
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		☐ Increasing tax base (cannot be only purpose) ☐ Other (please specify) ☐ Other (please specify) Other (please specify)		
29. Indicate whether the agrant the time of this report	reement included to the bo	d the following types xes and attainment d	of goals, and whether the ate(s) for each goal.)	e recipient had attair	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w	r retention goals	ls	established? date Yes No Yes No Yes No Yes No Yes No	arget attainment es (month & year) 3-2002	All goals attained? Yes M No Yes No Yes No
30. For each of the following agreement and the average	ng wage categor	ies, indicate the job c		oals stated in the	(<u>Only</u> indicate ons.)
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	7				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99				 .	s
\$15.00 and higher					s
full-time equivalents if	urly value of an you are unable Full-time	y employer-provided to separate job creat Part-time/	health insurance for thos ion into full- and part-tin	e jobs. (<u>Only</u> indica ne positions.)	te 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					s
\$7.00 to \$8.99	_!_				<u>s 1.26</u>
\$9.00 to \$10.99					s_1.26
\$11.00 to \$12.99					s
\$13.00 to \$14.99					\$
\$15.00 and higher	_3_				s 20.66
32. Has the recipient achie (Mark one.)	eved all goals (s		and 31) and fulfilled <u>all o</u>	bligations stipulated	in the agreement?

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

Do not complete this section if you completed it of	t another 2000 MBAT suc	milieu io DILD.)
33. During the period August 1 through December 31, 1999 required by Minn. Stat. §116J.993 and §116J.994? (Mark of	, did your organization have any	
☐ Yes (Indicate the name of each recipient failing to report a 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 August 1, 1999, that were recommendations and the second sec	required to be fulfilled by the tir	ne of this report?(Mark one.)
☐ Yes (Complete the remainder of this section	on.) No (Stop here and st	ubmit form to DTED .)
35 39. Provide the following information for each recipier were to be attained by the time of reporting. (Attach at 35. Information on recipient and agreement:	nt failing to fulfill goals or any on additional pages if necessary.)	other 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 difference of the other (Specify reason.)	erent 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 beg	un to repay the assistance.
38. Has the agreement been amended to extend the recipient	t's deadline for fulfilling its obli	gations?(Mark one.)
٥	Yes 🔾 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, 2000, to:

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



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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	Inf	formation	A	bout	Grantor
-----------	-----	-----------	---	------	---------

1 None of annual (for diam					
Name of grantor (funding entity) City of Richfield		2. Name of person completing this form Katia Medvetski, Redevelopment Specialis			
3. Street address		4. City	5. 2	ZIP code	
6700 Portland Ave	nue	Richfield	5	5423	
6. County Hennepin 7. Phone number 612-861-9776		8. Fax number 612-861-8974		E-mail addr dvetski	ess i@ci.richfi
10. Please indicate who in yo	ur organization should receive the	2001 MBAF if different	from the perso	n in Questi	on 2.
Name/Title	Phone number	Street address	Ci	ity	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. §116J.994? (Mark one.) 11/22/99 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.)			
13. Has your organization significance through December 31, 19	ned any agreements to award a buge 199 that is required to be reported to the ported to the form.)	Other (Please attack	h explanation.) al assistance fro 193 and §116J.	om August 994? (Mar	1, 1999
13. Has your organization significance through December 31, 19	99 that is required to be reported unplete the remainder of the form.)	Other (Please attacksiness subsidy or financial order Minn. Stat. §116J.9	h explanation.) al assistance fro 193 and §116J.	om August 994? (Mar	1, 1999
Other (Please specify.) 13. Has your organization significant through December 31, 19 2 Yes (Continue)	199 that is required to be reported unplete the remainder of the form.) About Recipient Dization Cial assistance	Other (Please attacksiness subsidy or financial order Minn. Stat. §116J.9	to section 5 on asiness subsidy	om August 994? (Mar page 4.) or financia	1, 1999 k one.) Il assistance
Other (Please specify.) 13. Has your organization significant through December 31, 19 2 Yes (Consection 2 Information 14. Name of business or organization subsidy or finant Richfield State Ag	199 that is required to be reported unplete the remainder of the form.) About Recipient Dization Cial assistance	Other (Please attacks) siness subsidy or financial order Minn. Stat. §116J.9 No (Stop here, go) 15. Address where by will be used Urban Village approx. 66th	h explanation.) al assistance fro 193 and §116J. to section 5 on 1 asiness subsidy Area St./Lynda	om August 994? (Mar page 4.) or financia	1, 1999 k one.) Il assistance
Other (Please specify.) 13. Has your organization significant through December 31, 19 2 Yes (Consection 2 Information 14. Name of business or organization subsidy or finant Richfield State Ag 16. Does the recipient have a	199 that is required to be reported unplete the remainder of the form.) About Recipient Dization Cial assistance ency	Other (Please attacks) siness subsidy or financial order Minn. Stat. §116J.9 No (Stop here, go) 15. Address where by will be used Urban Village approx. 66th Street address	h explanation.) al assistance fro 193 and §116J. to section 5 on 1 asiness subsidy Area St./Lynda	om August 994? (Mar page 4.) or financia	1, 1999 k one.) Il assistance

17. Industry of recipient's facility (Mark one.):		
☐ Manufacturing ☐ Ser ② Retail Trade ☐ Wh	vices nolesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing t	his agreement?	(Mark one.)
☐ Yes (Indicate city and state of previous address a. ☐ No (Go to Question 19.)	nd reason recip	ient did not complete this project at that address.)
City/State of previous address Reason project not	completed at pr	revious address
19. Would the recipient have remained in previous financial assistance? (Mark one.)	ocation or reloc	cated elsewhere if not awarded this business subsidy or
∑ Remained at previous location ☐ Relocated to o	different Minnes	sota location
Section 3 General Information About	the Agreen	nent
 Total dollar value of business subsidy or financi assistance (Please separate by type - see Question and 25 - and indicate only principal amount for 	ons 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$35,000		November 22, 1999
		ne business subsidy or financial assistance. For example, aced into service, or the recipient occupied the property,
be reported? (Mark one.)		ur types of financial assistance (see Question 25) required to ☐ financial assistance
24. If the agreement provided a business subsidy, ple indicate the type(s).	ease :	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
☐ not applicable, agreement provided financial assis	tance	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 storm sewer ☑ other (Specify subsidy type.) correction gr		 □ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
26. If the assistance included tax increment financin indicate the type of TIF district? (Mark one.)	g, please	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 T	TF	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	į	☐ No Grantor(s) and value of the agreement(s):
☐ mined underground space ☐ hazardous substance subdistrict		HRA \$97,900
		Grantor Value (\$)
		Grantor Value (\$)

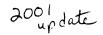
Section 4 Goals and Public Purpose Identified in the Agreement					
28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)					
☐ Creating high-quality job growth ☐ Job retention		☐ Other (please specify) Other (please specify) Other (please specify) Other (please specify)			
29. Indicate whether the agree at the time of this report.	eement included . (Fill in the box	the following types of tes and attainment da	of goals, and whether the re te(s) for each goal.)	cipient had attaine	ed those goals
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward			established? dates Yes No 11 Yes No	et attainment (month & year) /2001	All goals attained? Yes No Yes No Yes No
attainment if not documented	l in Question 30.	.)			
	ge hourly value l l-time equivalen	of any employer-prov ts if you are unable to	ided health insurance goals oseparate goals by full- an	s for those jobs. (
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99			_5		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 separate FT/PT) Job Retention Hourly Value of (excluding benefits) Creation Job Creation Job Creation Health Insurance					
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99			20		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.)					

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on an	other 2000 MBAF submitted to	o DTED.)				
33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)						
☐ Yes (Indicate the name of each recipient failing to report 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.)					
₩ No						
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 to agreement signed on or after August 1, 1999, that were r						
☐ 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 recipier were to be attained by the time of reporting. (Attack		er terms of an agreement that				
35. Information on recipient and agreement:						
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance				
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance				
36. Reason(s) for default (Mark all that apply.):		,				
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a different control of the recipient relocated to a different control of the recipient relation.	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 <u>has not begun</u> to repay the assistance.						
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)						
□ Yes □ No						
39. Describe the steps being taken to bring recipient into con	mpliance or recoup the subsidy:					
·	·					

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

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





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00-0420

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

Section 1 Information Al	oout Grantor			
1. Name of grantor (funding entity) Robbinsdale Economic Development Auth.		2. Name of person completing Marcia Glick, Asst		ager
3. Street address 4100 Lakeview Ave N		4. City Robbinsdale	5. ZIP code 55422	
6. County 7. Phone number 612/531-1258		8. Fax number 612/531-1291	9. E-mail addi MGLICK@c1.	ress robbinsdale.mr
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from th	e 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. §116J.994? (Mark one.)		
□ County 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	it have not yet ad itial hearing -	·
	ned any agreements to award a bu 19 that is required to be reported u			
₩ Yes (Comp	lete the remainder of the form.)	□ No (Stop here, go to section	on 5 on page 4.)	

Section 2 Information About Recipient

Name of business or organization receiving subsidy or financial assistance	15. Address where busing will be used	ness subsidy or fin	nancial assistance
Minnesota Development, LLC	4180 W Broadway	y Robbinsda	ale 55422
	Street address	City	ZIP code
16. Does the recipient have a parent corporation? (Mark one. ☐ Yes (Indicate name and address of parent corporation bel.) ☐ No		te 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 Tra	☐ Finance, Insurance, Real Estate de ☐ Construction ☐ Other (please specify) Tetall/Service/off
8. Did the recipient relocate as a result of signing this agreement	ent? (Mark one.)
Yes (Indicate city and state of previous address and reason r	recipient did not complete this project at that address.)
XNo (Go to Question 19.) one occupant was relo others are new busine	
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.) n/a	relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to differ	rent Minnesota location
ection 3 General Information About the Agreem	ent
20. Total dollar value of business subsidy or financial	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.)
Loan \$490,000 Land write down \$125,000 Grant \$2,500	November 16, 1999
22. Benefit date (Indicate the date the recipient will benefit from	m the business subsidy or financial assistance. For example,
indicate the date improvements were finished, equipment whichever is earlier.) Redevelopment Deed 12	was placed into service, or the recipient occupied the property, 2/3/1999
	/15/2000
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	ne four types of financial assistance (see Question 25) required to
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).
not applicable, agreement provided financial assistance	🖏 not applicable, agreement provided a business subsidy
☑ loan ☑ grant (i.e., forgivable loan) ☑ tax abatement	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost
TTF or other tax reduction or deferral guarantee of payment	☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district
contribution of property or infrastructure preferential use of governmental facilities land contribution	
other (Specify subsidy type.)	
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a 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	Grantor(s) and value of the agreement(s):
I mined underground space I hazardous substance subdistrict	
s nazardous substance subdistrict	Grantor Value (\$)
	Constant Value (\$)

Section 4 Goals and Publ	lic Purpose	Identified in th	e Agreement		
28. Minn. Stat. §116J.994 requ of the following public pur	uires that busing poses were stands	ated in the agreemen	ancial assistance agreement? (Mark all that apply.)	nts state a public p	purpose. Which
☐ Enhancing economic diversi	ty	J	☑ Increasing tax base (ca	unnot be only pur	pose)
Creating high-quality job gro	owth		Other (please specify) Other (please specify)		
☐ Job retention☐ Stabilizing the community			Other (please specify)		
29. Indicate whether the agree at the time of this report.	ment included	the following types tes and attainment d	of goals, and whether the late(s) for each goal.)	recipient had att	ained 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		Goals Tarrestablished? dates Dayes One	get attainment (month & year) 2003	All goals attained? MYes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ Xes	
D) Other goals other than wage	and job goals	S			
(Please attach descriptions of gattainment if not documented is	goals and proj n Ouestion 30	gress toward	maintain as o		ovements and ice/retail for
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.)				s. (<u>Only</u> indicate	
Hamby Wage	Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if goals not stated as FT/PT)	Job	Hourly Value of
Hourly Wage (excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
over 110% of fed.	minimum	wage.	10		s
less than \$7.00					\$
\$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>
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		_1_			s
\$7.00 to \$8.99	_1_				s
\$9.00 to \$10.99		_3	· ·		s
\$11.00 to \$12.99				·	s
\$13.00 to \$14.99	<u>7</u>		 .		s
\$15.00 and higher	5				s
32. Has the recipient achieve (Mark one.)	ed <u>all goals</u> (se	ee Questions 29, 30 a	and 31) and fulfilled <u>all o</u>	bligations stipular	ted in the agreement?

☐ Yes

⊠ No

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Business Subsidy Act Requirements Contract with Minnesota Development, LLC Redevelopment of 4180 W Broadway

Public Purposes:

- Promote redevelopment of a blighted downtown Robbinsdale building into office, service and retail space.
- Provide office and retail space for a business being displaced by public action in another community.
- Clean up a potential source of environmental contamination.
- Generate spin-off development and redevelopment downtown.
- Increase net jobs in the City and the State.
- Increase the tax base of the City and the State.

Goals:

- Secure construction of the Minimum Improvements on the Redevelopment Property.
- Maintain the Minimum Improvements as an office, service and retail facility for at lease five years from the date of "Certificate of Completion"
- Create the jobs and wage goals (deemed to be met once reached and not ongoing).
- Within two years of the date a business occupies the property (January 28, 2000) create at least 10 new FTE jobs on the property (including jobs retained).
- Wages of the 10 employees to be no less than 110% of the federal minimum wage, exclusive of benefits.

Progress as of 3/1/2001:

- Remodeling completed. Four tenants in operation (one new business replaced one of the original tenants).
- 15 full-time and 4 part-time permanent jobs created.
- Job creation requirement has been met. Reporting continues only because of the 5 year operation requirement.

Section 5 Recipients Failing to Fulfill Obligations (Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.) 33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.) 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 Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) ☐ Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Initial value of Type of subsidy or assistance Name of recipient in default subsidy or assistance Outstanding value of Street address of recipient City/ZIP code of recipient subsidy or assistance 36. Reason(s) for default (Mark all that apply.): 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.) ☐ No, recipient <u>has begun</u> to repay the assistance. ☐ No, recipient <u>has not begun</u> to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) ☐ Yes ☐ No

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

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

00-0086 2001 Minnesota Business Assistance Form

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

Section 1 Information About Grantor

2. Name of person completing this form Miks R. Scocit			
4. City Sartell	5. ZIP code 56304		
8. Fax number (320) 25-3-3337	9. E-mail address miles @ sertellmn.com		
	e person in Question 2. S. Surtell 56377 City ZIP code		
12. Has your organization held adopted criteria for awardi compliance with Minn. Sta	•		
Yes (Indicate hearing date - 9/27/99 and attach criteria) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)			
under Minn. Stat. §116J.993 and	§116J.994? (Mark one.)		
_			
15. Address where business subsidy or financial assistance will be used			
205 14th Ave E. Street address City	Sartell MN 56377 State ZIP code		
	,_		
v. If more than one, indicate ultim	aate owner.)		
Street address City	State ZIP code		
	4. City 8. Fax number (320) 253-3337 2002 MBAF if different from the 310 ms street address 12. Has your organization held adopted criteria for awardicompliance with Minn. State of Inc. No We held a public hearing date on the Inc. Other (Please attach explanation) of the Inc. Usiness subsidy or financial assistate under Minn. Stat. §116J.993 and Inc. No (Stop here, go to section) 15. Address where business survill be used 205 145 Avc E. Street address City		

17. Industry of recipient's facility (Mark one.):				
☐ Manufacturing 至 Services ☐ Retail Trade ☐ Wholesale Tr	☐ Finance, Insurance, Real Estate ade ☐ Construction ☐ Other (please specifie)			
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 recipient did not complete this project at that address.) No (Go to Question 19.) Company Simply lead of Fire space at St. Cloud Islation St. Cloud MN City/State of previous address Reason project not completed at previous address				
City/State of previous address Reason project not completed	d at previous address			
19. Would the recipient have remained in previous location of financial assistance? (Mark one.) Remained at previous location Relocated to diff	r relocated elsewhere if not awarded this business subsidy or all not have been able To grow. Terent Minnesota location Relocated outside Minnesota			
Section 3 General Information About the Agreen				
20. Total dollar value of business subsidy or financial 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.)			
# 158,869 #120,869 TIF	12/23/99			
	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.)	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).			
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy			
Salar Sala	by contaminants assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when			
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	☐ No Grantor(s) and value of the agreement(s):			
mined underground space hazardous substance subdistrict	Genton County \$40,000 Loan Grantor Value (\$)			
	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.) Enhancing economic diversity Increasing tax base (cannot be only purpose) X 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 established? dates (month & year) attained? A) Specific wage and job goals to be attained within 2 years ONLYes □ No 4/2002 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 ☐ Yes ☐ No ☐ Yes ☐ No (Please attach descriptions of goals and progrèss 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) Job Retention Hourly Value of Job Creation (excluding benefits) 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 \$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 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 \$15.00 and higher

(Mark one.)

☐ No

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

Yes Yes

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. Attach additional pages if necessary.)							
™ No							
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance					
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)							
☐ Yes (Complete the remainder of this section.) ☐ No (Stop here and submit form to DTED.)							
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attac		ner terms of an agreement that					
35. Information on recipient and agreement:							
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance					
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance					
36. Reason(s) for default (Mark all that apply.):							
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a difference of the control of the contr	ent community					
37. To date, has the recipient fulfilled its repayment obligate	tion? (Mark one.)						
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance. ☐ No, recipient <u>has not begun</u> to repay the assistance.						
38. Has the agreement been amended to extend the recipier	nt's deadline for fulfilling its oblig	ations? (Mark one.)					
□ Yes □ No							
39. Describe the steps being taken to bring recipient into co	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

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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 en Saint Paul Port Au		2. Name of person completing this form Peter M. Klein						
3. Street address 345 St. Peter Stre	et - Ste. 1900	4. City Saint Paul	5. ZIP code 55102-1661					
6. County Ramsey	7. Phone number 651/224-5686	8. Fax number 651/223-5198	9. E-mail address pmk@sppa.com					
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.								
Name/Title	Phone number	Street address	City ZIP code					
example, a city EDA would	lark one. If grantor is entity ease indicate affiliation. For 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.) ☐ Pos	rt Authority	X Yes (Indicate hearing date - 11/23 di Rattach 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 August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)								
Yes (Complete the remainder of the form.) No (Stop here, go to section 5 on page 4.)								
Section 2 Information About Recipient								

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used							
JKD Partners, LLC Carlson Refrigeration	735 Olive St. Street address	St. Pau City	<u> </u>	55101 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.) The No								
Name of parent corporation	Street address (City	State	ZIP code				

17. Industry of recipient's facility (Mark one.):	·					
Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale	☐ Finance, Insurance, Real Estate Trade ☐ Construction ☐ Other (please specify)					
18. Did the recipient relocate as a result of signing this agree	ement?(Mark one.)					
▶ Yes (Indicate city and state of previous address and reaso ☐ No (Go to Question 19.)	on recipient did not complete this project at that address.)					
Minneapolis, MN Unavailable expa						
19. Would the recipient have remained in previous location financial assistance? (Mark one.)	or relocated elsewhere if not awarded this business subsidy or					
☐ Remained at previous location	ifferent Minnesota location					
Section 3 General Information About the Agreement						
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)					
\$297,479.95	September 3, 1999					
 22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) 9/1/00 23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) 						
Ճ business subsid	ly ☐ financial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).					
☐ not applicable, agreement provided financial assistance	80 not applicable, agreement provided a business subsidy					
□ loan □ grant (i.e., forgivable loan) □ tax abatement □ TIF or other tax reduction or deferral □ guarantee of payment □ contribution of property or infrastructure □ preferential use of governmental facilities ☑ land contribution □ other (Specify subsidy type.)	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district					
26. If the assistance included tax increment financing, pleas 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.)					
20 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	X) No Grantor(s) and value of the agreement(s):					
hazardous substance subdistrict	Grantor Value (\$)					
	Grantor Value (\$)					

 Minn. Stat. §116J.994 re of the following public pur 	poses were stat	ed in the agreement?	(Mark all that apply.)	nts state a public pu	rpose. Which
Enhancing economic dive Creating high-quality job Job retention	growth	•	☑ Increasing tax base (c☐ Other (please specify☐ Other (please specify)	
Stabilizing the community	<i>'</i>		Other (please specify)_		
Indicate whether the agr at the time of this report				recipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa Employment for to Please attach descriptions	retention goals	ls	established? date 24 Yes \(\) No \(\) Yes \(\) No \(\) No 27 Yes \(\) No \(\) No 27 Yes \(\) No \(\) 12	rget attainment (s) (month & year) /31/00 //31/00	All goals attained? Yes 25 No Yes No Yes No
0. For each of the followin	g wage categor	ies, indicate the job ce of any employer-pro		pals stated in the	(Only indicate
	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					s
less than \$7.00			 .	<u> </u>	s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	5				$\frac{3.93}{}$ to
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					s
\$15.00 and higher					s
	rly value of any	y employer-provided	nber of actual jobs created health insurance for those ion into full- and part-tim FTE (only if unable to separate FT/PT)	jobs. (Only indica	
(excluding benefits)	Creation	Job Creation	Job Creation	••••••••••••	Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99					s
\$9.00 to \$10.99	· <u>6</u>			46	5.93 to
\$11.00 to \$12.99				<u> </u>	\$
\$13.00 to \$14.99	<u> </u>				\$
\$15.00 and higher					s
	und all apple (as	e Ouestions 20, 30 a	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 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)							
Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)							
28 No							
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance					
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.)							
☐ Yes (Complete the remainder of this section	on.) ∡ No (Stop here and su	bmit 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.):							
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a diffe ☐ other (Specify reason.)	rent community					
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 <u>has not begu</u>	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, 2000, to:

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



RECEIVED APR 9 4 2001

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

Section 1 Information About Grantor

Section 1 Information About Grantor							
 Name of grantor (funding er Housing & Redevelor 	• •	2. Name of person completing this form Branna K. Lindell					
 Street address 125 Third Avenue No 	orth	4. City South St. Paul	5. ZIP code	075			
6. County Dakota	7. Phone number (651) 451-1838	8. Fax number (651) 450-8759	9. E-mail address b lindell@ssphra				
10. Please indicate who in your organization should receive the 2001 MBAF if different from the person in Question 2.							
Name/Title	Phone number	Street address	City	ZIP code			
	Mark one. If grantor is entity lease indicate affiliation. For l check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)					
XX City government HRA County government Regional government State government Other (Please specify.)	·	XX Yes (Indicate hearing date - 8/31/99d 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 August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)							
¥¥Yes (Comp	Yes (Complete the remainder of the form.) INO (Stop here, go to section 5 on page 4.)						

S	e	CI	110	n	. 4	11	11	01	.Ш	ıa	u	10	1	ΑI	00	ut	K	e	CI	ΡI	er	11

Name of parent corporation	Street address	City S	state ZIP code
☐ Yes (Indicate name and address of paren. X No	t corporation below. If more than one, indic	cate ultimate owner.)	
16. Does the recipient have a parent corpora	ation? (Mark one.)		
P&DH, LLC	2 <u>75 BridgePoin</u> Street address	t Drive So. City	St. Paul 55 ZIP code
Name of business or organization receiving subsidy or financial assistance.	· · · · · · · · · · · · · · · · · · ·	isiness subsidy or finar	ncial assistance

17. Industry of recipient's facility (Mark one.):								
XXX Manufacturing	☐ Finance, Insurance, Real Estate le ☐ Construction ☐ Other (please specify)							
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one.)							
A Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) No (Go to Question 19.)								
So. St. Paul, MN Needed more space for expansion 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 XX Relocated to different	ent Minnesota location							
Section 3 General Information About the Agreem	ent							
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)							
Business Subsidy - \$53,361	November 9, 1999							
indicate the date improvements were finished, equipment w	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,							
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) XXI business subsidy	•							
And dustriess substay	d Illiancial 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	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district							
☐ contribution of property or infrastructure ☐ preferential use of governmental facilities X¥ land contribution ☐ other (Specify subsidy type.)	Classistance for a fir 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	XX No							
conomic development mined underground space hazardous substance subdistrict	Grantor(s) and value of the agreement(s):							
managers substance subdistrict	Grantor Value (\$)							
· L	Grantor Value (\$)							

Section 4 Goals and P	ublic Purpos	se Identified in t	the Agreement		· · · · · · · · · · · · · · · · · · ·				
28. Minn. Stat. §116J.994 to of the following public	requires that bus purposes were	siness subsidy and fi stated in the agreeme	inancial assistance agreemer ent? (Mark all that apply.)	its state a public	purpose. Which				
Enhancing economic dive			XX Increasing tax base (cannot be only purpose) Other (please specify)						
Job retentionStabilizing the communit	hv .		☐ Other (please specify)_☐ Other (please specify)_						
	-								
29. Indicate whether the ag at the time of this repor	reement includent. (Fill in the be	ed the following type oxes and attainment	es of goals, and whether the date(s) for each goal.)	recipient had atta	ained those goals				
				get attainment	All goals				
A) Specific wage and job go	oals to be attain	ed within 2 years	established? dates XXI Yes \(\simega \) No \(Sep \)	(month & year)	attained?				
B) Other job-creation and/o	r retention goals	s willing years	NATES UNO <u>Sep</u> ☐ Yes ☐ No	t., 2002	☐ YesXX No ☐ Yes ☐ No				
C) Other wage goals	_				☐ Yes ☐ No				
D) Other goals other than w	age and job goz	als	D Van D Na		☐ Yes ☐ No				
(Please attach descriptions attainment if not documente	of goals and proed in Question 3	ogress toward							
30. For each of the followin agreement and the average job creation goals in fu	age hourly valu	e of any employer-p	creation and/or retention go provided health insurance go to separate goals by full-	oals for those job	s. (Only indicate				
	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	· <u></u>			<u></u>	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					\$				
	urly value of an	y employer-provide	mber of actual jobs created d health insurance for those ation into full- and part-tim	jobs. (Only 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				
less than \$7.00					\$				
\$7.00 to \$8.99					\$				
\$9.00 to \$10.99	· .				s				
\$11.00 to \$12.99			·		s58				
\$13.00 to \$14.99					,2.30				
\$15.00 and higher					<u>,2.30</u>				
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (se	ee Questions 29, 30	and 31) and fulfilled all ob	ligations stipulate	ed in the agreement?				

Section 5 Recipients Failing to Fulfill Obligations

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

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark qne.)									
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	t and the value of subsidy or finan	icial assistance awarded to that							
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 August 1, 1999, that were	o achieve any goals or fulfill any or required to be fulfilled by the time	other obligations under an ne of this report? (Mark one.)							
☐ Yes (Complete the remainder of this section	on.) XXNo (Stop here and sub	mit form to DTED .)							
35 39. Provide the following information for each recipion were to be attained by the time of reporting. (Attained)									
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 obliga	tion? (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.)									
☐ Yes ☐ No									
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:									
									

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

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO

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

Trade & _______2

Development

0 1.1 \$ 6115101

00-0114

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.
- # 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 e	2. Name of person	:	J			
3. Street address 1616 HUMBOL	DT AVE.	4. City WEST ST. P.	ZUL_	5. ZIP code	3	
6. County DAKOTA	7. Phone number 651-552-4140	8. Fax number 651 - 552 -	4190	9. E-mail add	Bei. wed-so	int-pau
10. Please indicate who in you	ir organization should receive the	2002 MBAF if differe	nt from the	person in Quest	ion 2.	
Name/Title	Phone number	Street addre	235	City	ZIP code	
	Mark onc. If grantor is entity lease indicate affiliation. For d 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 ☐ Other (Please att	AME hearing but date of init	NDED 7/17/0 have not yet ad ial hearing	0	
	ned any agreements to award a bus Of that is required to be reported to					
Yes (Com	plete the remainder of the form.)	□ No (Stop here,	go to section	5 on page 4.)		}
Section 2 Information A	bout Recipient					
14. Name of business or organ receiving subsidy or finan		15. Address where will be used	dus esanisud	sidy or financia	ıl assistance	
SIGNAL HILLS 40	MPANYII, LLP	IC SKINAL HI Street address	LL'S MAL	L LUEST 5 State	TPAUL MN ZIP code	55118
16. Does the recipient have a	parent corporation? (Mark one.)					
☐ Ycs (Indicate name and add SNo	lress of parent corporation below.	If more than one, inc	dicate ultima	te owner.)		
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 ☐ Construction	nce, Real Estate Other (please speci)	6)			
18. Did the recipient relocate as a result of s	signing this agreemen	1? (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 pro	ject not completed at	previous address					
 Would the recipient have remained in position from the financial assistance? (Mark one.) 	revious location or rel	ocated elsewhere if not	awarded this business su	bsidy or			
Remained at previous location C	Relocated to differe	nt Minnesota location	☐ Relocated outside M	linnesota			
Section 3 General Information Abo	out the Agreeme	nt					
20. Total dollar value of business subsidy of assistance (Please separate value by typand 25.)	e in Questions 24	date, indicate any	med (In addition to the a dates the agreement was				
\$ 3,924,500 \$30	O, O∞	DECEMB	zf 29,1999				
22. Benefit date (Indicate the date the recipient will benefit from the business substdy 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.)							
23. Does the agreement provide a business be reported? (Mark one.)	subsidy or one of the business subsidy	four types of financial as	ssistence (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(9).	of financial			
not applicable, agreement provided financ	cial assistance	🗅 not applicable, agree	ement provided a busines	ss subsidy			
図 loan (only principal) Cパソ 図 grant (i.e., forgivable lean) Mさずら かい	\$ 300,000	assistance for proper by contaminants	ty polluted	S			
tax abatement TIF or other tax reduction or defenal guarantee of payment	\$\$ \$\$	assistance for renove stock or bringing it assistance provided	up to code, and for designated	\$			
Contribution of property or infrastructure Dipreferential use of governmental facilities	\$	historic preservation 50% or less of total	cost				
☐ land contribution ☐ other (Specify subsidy type.)	S S	assistance for pollut abatement	ion control or	2			
		assistance for a TIF	soils condition district	\$			
26. If the assistance included tax increment indicate the type of TIF district? (Mark			ntors providing a businesse to the same project? (A				
☐ not applicable, assistance was not in the form of TIF ☐ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)							
redevelopment		·		- · ·			
D renewal and renovation Soils condition		□ No					
🔾 economic development		Grantor(s) and value of					
☐ mined underground space ☐ hazardous substance subdistrict		DAKOTA COUNTY Granior MET COUNCIL	# Value (\$) # 324,500	0,000			
		Grantor	Value (\$)				

Section 4 Goals and Pu	blic Purpos	e Identified in t	he Agreement			
28. Minn. Stat. §116J.994 re of the following public p	equires that bus ourposes were s	iness subsidy and fire	nancial assistance agreement? (Mark all that apply.)	ents state a public pr	rpose. Which	
☐ Enhancing economic diver ☐ Creating high-quality job t ☐ Iob retention ☐ Stabilizing the community	growth	64 PREVENTIN	Increasing tax base (Description of the commendate of the commen	PROVIDING 1	MIPTUS FOR	
29. Indicate whether the agree at the time of this report.	eement include (Fill in the be	d the following types uses and attainment a	s of goals, and whether the	recipient had attain	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	•	established? dan Si Yes O No 173 O Yes O No O Yes Si No	rget attainment es (month & year) Es 2002	All goals attained? O Yes M No O Yes O No O Yes O No O Yes M No	
(Please attach descriptions of attainment if not documented						
	ge hourly value	of any employer-pro	rention 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/ SeasonaVTemp. Job Creution	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		·	10		s	
\$7.00 to \$8.99			10		s	
\$9.00 to \$10.99					s	
\$11,00 to \$12,99			, 		s	
\$13.00 to \$14.99		·		•	s	
\$15.00 and higher	-		rate Charles		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 banefits)	Job Creation	Scasonal/Temp, Job Creation	separate FT/PT) Jab Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00	· · · · · · · · · · · · · · · · · · ·				S2	
\$7.00 to \$8.99			<u>5</u> 5	·	s	
\$9.00 to \$10.99		-	_5_		5	
\$11.00 to \$12.99					5	
\$13.00 to \$14.99					5	
\$15.00 and higher	<u>-</u>				s \	
32. Has the recipient achieve (Mark one.)	ed all goals (se	e Questions 29, 30 a		ligations 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.)

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 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	achieve any gouls or fulfill any o required to be fulfilled by the tim	ther obligations under an e of this report? (Mark one.)			
☐ Yes (Complete the remainder of this section	on.) 💆 No (Stop here and sub	mil form 10 DTED .)			
35 39. Provide the following information for each recipies were to be attained by the time of reporting. (Attack	nt failing to fulfill goals or any ot h 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 censed operation ☐ recipient was mable to fill vacant positions	O recipient relocated to a difference of the control of the contro	ant community			
37. To date, has the recipient fulfilled its repayment obligate	ion? (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.)					
□Ycs □No					
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:					
		,			

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

Or fax to: (651) 215-3841

Page 4 of 4

1999 Minnesota Business Assistance Forms Submitted by City, County and State Government Agencies for Eligible Projects Reported in 2001

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

- 1. Anoka, City of (7 forms)
- 2. Austin, City of (2 forms)
- 3. Barnsville EDA, of (1 form)
- 4. Benton County (5 forms)
- 5. Brainerd, City of (3 forms)
- 6. Breezy Point, City of (3 forms)
- 7. Brooklyn Park EDA (9 forms)
- 8. Brooks, City of (1 form)
- 9. Burnsville EDA(42 forms)
- 10. Caledonia, City of (2 forms)
- 11. Carver, City of (1 form)
- 12. Chisago County HRA-EDA (1 form)
- 13. Cook County (7 forms)
- 14. Detroit Lakes, City of (1 form)
- 15. Duluth EDA (7 forms)
- 16. Dunnell, City of (1 form)
- 17. Eagan, City of (1 form)
- 18. Edina HRA (3 forms)
- 19. Elk River EDA (2 forms)
- 20. Fairmount, City of (1 form)
- 21. Faribault, City of (6 forms)
- 22. Fergus Falls, City of (2 forms)
- 23. Fountain, City of (2 forms)
- 24. Freeborn County HRA (1 form)
- 25. Gaylord, City of (2 forms)
- 26. Ham Lake, City of (2 forms)
- 27. Hastings, City of (1 form)
- 28. Henning EDA (1 form)
- 29. Hibbing, City of (1 form)
- 30. Hopkins HRA (1 form)
- 31. Hugo, City of (1 form)
- 32. Jackson, City of (4 forms)
- 33. Lakeville (5 forms)
- 34. Le Center, City of (5 forms)
- 35. Lindstrom, City of (1 form)
- 36. Lino Lakes EDA (3 forms)
- 37. Luverne EDA (5 forms)
- 38. Melrose Area Development Authority (2 forms)
- 39. Minneapolis Community Development Agency (8 forms)
- 40. MN Agriculture and Development Board (8 forms)

- 41. MN Department of Agriculture (4 forms)
- 42. MN Department of Trade and Economic Development (77 forms)
- 43. MN Rural Finance Authority (3 forms)
- 44. Montevideo, City of (3 forms)
- 45. Montevideo Community Development Corporation (1 form)
- 46. Monticello EDA (1 form)
- 47. Monticello HRA (1 form)
- 48. Moorhead, City of (4 forms)
- 49. New Brighton, City of (2 forms)
- 50. New Prague, City of (2 forms)
- 51. New Ulm, City of (4 forms)
- 52. New York Mills EDA (1 form)
- 53. North Branch EDA (1 form)
- 54. Oakdale, City of (1 form)
- 55. Orr, City of (1 form)
- 56. Owantonna EDA (4 forms)
- 57. Perham, City of (8 forms)
- 58. Pine City, City of (1 form)
- 59. Preston, City of (1 form)
- 60. Ramsey, City of (3 forms)
- 61. Red Wing Port Authority (4 forms)
- 62. Renville, City of (3 forms)
- 63. Richfield HRA (4 forms)
- 64. Rochester, City of (3 forms)
- 65. Rockford, City of (1 form)
- 66. Sartell, City of (1 form)
- 67. Scott County (1 form)
- 68. Sebeka, City of (1 form)
- 69. Shakopee, City of (2 forms)
- 70. Spicer, City of (1 form)
- 71. St. Joseph, City of (1 form)
- 72. St. Louis County/Canosia Township (1 form)
- 73. St. Paul Port Authority (13 forms)
- 74. St. Peter, City of (9 forms)
- 75. St. Peter EDA (4 forms)
- 76. Stillwater, City of (1 form)
- 77. Swift County (1 form)
- 78. Swift County RDA (1 form)
- 79. Verndale, City of (1 form)
- 80. Wabasso, City of (1 form)
- 81. Warroad Port Authority (2 forms)
- 82. Waterville, City of (1 form)
- 83. Watkins, City of (1 form)
- 84. Welcome, City of (1 form)
- 85. Wells, City of (1 form)

- White Bear Township (5 forms)
 Winona Port Authority (2 forms)
 Winsted, City of (1 form)
 Woodbury, City of (2 forms) 86.
- 87.
- 88.
- 89.

00-0263

RECEIVAD MAR 0 0 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines I through 16 for all agreements.	Development
1. Funding government agency name City of Anoka	2. Contact Dame Robert Kirchner 4. City
3. Agency street address 2015 First Avenue	Anoka
5. Zip code 6. Phone number (area code) 763-576-272/ 7. Fax number (area code) 763-576-2727	8. Type of government agency CityCountyRegionalState Other (Please indicate)
9. Name of business receiving assistance Retailer Services Corp.	10. Industry of recipient (SIC code) 2541
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF (landonly)	12. Name of TIF district (if applicable) Thurston Coundor
13. Date of business assistance agreement provided 11-23-98	15. Date project (building) machinety/etc.) was placed in service 16. Dollar value of business assistance \$188,359
For assistance agreements signed between July 1, 1995 and De agreements signed during 1998 and future years, please comp	cember 31, 1997, complete lines 17 through 20. For lete lines 21 through 24.
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance
19. Actual jobs created since business received assistance	20. Actual average bourly wage paid to employees hired since business received assistance
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
21. Job Creation Hourly Wage Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	Full-time Part-time (excl. benefits) less than \$7.00 \$7.00 to \$7.99
\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher If necessary, please attach additional documentation.	\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher Z-40 If necessary, please attach additional documentation.
Please complete lines 25 through 27 for all agreements.	
25. Last date actual wage and job creation levels documented Mavch 200 27. Have all wage and job goals been achieved? XYes — do	26. Date this Minnesota Business Assistance Form completed 3-30-0/
27. Have all wage and job goals been achieved? Yes — do No — ples	not submit future forms for this project. use submit the 2000 Minnesota Business Assistance Form.
This form replaces all previous forms. Please complete	one form for each husiness assistance agreement your

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

RECEIVED, MID 8 9 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.	Development			
1. Funding government agency name	2. Contact name			
City of Anoka	Robert Kirchner			
3. Agency street address	4. City			
2015 First Avenue	Anoka			
5. Zip code 6. Phone number (area code)	8. Type of government agency			
55303 763-576-272 1 7. Fax mimber (area code)	CityCountyRegionalState			
763-576-2727	Other (Please indicate)			
9. Name of business receiving assistance	10. Industry of recipient (SIC code)			
Meier Tool	3545			
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF (landonly)	Thurston Carridor			
13. Date of business assistance agreement provided	15. Date project (building/ machinery/etc.) was assistance			
9-8-98 10-13-98	12-78 \$246,422			
For assistance agreements signed between July 1, 1995 and De agreements signed during 1998 and future years, please comp				
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving			
1	assistance \$7.00			
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since			
20	20. Actual average hourly wage paid to employees hired since business received assistance #13,50			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary			
Full-time Part-time (excl. benefits) Benefits (S)	Full-time Part-time (excl. benefits) Benefits (\$)			
less than \$7.00	less than \$7.00			
\$7.00 to \$7.99	\$7.00 to \$7.99			
\$8.00 to \$9.99	\$8.00 to \$9.99 ·			
\$10.00 to \$11.99	\$10.00 to \$11.99 3.70			
\$12.00 and higher	19 \$12.00 and higher 3.20			
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.			
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
March, 2001	3-28-01			
	not submit future forms for this project. se submit the 2000 Minnesota Business Assistance Form.			
This form replaces all previous forms. Please complete and form for each business assistance norganism your				

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

00-0265

RECEIVED JATE 2 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name	
Cityo	f Anoka	Robert K	irchner
3. Apency street address		4. City	
2015 Fir	st Avenue	4. City Anoka	U
5. Zip code	6. Phone number (area code)	8. Type of government agency	· · · · · · · · · · · · · · · · · · ·
55303	763-576-272	CityCounty	RegionalState
	763-576-2727	Other (Please indicate)_	<u> </u>
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)
Case & A.	sociates	3499	·
11. Type of assistance (e.g. loa	n, TIF, grapt, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)
TIF (land a		Thurston	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance
9-8-98	12-1-98	placed in services	\$104,775
	ned between July 1, 1995 and D 8 and future years, please comp		es 17 through 20. For
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage level	goals for business receiving
1		assistance #7	00
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wag	e paid to employees hired since
3 (plus 6	intenaut space)	business received assistance	.=
Goals of business receiving as:	sistance: (Please indidate	Actual performance since proje	ect placed in service: (Please
number of employees at each v corresponding benefit level.)	wage level and indicate the	the corresponding benefit leve	at each wage level and indicate
	urly Wage 22. Hourly Value Level of Volumery		urly Wage 24. Hourly Value Level of Voluntary
Full-time Part-time (exc	L benefits (S)	Full-time Part-time (exc	ci. benefits) Benefits (\$)
lcss	than \$7.00	less	than \$7.00
\$7.0	00 to \$7.99	·\$7.0	00 to \$7 99
\$8.0	00 to \$9.99	\$8.0	00 to \$9.99 ·
S 10	.00 to \$11.99	510	.00 to \$11.99 /.00
\$12	.00 and higher	<u>2</u> \$12	.00 and higher
If necessary, please attach add	itional documentation.	If necessary, please attach add	itional documentation.
Please complete lines 25 throu	gh 27 for all agreements.		
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed
March,		3-29	3-01
27. Have all wage and job goa	ls been achieved? Yes — do	not submit future forms for this are submit the 2000 Minnesota	
	vious forms. Please complete uly 1, 1995 and December 31,	one form for each business	assistance agreement your

00-0266

RECEIVED III S 9 2001

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



Please complete lines 1 through 16 for all agreements,

1. Funding government agence		2. Contact name	1/: 1		
CITY OF	Anoka	Koberl	Kirchner		
3. Agency street address		4. City			
	st Avenue	Anok	•		
5. Zip code	6. Phone number (area code)	8. Type of government ag	ency		
	763-576-272	V			
55303	7. Fax number (area code)	A CityCounty	RegionalState		
	763-576-2727	Other (Please indica			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
	xture Group	254			
	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF (land	ouly)	·	Cowidor		
13. Date of business	14. Date assistance first	15. Date project (building			
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
10-21-98	11-12-98	5-99	\$252,700		
For assistance agreements sig	ned between July 1, 1995 and D	ecember 31, 1997, complet	te lines 17 through 20. For		
agreements signed during 199	8 and future years, please comp	olete lines 21 through 24.			
17. Job creation goals for busi	iness receiving assistance		level goals for business receiving		
/		assistance \$7	00		
10. 4		•			
19. Actual jobs created since	ousiness received assistance	business received assis	wage paid to employees hired since		
24		20. Actual average hourly business received assis	P 11,54		
Goals of business receiving as	ssistance: (Please indicate	Actual performance since	project placed in service: (Please		
number of employees at each corresponding benefit level.)		indicate number of employ the corresponding benefit	yees at each wage level and indicate level.)		
21. Job Creation · Ho	ourly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24, Hourly Value		
	Level of Voluntary		Level of Volumtary		
Full-time Part-time (ex	cl. benefits (S)	Full-time Part-time	(excl. benefits) Benefits (\$)		
less	s than \$7.00	·	less than \$7.00		
\$7.	00 to \$7.99		\$7.00 to \$7.99		
\$8.	00 to \$9.99		\$8.00 to \$9.99		
\$10	0.00 to \$11.99	215	\$10.00 to \$11.99 1.52		
\$12	2.00 and higher	_8	\$12.00 and higher 1.52		
If necessary, please attach add	litional documentation.	If necessary, please attach	additional documentation.		
Please complete lines 25 throu	igh 27 for all agreements,	•			
	job creation levels documented	26. Date this Minnesota B	Business Assistance Form completed		
March	1,2001	3-2	8-01		
27. Have all wage and job gos	27. Have all wage and job goals been schieved? Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.				
L	pice - pice				

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

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

7. I mining government agency	. , ,		- [/-	
City of	Anoka	Robert	Kirchner	
3. Agency sneet address	<i>)</i> /	4. City	1.	
	st Avenue	Auo		
5. Zip code	6. Phone number (area code)	8. Type of government ag	ency	
	763-516-2721	CityCounty	RegionalState	
55303	7. Fax number (area code)	Z onounty	RegionalState	
	163-576-2727	Other (Please indicate)	/	
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)	
The F. Dohn	nen Co,	<u>5122</u>	,	
11. Type of assistance (e.g. loa	. \	12. Name of TIF district (
TIF (land		Thurston		
13. Date of business	14. Date assistance first	15. Date project (building		
assistance agreement	provided	machinery/etc.) was placed in service	# assistance	
10-28-98	11-12-98	6-99	695, 457	
	ed between July 1, 1995 and De I and future years, please comp		te lines 17 through 20. For	
17. Job creation goals for busin	ess receiving assistance	18. Average hourly wage	level goals for business receiving	
[700	
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly	wage paid to employees hired since	
10		business received assi	stung 11, 48	
Goals of business receiving ass			project placed in service: (Please .	
number of employees at each we corresponding benefit level.)	vage level and indicate the	indicate number of employ the corresponding benefit	yees at each wage level and indicate level.)	
	rly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value	
	Level of Voluntary	Rull_time Descrip-	Level of Voluntary	
	benefits (\$) Benefits (\$)	Full-time Part-time	(excl benefits) Benefits (S)	
	tham \$7.00		less than \$7.00	
	0 to \$7.99	,	\$7.00 to \$7.99	
	0 to \$9,99	1/2	\$8.00 to \$9.99 \$10.00 to \$11.99 4.50	
	00 to \$11.99			
	00 and higher		\$12.00 and higher	
If necessary, please attach addi		if necessary, please attach	additional documentation.	
Please complete lines 25 throu	·			
25. Last date actual wage and j		26. Date this Minnesota E	dusiness Assistance Form completed	
March, 2001			8-01	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.				
This form replaces all pre			ess assistance agreement your	
			5,000 or more in public funds	
			assistance aureement until a	

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

RECEWET MAR 1 9 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 thro	Tau to tot mi valesmeni?		Development		
I. Funding government ager	icy name	2. Contact name			
	f Anoka	Robert Kirchner			
3. Agency street address		4. City			
2015 Fire	stavenue	Anoka	•		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,		
WC202	763-516-2721	CityCounty	Regional State		
55303	7. Pax number (area code)	2_01.)Oddity			
	163-576-2727	Other (Please indicate)_			
9. Name of business receiving	• /	10. Industry of recipient (SIC	code)		
Kenmark Partu	iership (Capco)	3291			
11. Type of assistance (e.g. l	oan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)		
TIF (land		Thurston	Corridor		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business		
5-18-98	7-23-98	placed in service 12–78	\$232,162		
	gued between July 1, 1995 and De	anamhar 31 1007 annshina N	17 through 70 You		
	1998 and future years, please comp		ies 17 through 20. Por		
17. Job creation goals for bo		18. Average hourly wage leve	goals for business receiving		
1		assistance 🚣 C	0		
		7/6			
19. Actual jobs created since business received assistance			e paid to employees hired since		
3		business received assistant	* \$1400		
Goals of business receiving	assistance: (Please indicate	Actual performance since proj	ect placed in service; (Please		
	h wage level and indicate the		at each wage level and indicate		
21. Job Creation -I	Iourly Wage 22. Hourly Value	23. Job Creation Ho	urly Wage 24. Hourly Value		
THE BLOCK	Level of Volumnry	Total since Dentalities (co.	Level of Voluntary		
	xcl. benefits) Benefits (\$)	'	cl. benefits) Benefits (\$)		
	ss than \$7.00		than \$7.00		
	7.00 to \$7.99		00 to \$7.99		
	3.00 to \$9.99	<u> </u>	00 to \$9.99 - 1.50		
	10.00 to \$11.99		150		
	12.00 and higher				
If necessary, please attach at	Iditional documentation.	If necessary, please attach add	itional documentation.		
Please complete lines 25 thro	ough 27 for all agreements.				
	d job creation levels documented	26. Date this Minnesota Busin	less Assistance Form completed		
Marc	4,2001	3-28	-01		
27. Have all wage and job g	oals been achieved? Yes do	not submit future forms for this	project		
This fam.		ase submit the 2000 Minnesota			
I his form replaces all p	revious forms. Please complete July 1, 1995 and December 31,	one form for each Dusiness (assistance agreement your O or more in public funds		
or used tax increment f	inancing. A form should be sub	mitted annually for each ass	istance agreement until a		

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

original received 3/30/01

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



	RECEIVED JUN 2 2 2001 Development
1. Funding government agency name	2. Contact name
City of Auoka	Robert Kirchner 4. City
3. Agency street address	4. City
2015 First Avenue	Auoka
5. Zip code 6. Phone number (area code)	8. Type of government agency
55303 763-576-2721 7. Fax number (area code)	CityCountyRegionalState
763-576-2727	Other (Please indicate)
9. Name of business receiving assistance	10. Industry of recipient (SIC code)
Mate Precision Tooling 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	3542
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)
TIF (Land only)	Thurston Corridor
13. Date of business 14. Date assistance first	15 Date project (building/ 16. Dollar value of business
assistance agreement provided	machinery/etc.) was 👍 assistance
12-98 8-23-99	placed in service 7872,510
For assistance agreements signed between July 1, 1995 and D agreements signed during 1998 and future years, please comp	
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving
15	assistance \$7.99+
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since
150	business received assistance

	15			155131311C0	<i>₱7,</i>	00+	
19. Actual job	s created si	nce business receive	d assistance	20. Actual ave	rage hourly	y wage paid to emplo	yees hired since
158			business re	eceived ass	istance 1,42+		
Goals of business receiving assistance: (Please indicate					project placed in se byees at each wage le		
number of employees at each wage level and indicate the corresponding benefit level.)		the correspond			Wei and mulcase		
21. Job Creati	on	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creati	on	Hourly Wage Level	24. Hourly Valu of Volumer
Full-time	Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
		\$7.00 to \$7.99	300			\$7.00 to \$7.99	
		\$8.00 to \$9.99			_5_	\$8.00 to \$9.99	5.50
		\$10.00 to \$11.99		_5_		\$10.00 to \$11.99	5,50
		\$12.00 and higher		153		\$12.00 and higher	5.50
If necessary, p	lease attac	h additional docume	ntation.	If necessary,	please attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form complete				
March, 2001	3-28-01				
27. Have all wage and job goals been achieved?	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.				

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

		
Funding government agency name	2. Contact name	
City of Austin	Tom Dankert	
3. Agency street address	4. City	
500 4th Ave NE	Austin	
5. Zip code 6. Phone number (area code)	8. Type of government agency	
(507) 437- 9959 7. Fax number (area code)	CityCountyRegionalState	
(507) 433-1693	Other (Please indicate)	
9. Name of business receiving assistance	10. Industry of recipient (SIC code)	
Palleton of MN, Inc.	Unknown	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	
TIF	TIF#9 Palleton	
13. Date of business assistance agreement 4/5/99 14. Date assistance first provided None yet		2.I.H. Blill perphone
For assistance agreements signed between July 1, 1995 and I		Les b

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

17. Job creation goals for	business receiving	assistance	18. Average h assistance		level goals for busi	ness receiving	
19. Actual jobs created si	nce business receive	ed assistance	20. Actual average hourly wage paid to employees hired since business received assistance				
Goals of business receivi number of employees at c corresponding benefit lev	each wage level and		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation Full-time Part-time		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99		
<u>8</u>	\$8.00 to \$9.99 \$10.00 to \$11.99		5 5		\$8.00 to \$9.99 \$10.00 to \$11.99		
If necessary, please attac	\$12.00 and higher h additional docume		If necessary,	please attac	\$12.00 and higher h additional docume		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed						
12/31/00 documented 3/20/01	3/21/01						
27. Have all wage and job goals been achieved?							

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

Job requirements have get to be completed for the mandated

00-1069

Original secewed 3/21/01 £ 4.4.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



asse complete lines I through 16 for all agreements. RECEIVED JUN 5 2001 ECONOMIC Development									
1. Funding government agency name	2. Contact name								
City of Austin	Thomas Dankert								
3. Agency street address	4. City								
500 4th Are NE	Austin								
5. Zip code 6. Phone number (area code)	8. Type of government agency								
(507) 437-9959 7. Fax number (area code)	CityCountyRegionalState								
(507) 433-1693	Other (Please indicate)								
9. Name of business receiving assistance	10. Industry of recipient (SIC code)								
Ashin Packaging Company 11! Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	Unknown								
11. Type of assistance (e.g. loan, TIF, grant infrastructure, etc.)	12. Nume of TIF district (if applicable)								
DTED loan	NIA								
13. Date of business 14. Date assistance first provided	15. Date project (building) 16. Dollar value of business machinery/etc.) was assistance								
7/13/98 7/13/98	placed in service Up to \$199,000								
For assistance agreements signed between July 1, 1995 and I agreements signed during 1998 and future years, please com									
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance								

17	Job creation goals for	business receiving	assistance	18. Average hourly wage level goals for business receiving assistance						
19	Actual jobs created s	ince business receiv	red assistance	20. Actual average hourly wage paid to employees hired since business received assistance						
n	oals of business receiving the property of employees at presponding benefit less	each wage level and		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)						
21	L. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (3)			
	75	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and highe		8 130 25 32	0000	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	*2.63 *2.69 *3.24 *4,85			
If	necessary, please attac	h additional docum	entation.	If necessary,	please nuac	h additional docume	entation.			

Please complete lines 25 through 27 for all agreements.

25.	Last date actual wage	and job creation levels	documented	26. Date this Minnesota Business Assistance Form complete					
	December	3/, 2000		March	20,2001	updated			
27.	Have all wage and joi	b goals been achieved?		not submit future forms		istance Form.			

		JOB RECIPIENTS	GENDER MALE	GENDER FEMALE	HANDI- CAP	ASIAN	WHITE	BLACK	AMERICAN INDIAN	HISPANIC	FEMALE HEAD OF HOUSEHOLD	
- A-122		198	115	83	0	8	173	7 -24.2 € %	1	9 HOURLY	19	The secretary sections
		100	ANNUAL	HIRE			190 3: 1	RETIRE	FOTHER	VALUE OF	3374	TOTAL HOURLY
(6)	ACKERMAN,STEVE	QCMAANAGER	HOURS	DATE	DENTAL	*LIFE	HEALTH	(MENT	DIS	BENEFIT	WAGE	COMPENSATION
	ADAMS, DION	PRODUCTION	2080 2080	4/24/00 11/2/00	NO NO	YES NO	YES NO	NO NO	YES NO	\$4.95 \$2.59	\$25.00 \$	\$29.95 \$10.09
3	ALLEN, BARBARA	PRODUCTION	2080	9/5/00	NO	YES	YES	NO	YES	\$2.59	\$8.00 ✓	\$10.59
	AMDAHL, PATRICA	PRODUCTION	2080	8/13/98	00	YES	YES	YES	YES	\$2.59	\$ 8.25 ⊀	\$10.84
	ANDERSON,KIMBERLY ANDERSON,LOIS	LINE LEADER PRODUCTION	2080 2080	9/8/98 5/30/00	NO NO	YES YES	YES YES	YES NO	YES YES	\$2.68 \$2.59	\$8.00 ×	\$10.68 \$10.59
	ANDERSON,STEVE	SANITATION	2080	9/8/98	NO	YES	YES	YES	YES	\$2.77	\$9.75	\$10.59
	ARENS, JEREMY	SANITATION	2080	10/2/00	NO	NO	NO	NO	9	\$2.77	\$7.70	\$10.47
	ARNOLD,BARNETTA	PRODUCTION	2080	1/19/00	NO	YES	NO	NO	YES	\$2.59	\$8.00	\$10.59
	BAKER,KRISTINE BAKKE, JESSIE	LINE LEADER PRODUCTION	2080 2080	8/2/00 1/9/01	NO NO	YES NO	NO NO	NO NO	YES NO	\$2.68 \$2.59	\$8.00 \$7.50	\$10.68 \$10.09
	BANDAVONG, BOUGVORN	PRODUCTION	2080	8/25/99	NO	YES	YES	YES	YES	\$2.59	\$8.00 ~	\$10.59
	BARCLAY, ALVIN	MO	2080	9/11/00	NO	YES	YES	NO	YES	\$2.80	\$8.00 ~	\$10.80
	BARCLAY, LARRY BARSTAD, VALERIE	PRODUCTION LINE LEADER	2080 2080	11/22/00 1/26/98	NO NO	NO YES	NO YES	NO YES	NO YES	\$2.59	\$8.00 ✓	\$10.59
	BECKEL, LAURA	HR ASSISTANT	2080	6/4/00	NO	YES	YES	YES	YES	\$2.68 \$3.31	\$8.30 ×	\$10.98 \$16.77
	BENNER,TODD	COOK	2080	10/11/99	NO	YES	YES	NO	YES	\$2.84	\$9.50	\$12.34
	BHEND, TAMMIE	ASST.COTROLL	2080	1/19/98	NO	YES	NO	YES	YES	\$4.56	\$14.42	\$18.98
	BISSETT, JOANN BLOWERS, JASON	P/T PROD.	2080	9/27/99	NO	YES YES	NO YES	NO	YES YES	\$2.59	\$8.00	\$10.59
	BOGREN,BARB	ASSIT.BUYER MO	2080 2080	7/6/98 10/19/98	NO NO	YES	YES	YES	YES	\$3.49 \$2.80	\$11.00 \rightarrow \$8.50 \rightarrow	\$14.49 \$11.30
	BOGREN, SEAN	MO	2080	10/19/98	NO	YES	YES	YES	YES	\$2.80	\$9.50	\$12.30
	BREWER, JOE	PRODUCTION	2080	8/21/00	NO	YES	NO	NO	YES	\$2.59	\$8.00 ✓	\$10.59
		MATERIAL HANDLER	2080	10/15/99	NO	YES	YES	NO	YES	\$2.76	\$9.75	\$12.51
	BROWN,CARROLL BUNTROCK ERIC	MAINT. MATERIAL HANDLER	2080 2080	5/4/98 7/17/00	NO NO	YES YES	NO NO	NO NO	YES YES	\$4.17 \$2.76	\$11.00 × \$8.00 ✓	\$15.17 \$10.76
	BURKEY,TIM	SANITATION	2080	7/26/99	NO	YES	YES	YES	YES	\$2.77	\$9.75	\$12.52
28	BUXTON, DANIEL	MATERIAL HANDLER	2080	10/18/00	NO	NO	NO	NO	NO	\$2.76	\$8.00 🗸	\$10.76
	CARRUTH,RICH	OPER.MNG	2080	6/7/99	NO	YES	NO	YES	YES	\$6.67	\$38.46 😮	\$45.13
	CHRISTOPHERSON,MARK CRAYTON,WILLIAM	CONTROLLER SANITATION	2080 2080	1/19/98 2/21/00	NO NO	YES YES	YES NO	YES NO	YES YES	\$4.56 \$2.77	\$28.84 × \$8.70 ✓	\$33.40 \$11.47
	DAHMAN, EARL	COOK	2080	1/19/98	NO	YES	YES	YES	YES	\$2.84	\$9.50 ✓	\$12.34
	DARON,STEVE	MO	2080	3/20/00	NO	YES	YES	NO	YES	\$2.80	\$8.00 🗸	\$10.80
	DAVIS, NICHOLAS	PRODUCTION	2080	10/16/00	NO	NO	NO	NO	NO	\$2.59	\$8.00 \(\sigma \)	\$10.59
	DEBLON, CARLENE DIETRICH, TIVIE	COOK	2080 2080	9/6/00 8/3/98	NO NO	YES YES	NO YES	NO YES	YES YES	\$2.84 \$2.84	\$9.00 ✓ \$8.50 ✓	\$11.84 \$11.34
	DIGGINS, JEFF	MAINT.	2080	3/27/00	NO	YES	YES	YES	YES	\$4.17	\$12.00 V	\$16.17
	DIZDAREVIC, HRUSTAN	PRODUCTION	2080	11/20/00	NO	NO	NO	NO	NO	\$2.59	\$8.00 🗸	\$10.59
	DOLPH, HAVEN	MO	2080	7/19/00	NO.	YES	YES	NO	YES	\$2.80	\$9.00 ✓	\$11.80
	DONKO, MEHMED DREES, AMANDA	PRODUCTION COOK	2080 2080	10/26/00 1/19/98	NO NO	NO YES	NO YES	NO YES	NO YES	\$2.59 \$2.84	\$7.50 \$10.25	\$10.09 \$13.09
		MATERIAL HANDLER	2080	8/4/00	NO	YES	YES	YES	YES	\$2.76	\$9.00	\$11.76
43 [DULITZ, JOHN	MATERIAL HANDLER	2080	10/18/00	NO	NO	NO	NO	NO	\$2.76	\$ 10.50 ✓	\$13.26
	EASTMAN, WAYNE	PRODUCTION	2080	11/15/00	NO	NO	NO	NO NO	NO	\$2.59	\$8.00 ✓	\$10.59
	EDWARDS, ANTHONY DWARDS.DOUGLAS	MO SANITATION	2080 2080	9/25/00 5/4/99	NO NO	YES YES	YES YES	NO	YES YES	\$2.80 \$2.77	\$8.00 ×	\$10.80 \$12.02
	DWARDS, LYNDA	LINE LEADER	2080	4/2/98	NO	YES	YES	YES	YES	\$2.68	\$8.50	\$11.18
48	ENFIELD, FAY	PRODUCTION	2080	6/27/00	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
	ENGEL, WILLIAM	MAINTEN,MNGR	2080	2/26/99	NO	YES	NO ·	YES	YES	\$4.77	\$26.44	\$31.21
	ENGELMAN,DANIAL ELT.PHIL	MATERIAL HANDLER COOK	2080 2080	1/19/98 6/15/99	NO NO	YES YES	YES YES	YES YES	YES YES	\$2.76 \$2.84	\$10.00 ×	\$12.76 \$13.09
	FIEBELKORN, SHELLY	QC HOLD MAN.	2080	3/2/99	NO	YES	YES	YES	YES	\$4.95	\$11.00 🗸	\$15.95
53 F	LINK JEREMY	PRODUCTION	2080	7/17/00	NO	YES	YES	NO	YES	\$2.59	\$8.00 ✓	\$10.59
		MATERIAL HANDLER	2080	9/23/99	NO	YES	YES YES	NO NO	YES	\$2.76	\$10.00 7	\$12.76
	GOCHE, JOLENE GOMEZ, ANA	PRODUCTION PRODUCTION	2080 2080	7/1/98 8/19/98	NO NO	YES YES	YES	YES	YES YES	\$2.59 \$2.59	\$9.00 ×	\$11.59 \$10.84
	GORMAN, JACOB	MO	2080	6/13/00	NO	YES	NO	NO	YES	\$2.80	\$9.00 🗸	\$11.80
58 0	GRANHOLM, CARLA	QC TECH	2080	8/24/98	NO	YES	NO	YES	YES	\$2.69	\$10.00 <	\$12.69
	GRAVES, JERRY	MAINT.	2080	2/28/00	NO	YES	NO NO	YES NO	YES	\$2.76	\$12.00 ✓ \$8.00 ✓	\$14.76 \$10.76
	GREGG, DANIEL GUTTORMSON.MICHELLE	MATERIAL HANDLER COOK	2080 2080	12/7/00 3/3/98	NO NO	NO YES	YES	YES	NO YES	\$2.76 \$2.84	\$9.50 x	\$10.76 \$12.34
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66 HAGENGTON, JOPH MATERIAL HANDLER 2009 90200 NO YES YES YES \$2.50 \$3.27 \$3.176 \$1.000 \$1.0				1/9/00			'ES	' `~ <u>s</u>		1	L 13	
BeHULGDEGORA												
Fire Grant Lerner												
Behrmark, James												
BOHELPRITZOANIO SANITATION 2000 11/1998 NO												
To												
Times Mice												
Table Tabl		SANITATION	2080		NO	YES		NO	YES			
Tell-OLIM, BRANDON	72 HOERTER,MARY		2080	8/3/98			YES	NO			\$18.26 ~	\$23.33
Tell-Rocets_Jennax												
Tell-UBBELL BARBARA												
Tri-HUEFIN,KASANDRA												
Tell UCHSON DAWN												
Top- Microsol												
BI_DEFERSON_LOPIN												
BI JOHNSON, CHRISTOPHERMATERIAL HANDLER 2008 11/2/200 NO NO NO NO NO NO NO NO NO NO NO NO NO												
83 JOHNSON, SHANE RECEIVING CLERK 2080 85099 NO YES YES NO YES \$2.93 \$11.05 \times \$13.99 \times \$4.00 \times					NO				NO			
B4 JONESA, LEX SANITATION 2080 67,000 NO YES	82 JOHNSON, JAMES	MATERIAL HANDLER	2080	12/7/00	NO						\$8.00	\$10.76
85.JONES,DALE COOK 2080 378:00 NO YES YES NO YES 32.80 \$3.95 7 \$12.09 86.JONESINSON,JAINNE MO 2080 4714998 NO YES NO NO YES YES NO YES \$3.17 \$14.50 7 \$13.80												
Be JORGENSON, JOANNE												
B												
BIJORGENSON,KURTIS												
BIXEEFE BONNIE												
SOIKINDER, TATUM												
91 KING,SONIA PRODUCTION 2080 10/11/99 NO YES NO NO YES \$2.59 \$8.00 \$10.59 92 KORONTZRON INV.CLERK 2080 10/19/99 NO YES YES NO YES \$2.39 \$9.00 \$10.59 93 JACHOPOLLELINDA PRODUCTION 2080 6/13/00 NO NO NO NO NO \$2.68 \$7.50 \$10.59 94 LATIE, DONNA LINE LEADER 2080 10/31/00 NO NO NO NO NO \$2.68 \$7.50 \$10.18 95 LERUD,TIM PRODUCTION 2080 8/24/99 NO YES YES NO YES \$2.59 \$8.00 \$10.59 96 LOUKES, JULIE PREBATCH 2080 99/98 NO YES YES NO YES \$2.59 \$8.00 \$7.50 97 LUNDBERG, JASON COOK 2080 10/11/00 NO NO NO NO NO NO \$2.24 \$8.00 \$7.50 98 LYMIU PRODUCTION 2080 92/99 NO YES YES NO YES \$2.59 \$8.00 \$7.50 99 MADEN, SHARON PRODUCTION 2080 92/99 NO YES YES NO YES \$2.59 \$8.00 \$7.50 100 MADEN, SHARON PRODUCTION 2080 82/498 NO YES YES YES YES \$4.54 \$17.54 \$7.22.08 101 MARIKS, DAWN PREBATCH 2080 1/19/98 NO YES YES YES YES \$2.59 \$8.00 \$7.50 102 MAGMATIN, GREGORY PRODUCTION 2080 91/19/98 NO YES YES YES YES \$2.50 \$8.00 \$7.50 103 MICKELSON, ERIC MATERIAL HANDLER 2080 10/16/00 NO NO NO NO NO \$2.76 \$8.00 \$7.510.59 104 MIMS, ORLANDO PRODUCTION 2080 10/16/00 NO NO NO NO NO \$2.76 \$8.00 \$7.510.59 105 MINICH, DEBRA GC TECH 2080 11/19/00 NO YES YES YES \$2.59 \$8.00 \$7.510.59 106 MINICH, LINDA PRODUCTION 2080 10/16/00 NO NO NO NO NO \$2.76 \$8.00 \$7.510.59 107 MOLINA, MARRIA PRODUCTION 2080 11/20/00 NO NO NO NO NO \$2.76 \$8.00 \$7.510.59 108 MORRISON BRUCE MAINT PRODUCTION 2080 11/20/00 NO NO NO NO NO NO \$2.59 \$8.00 \$7.510.59 109 MARRISON BRUCE MAINT PRODUCTION 2080 11/20/00 NO NO NO NO NO NO \$2.59 \$8.00 \$7.510.59 109 MARRISON PRODUCTION 2080 11/20/00												
S31_ACHOPOLIELINDA PRODUCTION 2080 6/13/00 NO VES VES NO YES \$2.59 \$8.00 \$10.99									YES			
Selection Sele	92 KOONTZ,RON	INV.CLERK	2080	10/4/99	NO							\$11.93
SERUD,TIM												
Section Presentic Presentic 2000 9/8/98 NO YES YES NO YES \$2.72 \$3.25 \$10.97												
97 LUNDBERG, JASON COOK 2880 1011100 NO NO NO NO NO S2.84 \$8.00 / \$10.84 98.00 / \$10.59 98.00 PKPMI PRODUCTION 2880 97799 NO YES YES NO YES \$2.59 \$8.00 / \$10.59 99 MAIDEN DON TRNSPRT JMIGR 2880 1/19/98 NO YES YES NO YES \$2.59 \$8.00 / \$10.59 99 MAIDEN SCHARON PRODUCTION 2880 86.2498 NO YES YES YES \$4.54 \$17.54 / \$22.08 100 MAIDEN SCHARON PRODUCTION 2880 1/19/98 NO YES YES YES \$2.59 \$8.00 / \$10.59 101 MARKS DAWN PREBATCH 2880 1/19/98 NO YES YES YES \$2.59 \$8.00 / \$10.59 101 MARKS DAWN PREBATCH 2880 1/19/98 NO YES YES YES \$2.59 \$8.00 / \$10.59 101 MARKS DAWN PREBATCH 2880 1/19/98 NO YES YES YES \$2.59 \$8.75 \ \$11.97 102 MCKELSON, ERIC MATERIAL HANDLER 2880 101/16/00 NO NO NO NO NO \$2.76 \$8.00 / \$10.76 101 MIRKS, ORLANDO PRODUCTION 2880 101/16/00 NO NO NO NO NO \$2.59 \$8.00 / \$10.76 101 MIRKS, ORLANDO PRODUCTION 2880 101/16/00 NO NO NO NO NO \$2.59 \$8.00 / \$10.76 101 MIRKS, ORLANDO PRODUCTION 2880 1/19/99 NO YES YES YES YES \$2.59 \$1.10 / \$10.76 101 MIRKS, ORLANDO PRODUCTION 2880 1/19/99 NO YES YES YES YES \$2.59 \$1.00 YES \$1.00 YES YES YES YES \$2.59 \$1.00 YES YES YES YES YES \$2.59 \$1.00 YES YES YES YES YES YES \$2.59 \$1.00 YES YES YES YES YES \$2.59 \$1.00 YES YES YES YES YES YES YES YES YES YES												
99 MAJDEN DON PRODUCTION 2080 9/27/99 NO YES YES NO YES 25.9 \$8.00 / \$10.59												
99 MAIDEN, DON TRNSPRT, MNGR 2080 1/19/98 NO YES YES YES YES \$2.50 \$3.00 / \$10.59												
100 MADIDEN SHARRON												
101 MARKS, DAWN												
103 MICKELSON, ERIC MATERIAL HANDLER 2080 10/16/00 NO NO NO NO NO NO NO					NO	YES	YES	YES	YES	\$2.72	\$9.25 ✓	\$11.97
104 MMS. OPLANDO	102 MCMARTIN, GREGORY	PRODUCTION										
105 MINNICH,DEBRA												
106 MOLINA, LINDA												
107 MOLINA, MARIA												
108 MORISON, BRUCE MAINT: 2080 7/24/00 NO YES NO NO YES \$4.17 \$13.00 / \$17.17												
109 MORSE, MICHEAL PRODUCTION 2080 10/16/00 NO NO NO NO NO NO NO												
110 MULLEN, TRACEY SANITATION 2080 1/17/00 NO YES YES NO YES \$2.77 \$8.70 \$11.47												
111 NAFZGER,PAUL								NO		\$2.77		
113 NAVARRO, AMBER												
114 NEFF, DON MATÉRIAL HANDLER 2080 11/2/00 NO NO NO NO NO NO \$2.76 \$8.00 / \$10.76												
115 NELSON, JOE MAINTENANCE 2080 12/13/99 NO YES NO NO YES \$4.17 \$11.00 \$15.17												
116 NELSON,NATHAN COOK/MO 2080 1/4/00 NO YES YES NO YES \$2.84 \$9.00 ✓ \$11.84 117 NEWMANN,ANNETTE PRODUCTION 2080 10/13/99 NO YES YES NO YES \$2.59 \$8.00 ✓ \$10.59 118 O'HARRA, MARJORIE PRODUCTION 2080 10/9/00 NO NO NO NO NO NO NO NO S2.59 \$8.00 ✓ \$10.59 119 O'HARRA, MICHEAL PRODUCTION 2080 10/18/00 NO NO NO NO NO NO NO S2.59 \$8.00 ✓ \$10.59 120 O'HARRA, RICHARD PRODUCTION 2080 10/16/00 NO NO NO NO NO NO NO S2.59 \$8.00 ✓ \$10.59 121 OLSEN,DEBRA MO 2080 1/19/98 NO YES YES YES YES YES \$2.80 \$9.50 ✓ \$12.30 122 OLSON MATHEW MAINT 2080 7/17/00 NO YES YES NO YES \$4.17 \$13.00 ✓ \$17.17 123 OWENS, KATHLEEN PIZZA LINE LEADER 2080 1/19/98 NO YES YES YES YES \$2.68 \$11.50 ✓ \$14.18 124 PAULSON, JESSICA PRODUCTION 2080 11/20/00 NO NO NO NO NO NO \$2.59 \$8.00 ✓ \$10.59 125 PAULSON, MICHAEL LINE LEADER 2080 11/24/00 NO YES YES YES YES YES \$2.68 \$11.50 ✓ \$14.18 126 PETERSON, SCOTT MO 2080 10/19/98 NO YES YES YES YES YES YES \$2.60 \$9.50 ✓ \$10.68 126 PETERSON, SHANTILLE MO 2080 10/19/98 NO YES YES YES YES YES YES \$2.80 \$9.25 ✓ \$12.80 127 PETERSON, SHANTILLE MO 2080 10/19/98 NO YES YES YES YES YES \$2.80 \$9.25 ✓ \$12.80 127 PETERSON, SHANTILLE MO 2080 10/19/98 NO YES YES YES YES YES \$2.80 \$9.25 ✓ \$12.80 127 PETERSON, SHANTILLE MO 2080 10/19/98 NO YES YES YES YES YES \$2.80 \$9.25 ✓ \$12.80 128 PHOMSOUKHA, DAVIVANH PRODUCTION 2080 11/29/98 NO YES YES YES YES YES \$2.59 \$8.00 ✓ \$10.59 129 PHOMSOUKHA, DAVIVANH PRODUCTION 2080 11/12/99 NO YES YES NO YES \$2.59 \$8.00 ✓ \$10.59 129 PHOMSOUKHA, PHET MO 2080 10/11/99 NO YES YES NO YES \$2.59 \$8.00 ✓ \$10.59 131 PIERCE, LARRY MATERIAL HANDLER 2080 11/22/00 NO NO NO NO NO NO NO NO NO NO NO NO NO												
117 NEWMANN,ANNETTE PRODUCTION 2080 10/13/99 NO YES YES NO YES \$2.59 \$8.00 ✓ \$10.59 118 O'HARRA, MARJORIE PRODUCTION 2080 10/9/00 NO NO NO NO NO NO \$2.59 \$8.00 ✓ \$10.59 119 O'HARRA, MICHEAL PRODUCTION 2080 10/16/00 NO NO NO NO NO NO NO \$2.59 \$8.00 ✓ \$10.59 120 O'HARRA, RICHARD PRODUCTION 2080 10/16/00 NO NO NO NO NO NO NO \$2.59 \$8.00 ✓ \$10.59 121 OLSEN,DEBRA MO 2080 1/19/98 NO YES YES YES YES YES \$2.80 \$9.50 ✓ \$12.30 122 OLSON MATHEW MAINT 2080 7/17/00 NO YES YES YES YES YES \$2.80 \$9.50 ✓ \$17.17 123 OWENS, KATHLEEN PIZZA LINE LEADER 2080 1/19/98 NO YES YES YES YES YES \$2.68 \$11.50 ✓ \$14.18 124 PAULSON, JESSICA PRODUCTION 2080 1/12/00 NO NO NO NO NO NO NO NO NO \$2.59 \$8.00 ✓ \$10.59 125 PAULSON, MICHAEL LINE LEADER 2080 1/24/00 NO YES YES YES YES \$2.68 \$8.00 ✓ \$10.68 126 PETERSON, SCOTT MO 2080 10/19/98 NO YES YES YES YES YES \$2.68 \$9.50 ✓ \$10.68 126 PETERSON, SCOTT MO 2080 10/19/98 NO YES YES YES YES YES \$2.80 \$9.25 ✓ \$12.80 127 PETERSON, SHANTILLE MO 2080 1/19/98 NO YES YES YES YES YES \$2.80 \$9.25 ✓ \$12.05 128 PHOMSOUKHA, DAVIVANH PRODUCTION 2080 8/23/99 NO YES YES YES YES YES \$2.59 \$8.00 ✓ \$10.59 129 PHOMSOUKHA, PHET MO 2080 10/11/99 NO YES YES YES YES YES \$2.59 \$8.00 ✓ \$10.59 131 PIERCE, LARRY MATERIAL HANDLER 2080 11/22/00 NO NO NO NO NO NO NO NO YES \$2.50 \$8.00 ✓ \$10.59 131 PIERCE, LARRY MATERIAL HANDLER 2080 11/22/00 NO NO NO NO NO NO NO NO NO NO NO NO NO	440 1151 0011115	0001/010										
118 O'HARRA, MARJORIE PRODUCTION 2080 10/9/00 NO NO NO NO NO NO \$2.59 \$8.00 \$10.59 \$10.59 \$19.00 O'HARRA, MICHEAL PRODUCTION 2080 10/16/00 NO NO NO NO NO NO NO \$2.59 \$8.00 \$10.59 \$10.5												
119 O'HARRA, MICHEAL PRODUCTION 2080 10/18/00 NO NO NO NO NO NO \$2.59 \$8.00 / \$10.59												
120 OHARRA, RICHARD												
121 OLSEN,DEBRA MO 2080 1/19/98 NO YES YES YES YES \$2.80 \$9.50 / \$12.30 122 OLSON MATHEW MAINT 2080 7/17/00 NO YES YES YES NO YES \$4.17 \$13.00 / \$17.17 123 OWENS, KATHLEEN PIZZA LINE LEADER 2080 1/19/98 NO YES YES YES YES YES \$2.68 \$11.50 / \$14.18 124 PAULSON, JESSICA PRODUCTION 2080 11/20/00 NO NO NO NO NO NO NO												
123 OWENS, KATHLEEN PIZZA LINE LEADER 2080 1/19/98 NO YES YES YES YES \$2.68 \$11.50 \$14.18 124 PAULSON, JESSICA PRODUCTION 2080 11/20/00 NO NO NO NO NO NO NO	121 OLSEN,DEBRA											
124 PAULSON, JESSICA PRODUCTION 2080 11/20/00 NO NO NO NO NO NO \$2.59 \$8.00 / \$10.59												
125 PAULSON, MICHAEL LINE LEADER 2080 1/24/00 NO YES YES YES YES \$2.68 \$8.00 7 \$10.68 126 PETERSON, SCOTT MO 2080 10/19/98 NO YES NO NO YES \$2.80 \$10.00 7 \$12.80 127 PETERSON, SHANTILLE MO 2080 1/19/98 NO YES YES YES YES \$2.80 \$9.25 7 \$12.05 128 PHOMSOUKHA, DAVIVANH PRODUCTION 2080 8/23/99 NO YES YES YES YES \$2.80 \$9.25 \$10.59 129 PHOMSOUKHA, PHET MO 2080 10/11/99 NO YES YES YES \$2.80 \$8.00 7 \$10.59 130 PHOMSOUKHA, NOBCHAY PRODUCTION 2080 7/12/99 NO YES YES NO YES \$2.59 \$8.00 7 \$10.59 131 PIERCE, LARRY MATERIAL HANDLER 2080 11/22/00 NO NO NO NO NO NO \$2.76 \$8.00 7 \$10.76 \$10												
126 PETERSON, SCOTT MO 2080 10/19/98 NO YES NO NO YES \$2.80 \$10.00 / \$12.80												
120 PETERSON, SHANTILLE												
128 PHOMSOUKHA, DAVIVANH PRODUCTION 2080 8/23/99 NO YES YES YES YES \$2.59 \$8.00 \$\frac{1}{2}\$ \$10.59												
129 PHOMSOUKHA,PHET MO 2080 10/11/99 NO YES YES NO YES \$2.80 \$8.00 ✓ \$10.80 130 PHOMSOUKHA,XOBCHAY PRODUCTION 2080 7/12/99 NO YES YES NO YES \$2.59 \$8.00 ✓ \$10.59 131 PIERCE, LARRY MATERIAL HANDLER 2080 11/22/00 NO NO NO NO NO \$2.76 \$8.00 ✓ \$10.76						YES						
130 PHOMSOUKHA,XOBCHAY PRODUCTION 2080 7/12/99 NO YES YES NO YES \$2.59 \$8.00 / \$10.59 \$131 PIERCE, LARRY MATERIAL HANDLER 2080 11/22/00 NO NO NO NO NO \$2.76 \$8.00 / \$10.76						YES			YES	\$2.80	\$8.00 ✓	\$10.80
TOTAL COLL DATE.		PRODUCTION	2080		NO	YES	YES		YES			
132 PINK,SEAN MO 2080 5/1/00 NO YES NO NO YES \$2.80 \$9.25 V \$12.05	131 PIERCE, LARRY	MATERIAL HANDLER										
	132 PINK,SEAN	MO	2080	5/1/00	NO	YES	NO	NO	YES]	\$2.80	\$9.25 ✓	\$ 12.05

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134	IMMIKEZ,SAMUAL	PRODUCTION	2080	1/19/00	NO	YES	NO	NO	YES	\$2.59	\$8.00	\$10.59
135	RETTTERATH, JENNIFER	PRODUCTION	2080	7/31/00	NO	YES	YES	NO	YES	\$2.59	\$8.00	\$10.59
136	RILES,HEATHER	COOK	2080	9/8/99	NO	YES	YES	YES	YES	\$2.84	\$9.75 ~	\$12.59
137	ROGERS, SHIRLEY	INV.CNTRL.CLK	2080	9/8/99	NO	YES	YES	NO	YES	\$2.93	\$11.95 ~	\$14.88
138	ROTHSTEIN, DONNA	PRODUCTION	2080	8/23/99	NO	YES	YES	NO	YES	\$2.59	\$8.00 🗸	\$10.59
	SAYLES, JEFF	1ST SUPEVISOR	2080	1/19/98	NO	YES	YES	YES	YES	\$5.07	\$18.26 6	\$23.33
140	SCHROEDER, DOUG	2ND MAINT.SUPER	2080	1/19/98	NO	YES	YES	NO	YES	\$4.77	\$14.42 V	\$19.19
	SCHULTZ,ANDREA	QC TECH	2080	3/20/00	NO	YES	YES	YES	YES	\$2.69	\$8.75	\$11.44
142		SCHEDULER	2080	3/17/99	NO	YES	YES	YES	YES	\$4.11	\$26.44	\$30.55
	SERVIN, CHARLES	PRODUCTION	2080	5/30/00	NO	YES	YES	NO	YES	\$2.59	\$8.00 ~	\$10.59
	SHAW,SHARLYN	LINE LEADER	2080	3/2/99	NO	YES	YES	NO	YES	\$2.68	\$8.00 🗸	\$10.68
	SHEELY,BARBARA	PRODUCTION	2080	1/19/98	NO	YES	YES	YES	YES	\$2.59	\$8.00	\$ 10.59
	SHOOP,BRIAN	COOK	2080	10/18/98	NO	YES	YES	YES	YES	\$2.84	\$10.25 🗸	\$13.09
	SHOOP,ERIC	3RD SUPER	2080	1/19/98	NO	YES	YES	YES	YES	\$5.07	\$14.42 🗸	\$19.49
	SHOOP,PHYLLS	PREBATCH	2080	1/19/98	NO	YES	YES	YES	YES	\$2.72	\$9.50	\$12.22
	SINGLETON, ELIZABETH	PRODUCTION	2080	9/25/00	NO	YES	NO	NO	YES	\$2.59	\$8.00 ✓	\$10.59
	SLEZAK, HOLLY	PRODUCTION	2080	10/26/00	NO	NO	NO	NO	NO	\$2.59	\$8.00 /	\$10.59
	SMITH,KIM	ACCOUNTING	2080	11/2/98	NO	YES	NO	NO	YES	\$4.56	\$10.50 /	\$15.06
	SON,TRAN	PRODUCTION	2080	8/10/99	NO	YES	NO	NO	YES	\$2.59	\$8.00 ✓	\$10.59
	SQUIER, CORY	MATERIAL HANDLER	2080	3/13/00	NO	YES	YES	YES	YES	\$2.76	\$9.00 /	\$11.76
	SRISOMPHAU, SAURAT	PRODUCTION	2080	10/6/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
	STEIR,ERIK STRICKER, ANDREA	PRODUCTION	2080	4/18/00	NO	YES	YES	NO	YES	\$2.84	\$8.00	\$10.84
	SUESS, BRYAN	SALES	2080 2080	10/31/00	NO NO	NO	NO	NO	NO	\$2.59	\$8.00 ✓	\$10.59
	TABOR LARRY	LINELEADER	2080	5/15/00 7/24/00	NO NO	YES	YES NO	YES NO	YES	\$5.71	\$21.63 \$9.25	\$27.34 \$14.02
	TABOR, CRAIG	PRODUCTION	2080	11/2/00	NO	YES NO	NO	NO	YES NO	\$2.68 \$2.59	\$9.25 \$8.00	\$11.93 \$10.59
	TAMKE,MARY	PRODUCTION	2080	9/23/98	NO	YES	YES	YES	YES	\$2.59	\$8.00 ×	\$10.59
	TAYLOR, TERRI	INV. CONTROL CLK.	2080	3/17/99	NO	YES	YES	YES	YES	\$2.93	\$12.00 v	\$14.93
	THACKERAY, JASON	MAINT.	2080	1/19/98	NO	YES	NO	YES	YES	\$4.17	\$14.00	\$18.17
	THATCHER, JEANNE	QC QC	2080	2/24/99	NO	YES	NO	NO	YES	\$4.17	\$11.50	\$16.45
	THATCHER, JEFF	VICE PRES.	2080	1/19/98	NO	YES	YES	YES	YES	\$10.17	\$48.07	\$58.24
	Thatcher, Molly	office pt	2080	6/12/00	NO	YES	NO	NO	YES	\$2.55	\$6.00	\$8.55
	THOMSON, DAVID	PRODUCTION	2080	11/2/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
	THORPE, CORA	COOK	2080	1/19/98	NO	YES	YES	YES	YES	\$2.84	\$10.75	\$13.59
	THORPE,PAT	PROJECT MAN.	2080	1/19/98	NO	YES	YES	YES	YES	\$6.67	\$21.63	\$28.30
	THURMOND, MARCUS	PRODUCTION	2080	11/20/00	NO	NO	NO	NO	NO	\$2.59	\$8,00	\$10.59
	TIEGS, CATHY	PRODUCTION	2080	12/13/99	NO	YES	NO	NO	YES	\$2,59	\$8.00 ✓	\$10.59
	TILLMAN, TAMMY	PRODUCTION	2080	9/27/99	NO	YES	YES	NO	YES	\$2.59	\$8.00 ✓	\$10.59
	TISCHER,KIM	ACCOUNTING	2080	1/19/98	NO	YES	YES	YES	YES	\$4.56	\$14.42	\$18.98
173		WHS.MAN,	2080	9/7/99	NO	YES	YES	YES	YES	\$4.54	\$26.44 ✓	\$30.98
174	TOWERS, MARYANNA	PRODUCTION	2080	10/31/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
	TRYTTEN, PEGGY	PRODUCTION	2080	10/19/98	NO	YES	NO	NO	YES	\$2.59	\$9.00 ✓	\$11.59
	TRYTTEN,RYAN	PRODUCTION	2080	3/13/00	NO	YES	YES	NO	YES	\$2.59	\$9.00 V	\$11.59
177	TUCKER, TODD	PRODUCTION	2080	11/22/00	NO	NO	NO	NO	NO	\$2.59	\$8.00 🗸	\$10.59
178	TURNER,MARIE	PREBATCH	2080	1/19/98	NO	YES	YES	YES	YES	\$2.72	\$8.00 ~	\$10.72
179	UNDERDAHL, JEREMY	MO	2080	1/19/98	NO	YES	YES	YES	YES	\$2.80	\$9.75	\$12.55
	VANSABBEN,MARY	PRODUCTION	2080	7/21/99	NO	YES	YES	NO	YES	\$2.59	\$8.00 /	\$10.59
	VIETOR, JONATHON	MAINT.	2080	2/15/98	NO	YES	YES	YES	YES	\$4.17	\$16.00	\$20.17
	VOONG, MENH	PRODUCTION	2080	10/23/00	NO	NO	NO	NO	NO	\$2.59	\$8.00	\$10.59
	WADDLEY, ANALISA	PRODUCTION	2080	10/31/00	NO	NO	NO	NO	NO	\$2.59	\$7.50	\$10.09
	WEIS,BRANDON	SANITATION	2080	3/20/00	NO NO	YES	YES	NO NO	YES	\$2.77	\$8.70 ~	\$11.47
	WEIS,MIKE	SANITATION	2080	1/10/00	NO	YES	NO VES	YES	YESYES	\$2.77 \$2.59	\$8.00	\$11.47
	WENZEL, RODNEY	PRODUCTION	2080	1/24/00	NO	YES NO	YES NO	NO	NO	\$2.59 \$2.59	\$8.00 ✓	\$10.59 \$10.59
18/	WHELAN, RYAN	PRODUCTION	2080	11/20/00	NO	YES	YES	YES	YES	\$2.59 \$4.54	\$17.30	\$21.84
	WHITE,GARY	WHS.MANAGER	2080	4/30/98	NO	YES	YES	NO	YES	\$4.77	\$18.75	\$23.52
	WICHMAN.TOM WILLMERT,DEBRA	MAINT.SPR PRODUCTION	2080 2080	11/30/99 12/20/99	NO NO	YES	YES	NO	YES	\$4.7 \$2.59	\$8.00 <	\$23.52 \$10.59
	WOOD.ROBERT	MATERIAL HANDLER	2080	8/18/99	NO	YES	YES	YES	YES	\$2.76	\$9.55	\$10.39
	WROLSON,MARK	SANITATION	2080	1/19/98	NO	YES	YES	NO	YES	\$2.77	\$10.50	\$13.27
	WYTASKE,DAVE	MAINT.	2080	9/9/99	NO	YES	YES	NO	YES	\$4.17	\$11.00 🗸	\$15.27 \$15.17
	YOCUM.SHELLEY	OFFICE	2080	7/24/00	NO	YES	NO	NO	YES	\$2.55	\$9.00	\$11.55
	ZAPATA.JAMIE	PRODUCTION	2080	1/19/98	NO	YES	YES	YES	YES	\$2.59	\$8.50	\$11.09
	ZAPATA, JAWIE ZAPATA, ROSIE	PRODJPREBATCH	2080	1/19/98	NO	YES	NO	YES	YES	\$2.72	\$8.75	\$11.47
	- " / I/J/1001L											\$11.09
1971	ZIRERT I ANA	PRODUCTION I	2080 4	1/19/98 I	NO I	YES I	NO I	TES I	YES	1 362.59 1	38,30 1/1	3011.09
	ZIBERT,LANA ZIBERT,WILL	PRODUCTION MO	2080 2080	1/19/98 1/19/98	NO NO	YES YES	NO YES	YES	YES YES	\$2.59 \$2.80	\$8.50 V \$10.00 V	\$12.80

(Please return by April J. 1999)
RECEIVED MAY 1 & 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name					
Barnesville	EDA	Karen Lau	er				
3. Agency street address		4. City					
PO BOX 550		Barnesvill	e				
5. Zip code	6. Phone number (area code)	8. Type of government agency					
56514	(218) 354-2145 7. Fax number (area code)	CityCounty	RegionalState				
J05	(218)354-7600	Other (Please indicate)					
9. Name of business receiving		10. Industry of recipient (SIC code)					
DMT Prop	erties	5541					
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)				
TIF		Tax Increment Financing Dist No. 1-4					
13. Date of business assistance agreement 5/15/98	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance Max, principal a mont				
J1 \ \ \ \ \ \ \ \		12/28/98	\$100,000				

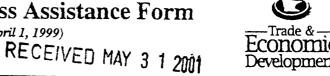
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for	business receiving	assistance	18. Average hourly wage level goals for business receiving					
6 FT	,7 PT		assistance		\$5	5.50		
19. Actual jobs created s	ince business receive	ed assistance	20. Actual ave	erage hourl	y wage paid to empl	oyees hired since		
7 FT,	13 PT		business received assistance \$6.00					
Goals of business receiving number of employees at corresponding benefit levels.	each wage level and	1	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)					
21. Job Creation	22. Hourly Value		on .	Hourly Wage	24. Hourly Value			
7 11 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Level	of Voluntary			Level	of Voluntary		
Full-time Part-time	(excl benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)		
4 /	less than \$7.00		_ <u>S</u>	13	less than \$7.00	.20		
	\$7.00 to \$7.99				\$7.00 to \$7.99			
	\$8.00 to \$9.99		· · ·		\$8.00 to \$9.99			
	\$10.00 to \$11.99				\$10.00 to \$11.99			
2	\$12.00 and higher		2		\$12.00 and higher	<u>.80</u>		
If necessary, please attac	h additional docume	entation.	If necessary, please attach additional documentation.					

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
March 29, 1998	March 29, 1998
27. Have all wage and job goals been achieved? XYes — do	
□ No — please submit the 2000 Minnesota Business Assistance For	

(Please return by April 1, 1999)



MINHEOU

Please complete lines 1 through 16 for all agreements.

<u> </u>			JUI BEVEOPHER
1. Funding government agency name		2. Contact name	
Benton County		Nancy Hoffman	
3. Agency street address		4. City	
P.O. Box 129		Foley	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
56329	320/968-5071	G: X G	
	7. Fax number (area code)	City X_County	_RegionalState
	320/968-5329	Other (Please indicate)_	
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)
TLC Univer	situ	Child Car	28351
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)
Loan			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was	assistance
9/12/9/	9/17/9/	placed in service	\$85,000
	1 111 1110		
	ned between July 1, 1995 and Do 8 and future years, please comp		es 17 through 20. For
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage leve	l goals for business receiving
11		assistance	-
7		6.25	
19. Actual jobs created since t	•	20. Actual average hourly was business received assistant	ge paid to employees hired since
8 Full time	-/8 part time	business received assistant	
Goals of business receiving as	sistance: (Please indicate	Actual performance since proj	ect placed in service: (Please
number of employees at each		indicate number of employees	at each wage level and indicate
corresponding benefit level.)		the corresponding benefit leve	
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value
Full-time Part-time (ex-	Level of Voluntary cl. benefits) Benefits (\$)	Full-time Part-time (exc	Level of Voluntary cl. benefits) Benefits (\$)
	s than \$7.00	1 0	s than \$7.00
	00 to \$7.99		00 to \$7.99
	00 to \$9.99		00 to \$9.99
\$10.00 to \$11.99			0.00 to \$11.99
\$12.00 and higher			2.00 and higher
If necessary, please attach additional documentation. If necessary, please attach additional documentation.		litional documentation.	
Please complete lines 25 throu	igh 27 for all agreements.		
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ness Assistance Form completed
3/19/99	6	5/22/01	
27. Have all wage and job go	als been achieved? Yes — do	not submit future forms for this	project.
No — please submit the 2000 Minnesota Business Assistance Form.			

(Please return by April 1, 1999)



Please complete lines 1 throug	h 16 for all agreements. RE	CEIVED MAY 3 1 20	11 ECONOMIC Development
1. Funding government agency	name	2. Contact name	
Benton County		Nancy Hoffman	
3. Agency street address		4. City	
P.O. Box 129		Foley	
5. Zip code	6. Phone number (area code)	8. Type of government agency	,
56329	320/968-5071		
	7. Fax number (area code)	City X CountyRegionalState	
	320/968-5329	Other (Please indicate)_	
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)
Bauerly Brothers,	Inc.	Highway Cosntruc	tion
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	
Tax Increment Fi	nancing	 District #1 - Bauer	ly Bros.
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was	assistance
10/31/97	12/15/00	placed in service	#17C 000
		1997	\$176,000
17. Job creation goals for busi 10 19. Actual jobs created since l		18. Average hourly wage leve assistance \$14.43	ge paid to employees hired since
Goals of business receiving as number of employees at each corresponding benefit level.)	wage level and indicate the	the corresponding benefit leve	s at each wage level and indicate el.)
	Level of Voluntary		burly Wage 24. Hourly Value Level of Voluntary
Full-time Part-time (ex	,		· · ·
les	s than \$7.00	less	s than \$7.00
\$7.	.00 to \$7.99	\$7.	.00 to \$7.99
\$8.	.00 to \$9.99	\$8.	.00 to \$9.99
\$10	0.00 to \$11.99	4 \$10	0.00 to \$11.99
\$12.00 and higher		12	2.00 and higher
	necessary, please attach additional documentation. If necessary, please attach additional documentation		-
Please complete lines 25 thro	ugh 27 for all agreements.	•	
	job creation levels documented	26. Date this Minnesota Busin	ness Assistance Form completed
	5-10-01	5/29/01	
27. Have all wage and job go	als been achieved? Xes — do	o not submit future forms for this ase submit the 2000 Minnesota	

(Please return by April 1, 1929) RECEIVED MAY 3 1 2001



Please complete lines 1 through	n 16 for all agreements.		Development
1. Funding government agency name		2. Contact name	
Benton County		Nancy Hoffman	
3. Agency street address		4. City	
P.O. Box 129		Foley	
5. Zip code	6. Phone number (area code)	8. Type of government agenc	у .
56329	320/968-5071	a. X	
	7. Fax number (area code)	City X County	_RegionalState
	320/968-5329	Other (Please indicate)	
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)
Engel Metall	urgical	Metalurgica	
11. Type of assistance (e.g. loa	n, TIK grant, infrastructure, etc.)	12. Name of TIF district (if ap	pplicable)
Loan			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
12/04/98	12/4/95/	1099	80,000
F	1	21 1007	15.1 1.00 F
For assistance agreements sign agreements signed during 1998	ned between July 1, 1995 and De 8 and future years, please compl	ecember 31, 1997, complete it lete lines 21 through 24.	nes 17 through 20. For
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage leve	el goals for business receiving
11		assistance	^3
19. Actual jobs created since b	nucina a macived assistance		23 Ige paid to employees hired since
19. Actual jous created since t	dusitiess received assistance	business received assistar	(
Goals of business receiving as			ject placed in service: (Please
number of employees at each corresponding benefit level.)	wage level and indicate the	the corresponding benefit lev	s at each wage level and indicate
	urly Wage 22. Hourly Value	. •	ourly Wage 24. Hourly Value
	Level of Voluntary		Level of Voluntary
Full-time Part-time (exc	cL benefits) Benefits (\$)	Full-time Part-time (ex	xcl. benefits) Benefits (\$)
	than \$7.00	les	ss than \$7.00
\$7.0	00 to \$7.99	\$7	.00 to \$7.99
\$8.6	00 to \$9.99	\$8	3.00 to \$9.99
\$10).00 to \$11.99	\$1	0.00 to \$11.99
\$12.00 and higher		<u> </u>	2.00 and higher
If necessary, please attach add	litional documentation.	If necessary, please attach additional documentation.	
Please complete lines 25 throu			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busi	iness Assistance Form completed
3/19/99 5/25/21		/z)	
27. Have all wage and job goo	als been achieved? Yes — do	not submit future forms for this se submit the 2000 Minnesot	
		De Striffit die 2000 Millineson	2 - Julion Panistance Put III.

(Please return by April 1, 1999). RECEIVED INC. 6 7 2001



Please complete lines 1 through	n 16 for all agreements.		Development	
1. Funding government agency	name	2. Contact name		
Benton County		Nancy Hoffman		
3. Agency street address		4. City		
P.O. Box 129		Foley		
5. Zip code 56329	6. Phone number (area code) 320/968-5071 7. Fax number (area code) 320/968-5329	8. Type of government agence City X County City Therefore indicates	_RegionalState	
9. Name of business receiving		Other (Please indicate) 10. Industry of recipient (SIC		
	Ly Ormered Cors n, JF, grant, infrastructure, etc.)			
Loan			_	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance	
12131 196	1 3 3 96	1997	140,000	
agreements signed during 199	ned between July 1, 1995 and Do 8 and future years, please comp	lete lines 21 through 24.		
17. Job creation goals for busi	ness receiving assistance	 Average hourly wage lev assistance 	el goals for business receiving	
8		7	.50	
19. Actual jobs created since b	ousiness received assistance	20. Actual average hourly wage paid to employees hired sir business received assistance		
Goals of business receiving as number of employees at each corresponding benefit level.)			oject placed in service: (Please es at each wage level and indicate vel.)	
21. Job Creation Ho	ourly Wage 22. Hourly Value Level of Voluntary cL benefits) Benefits (\$)	23. Job Creation H Full-time Part-time (e	Iourly Wage 24. Hourly Value Level of Voluntary excl. benefits) Benefits (\$)	
less	s than \$7.00 00 to \$7.99	$\frac{2}{2} = \frac{2}{s}$ le	ss than \$7.00 7.00 to \$7.99	
	0.00 to \$9.99		8.00 to \$9.99 10.00 to \$11.99	
\$12.00 and higher			12.00 and higher	
If necessary, please attach add	ditional documentation.	If necessary, please attach ac	dditional documentation.	
Please complete lines 25 thro	ugh 27 for all agreements.			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Bus	siness Assistance Form completed	
11/15/	3/19/99	9 3/19/19 5/25/01		
27. Have all wage and job go	als been achieved? XYes — do	o not submit future forms for the ase submit the 2000 Minneson	nis project. ta Business Assistance Form.	

1999 Minnesota Business A

(Please return by April 1,



ss Assistance Form	
pril 1, 1999) RECEIVED MAY 3 1 2001	Economic Development
2. Contact name	

Please complete lines 1 through	16 for all agreements.	, L. 1 L. 1 (M): U 1 2	Development Development
1. Funding government agency name		2. Contact name	
Benton County		Nancy Hoffman	
3. Agency street address		4. City	
P.O. Box 129		Foley	
5. Zip code 56329	6. Phone number (area code) 320/968-5071 7. Fax number (area code)	8. Type of government agency — City X County Regional State	
	320/968-5329	Other (Please indicate)_	
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)
St. Cloud Tire	n, TIF, grant, infrastructure, etc.)	Tire Service	2 7534
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)
Loan			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance
12126175	12/26/195	1776	1130,000
	ned between July 1, 1995 and De 8 and future years, please comp		nes 17 through 20. For
17. Job creation goals for busi	ness receiving assistance		el goals for business receiving
9		assistance 9.27	
19. Actual jobs created since b	ousiness received assistance	20. Actual average hourly was business received assistant 10.00	ge paid to employees hired since
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since pro	oject placed in service: (Please sat each wage level and indicate rel.)
-	uriy Wage 22. Hourly Value Level of Voluntary	. •	ourly Wage 24. Hourly Value Level of Voluntary
Full-time Part-time (exc	cL benefits) Benefits (\$)	Full-time Part-time (ex	xcl. benefits) Benefits (\$)
	than \$7.00		ss than \$7.00
\$7.	00 to \$7.99		7.00 to \$7.99
	00 to \$9.99		3.00 to \$9.99 <u>T4.00</u>
\$10	0.00 to \$11.99	\$1	.0.00 to \$11.99
\$12.00 and higher		<u> </u>	2.00 and higher 6-10
If necessary, please attach add	litional documentation.	If necessary, please attach additional documentation.	
Please complete lines 25 throu			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busi	iness Assistance Form completed
3/19/199		5/16/01	
27. Have all wage and job goo	als been achieved? Yes — do	not submit future forms for this ase submit the 2000 Minnesot	
			•

This form replaces all previous forms. Please complete one form for each business assistance agreement your

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

RECEIVED MAY 1 1 2001 1999 Minnesota Business Assistance Form

Trade & —
Economic
Development

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

1. Funding government agency	/ name	2. Contact name		
CITY OF BRAINERD		THERESA A. GOBLE		
3. Agency street address		4. City		
501 LAUREL STRE	RET	BRAINERD MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
5. 55 _	(218)828-2307	,	i	
56401	7. Fax number (area code)	X City County	RegionalState	
	, ,	Out of the state of	1	
	(218)828-2316	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	xode)	
BRAINERD MOBIL		GAS SERVICE STA	ATION	
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
	•	1.	1	
REVOLVING FUND		N/A	· · · · · · · · · · · · · · · · · · ·	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
11/16/98	3/30/99	7/1/99	\$50,000	
			<u> </u>	
	ned between July 1, 1995 and De 8 and future years, please comp		es 17 through 20. For	
• •	- ·			
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level assistance	goals for business receiving	
		assistance		
19. Actual jobs created since b	nainers mesived againtmes	20. Actual arrespondents upon	e paid to employees hired since	
19. Actual joos created since t	dusiness received assistance	business received assistant		
		Duminous received againment	~	
Goals of business receiving as	sistance: (Please indicate	Actual performance since proj	ect placed in service: (Please	
number of employees at each	wage level and indicate the		at each wage level and indicate	
corresponding benefit level.)		the corresponding benefit leve	4.)	
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
`	cl. benefits) Benefits (\$)	•	cl. benefits) Benefits (\$)	
less	than \$7.00	less	than \$7.00	
\$7.0	00 to \$7.99	\$7.0	00 to \$7.99	
\$8.	00 to \$9.99	\$8.	00 to \$9.99	
\$10	0.00 to \$11.99	\$10	0.00 to \$11.99	
\$12.00 and higher		\$12	2.00 and higher	
If necessary, please attach additional documentation. If necessary, please attach additional documentation.		litional documentation.		
Please complete lines 25 throu	ugh 27 for all agreements	<u> </u>		
-	job creation levels documented	26 Date this Missands David	ness Assistance Form completed	
23. Last uate actual wage and	Joo escanon is sens morningillen	20. Date this Minitesora Dusii	rese vasitative totili combiered	
3/30/01		5/7/		
27. Have all wage and job gos	als been achieved? XYes — do			
	∐ No — ple	ase submit the 2000 Minnesota	Business Assistance Form.	

RECEIVED MAY 1 1 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name		
CITY OF BRAINERD		THERESA A. GOBLE		
3. Agency street address		4. City		
501 LAUREL ST	REET	BRAINERD MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
56401	(218) 828-2307 7. Fax number (area code)	X CityCountyRegionalState		
	(218)828-2316	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
BORDEN STEINBAU	ER KRUEGER	PROFESSIONAL LAW	OFFICE	
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)	
REVOLVING FUND LOAN		N/A		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building) 16. Dollar value of busin machinery/etc.) was assistance		
10/6/97	3/1/98	placed in service 3/1/98 \$25,800		
	Ψ23,000			

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

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance					
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired sir business received assistance		yees hired since			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate corresponding benefit level.)		•			
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	Level of V		24. Hourly Value of Voluntary Benefits (\$)	
		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		<u>3</u>		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary,	olease attac	h additional docume	ntation.	If necessary,	please attacl	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
5/3/01	5/7/01		
27. Have all wage and job goals been achieved?	17 Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.		

RECEIVED MAY 1 1 2001

2. Contact name

THERESA A. GOBLE

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

CITY OF BRAINERD

1. Funding government agency name

3. Agency street address		4. City	
501 LAUREL STREET		BRAINERD MN	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
J. Zap vouc	(218) 828-2307	or Type of government agency	
56401	7. Fax number (area code)	X CityCounty	RegionalState
30.102	(218) 828-2316	Other (Please indicate)	
9. Name of business receiving		10. Industry of recipient (SIC o	
MERIDAN PRO	PERTIES	RETAIL - DRUG ST	ORE
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)
TAY THOUTH	INT FINANCING	4-9	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was	assistance
5/19/99	(ANTICIPATED) 8/1/01	placed in service	
J/ 1 J/ J J	0/1/01	5/3/00	\$250,000
For assistance agreements sig	ned between July 1, 1995 and De	ecember 31, 1997, complete lin	es 17 through 20. For
	98 and future years, please comp		-
17. Job creation goals for bus	iness receiving assistance	18. Average hourly wage level	goals for business receiving
		assistance	
	· · · · · · · · · · · · · · · · · · ·		
19. Actual jobs created since	business received assistance	20. Actual average hourly wag business received assistance	e paid to employees hired since
		business received assistant	•
Goals of business receiving a	ssistance: (Please indicate	Actual performance since proje	ect placed in service: (Please
number of employees at each		1	at each wage level and indicate
corresponding benefit level.)		the corresponding benefit leve	1.)
21. Job Creation H	ourly Wage 22. Hourly Value	1	urly Wage 24. Hourly Value
Dall die Des dies (-	Level of Voluntary	l	Level of Voluntary
•	ccl. benefits) Benefits (\$)	Full-time Part-time (exc	· .
	ss than \$7.00		than \$7.00
_2 \$7	.00 to \$7.99	<u>2</u> \$7.0	00 to \$7.99
\$8	.00 to \$9.99	\$8.0	00 to \$9.99
\$1	0.00 to \$11.99	\$10	0.00 to \$11.99
\$1	2.00 and higher	\$12	2.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
Please complete lines 25 thro	ugh 27 for all agreements.		
25. Last date actual wage and job creation levels documented 26. Date this Mir		26. Date this Minnesota Busin	ess Assistance Form completed
5/9/0	I	5/9/0	1
27. Have all wage and job go	pals been achieved? Wes — do		
		ase submit the 2000 Minnesota	
	revious forms. Please complet		

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

00-1063

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through	gh 16 for all agreements.	ECEIVED JUN 1 2001	Development
1. Funding government agenc	y name	2. Contact name	
City of Bree 3. Agency street address	ry Point	Vicki Willer	
3. Agency street address		4. City	
8319 Co. Rd. 11		Breezy Point, M.	ω
5. Zip code	6. Phone number (area code)	8. Type of government agency	
	218-562-4441	∠CityCountyRegio	mal State
56472	7. Fax number (area code)		
	218-562-4486	Other (Please indicate)	
9. Name of business receiving		10. Industry of recipient (SIC code)	
Breezy Point	Sports		
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable	e)
TIF		1-1 - Arena	
13. Date of business	14. Date assistance first		Dollar value of business
assistance agreement	provided	l 18	ssistance
12-30 00	5-31-99	placed in service	20,000,00

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

	·	•	· _ ·				
17. Job creation	on goals for	business receiving	assistance			level goals for busi	ness receiving
30	FTE	- w/in =	years	assislance	\$ 700	/hr.	
19. Actual job	s created si	nce business receive	d assistance		~ .	wage paid to empl	oyees hired since
	7			business r	eccived ass		
	ployees at a	ng assistance: (Pleas each wage level and rel.)			er of emplo	e project placed in so byees at each wage l t level.)	
21. Job Creati		Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (\$)	ruu-time	Part-time	(excl. benefits)	Benefits (S)
30		less than \$7.00		-7		less than \$7.00	
30		\$7.00 to \$7.99				\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9,99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
lf necessary, p	olease attacl	h additional docume	ntation.	If necessary,	olease attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
12-31-00	5-31-01
27. Have all wage and job goals been achieved? \(\sum \text{Ycs} \to \text{do} \) \(\sum \text{No} \to \text{ple} \)	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

RECEIVED JUN 1 2001

00-1062

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. I MIGHTE BOLCHBUCH CPAIN	Funding government agency name		2. Contact name	
City of A	Breezy Pant	Vicki Willer		
3. Agency street address 8319 Co.	Ad. 11	4. City Breezy Po,		
5. Zip code	6. Phone number (area code)	8. Type of government agenc	у	
6-1.15	318-562-4441 7. Fax number (area code)	CityCounty _	RegionalState	
54472	218-562-4486	Other (Please indicate)		
9. Name of business receiving	assistanœ	10. Industry of recipient (SIC	code)	
Whitebirch	Inc			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)	
TIF		1-1-01	lubhouse	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
5-31-1996	8-1-1998	placed in service 7 - 1997	400,02000	
	ned between July 1, 1995 and De	-	nes 17 through 20. For	
agreements signed during 1990	8 and future years, please comp	lete lines 21 through 24.		
17. Job creation goals for busing			el goals for business receiving	
		18. Average hourly wage level	el goals for business receiving	
	ness receiving assistance	18. Average hourly wage level assistance 20. Actual average hourly wage	NA ge paid to employees hired since	
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage level assistance 20. Actual average hourly was business received assistant	MA ge paid to employees hired since	
17. Job creation goals for busing 19. Actual jobs created since b	ness receiving assistance	18. Average hourly wage level assistance 20. Actual average hourly was business received assistant 7.896 pt	ge paid to employees hired since	
17. Job creation goals for busin	ness receiving assistance nusiness received assistance sistance: (Please indicate	18. Average hourly wage level assistance 20. Actual average hourly was business received assistant 7.80 Actual performance since pro	ge paid to employees hired since lice HE	
17. Job creation goals for busin 19. Actual jobs created since by Goals of business receiving as number of employees at each vicorresponding benefit level.) 21. Job Creation Ho	ness receiving assistance nusiness received assistance sistance: (Please indicate	18. Average hourly wage level assistance 20. Actual average hourly was business received assistance. 7.09/1/ Actual performance since proindicate number of employee the corresponding benefit level. 23. Job Creation	ge paid to employees hired since lice HE	
17. Job creation goals for busin 19. Actual jobs created since by Goals of business receiving as number of employees at each vacorresponding benefit level.) 21. Job Creation Ho	ness receiving assistance ousiness received assistance sistance: (Please indicate wage level and indicate the ourly Wage 22. Hourly Value	20. Actual average hourly was business received assistance 7.09/pr Actual performance since proindicate number of employee the corresponding benefit lev 23. Job Creation H	ge paid to employees hired since lice life Ar- peet placed in service: (Please s at each wage level and indicate el.) peet placed in service: (Please s at each wage level and indicate el.) peet placed in service: (Please s at each wage level and indicate el.)	
17. Job creation goals for busing 19. Actual jobs created since by Goals of business receiving as number of employees at each corresponding benefit level.) 21. Job Creation How Full-time Part-time (exception)	ness receiving assistance ousiness received assistance sistance: (Please indicate wage level and indicate the ourly Wage 22. Hourly Value Level of Voluntary	18. Average hourly wage level assistance 20. Actual average hourly was business received assistanth 7.80 kg. Actual performance since proindicate number of employees the corresponding benefit level 23. Job Creation H. Full-time Part-time (example)	ge paid to employees hired since lice piect placed in service: (Please is at each wage level and indicate el.) ourly Wage Level of Voluntary Benefits (S) is than \$7.00	
17. Job creation goals for busing 19. Actual jobs created since by Goals of business receiving as number of employees at each corresponding benefit level.) 21. Job Creation How Full-time Part-time (exceedings)	ness receiving assistance nusiness received assistance sistance: (Please indicate wage level and indicate the aurly Wage 22. Hourly Value Level of Voluntary Benefits (\$)	18. Average hourly wage level assistance 20. Actual average hourly was business received assistant 7.00/kg. Actual performance since proindicate number of employee the corresponding benefit level 23. Job Creation H. Full-time Part-time (co	ge paid to employees hired since lice Head Arguer Specific Sp	
17. Job creation goals for busing 19. Actual jobs created since by Total goals of business receiving as number of employees at each a corresponding benefit level.) 21. Job Creation How Full-time Part-time (exceedings)	ness receiving assistance susiness received assistance sistance: (Please indicate wage level and indicate the arrly Wage 22. Hourly Value of Voluntary El benefits) than \$7.00	18. Average hourly wage level assistance 20. Actual average hourly was business received assistant 7.00/kg. Actual performance since proindicate number of employee the corresponding benefit level 23. Job Creation H Full-time Part-time (conditions)	ge paid to employees hired since lice piect placed in service: (Please is at each wage level and indicate el.) ourly Wage Level of Voluntary Benefits (S) is than \$7.00	
17. Job creation goals for busing 19. Actual jobs created since by Tools of business receiving as number of employees at each corresponding benefit level.) 21. Job Creation How Full-time Part-time (exceedings) St. 1. S	ness receiving assistance rusiness received assistance sistance: (Please indicate wage level and indicate the rurly Wage 22. Hourly Value of Voluntary El benefits) than \$7.00 00 to \$7.99	18. Average hourly wage level assistance 20. Actual average hourly was business received assistant 7.89/h Actual performance since proindicate number of employee the corresponding benefit level 23. Job Creation H Full-time Part-time (company) State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 23. Job Creation H Solution State of the corresponding benefit level 24. Job Creation H Solution State of the corresponding benefit level 24. Job Creation H Solution State of the corresponding benefit level 24. Job Creation H Solution State of the corresponding benefit level 24. Job Creation H Solution State of the corresponding benefit level 24. Job Creation H Solution State of the corresponding benefit level 24. Job Creation H Solution State of the corresponding benefit level 24. Job Creation H Solution State of the corresponding benefit level 24. Job Creation State of the corresponding benefit level 24. Job Creation State of the corresponding benefit level 24. Job Creation State of the corresponding benefit level 24. Job Creation State of the corresponding benefit level 24. Job Creation State of the corresponding benefit level 24. Job Creation State of the corresponding benefit level 24. Job C	ge paid to employees hired since get placed in service: (Please s at each wage level and indicate el.) ourly Wage 24. Hourly Value of Voluntary Benefits (S) st than \$7.00 .00 to \$7.99	
17. Job creation goals for busing 19. Actual jobs created since by Goals of business receiving as number of employees at each corresponding benefit level.) 21. Job Creation How Full-time Part-time (exceeding the part-time) St. 10. St. 1	ness receiving assistance sistance: (Please indicate wage level and indicate the urly Wage	18. Average hourly wage level assistance 20. Actual average hourly was business received assistanth 7.80/kg. Actual performance since proindicate number of employees the corresponding benefit level 23. Job Creation H Full-time Part-time (example) S7 S8 S1	ge paid to employees hired since lice liper placed in service: (Please s at each wage level and indicate el.) ourly Wage Level ct. benefits) st than \$7.00 1.00 to \$7.99 1.00 to \$9.99	
17. Job creation goals for busing 19. Actual jobs created since by Goals of business receiving as number of employees at each corresponding benefit level.) 21. Job Creation How Full-time Part-time (exceeding the part-time) St. 10. St. 1	ness receiving assistance susiness received assistance sistance: (Please indicate wage level and indicate the arriy Wage	18. Average hourly wage level assistance 20. Actual average hourly was business received assistanth 7.80/kg. Actual performance since proindicate number of employees the corresponding benefit level 23. Job Creation H Full-time Part-time (example) S7 S8 S1	ge paid to employees hired since lice life life life life life life life lif	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
1-1-01	5-25501
27. Have all wage and job goals been achieved? ☐ No — ple	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

00-1064

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)
RECEIVED JUN

Trade & —

Economic

Development

Please complete lines 1 through 16 for all agreements.

		3.6-4-1	
1. Funding government agency	name	2. Contact name	
City of Breezy Point		Vicki Willer	_
3. Agency street address	•	4. City	
8319 Co. Rd. 11		Breezy Point	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
56472	218-562-4441 7. Fax number (area code) 218-562-4486	City CountyOther (Please indicate)_	State
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)
Breezy Point		,	
11. Type of assistance (e.g. load	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)
TIF		1-2 Lodget	
13. Date of business assistance agreement	14. Date assistance first provided 2 - 00	15. Date project (building/machinery/etc.) was placed in service 7-/-00	16. Dollar value of business assistance 985,000
assistance agreement	provided	machinery/etc.) was placed in service	assistance

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

17. Job creation goals for	business receiving	assistance	18. Average h	ourly wage	level goals for busi	ness receiving
			assistance		-	
20				900	n 200	/
19. Actual jobs created si	nce business receive	ed assistance	20. Actual ave	rage hourly	wage paid to empl	ovees hired since
Not get due		business n	eceived assi	istance	,	
		not yet due				
Goals of business receiving	•				project placed in se	
number of employees at	_	indicate the			oyees at each wage l	evel and indicate
corresponding benefit lev	el.)		the correspond	ding benefit	t level.)	
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
	Level	of Voluntary			Level	of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99		·		\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
Machae	\$10.00 to \$11.99				\$10.00 to \$11.99	
<u>k</u>	\$12.00 and higher				\$12.00 and higher	
If necessary, please attacl	h additional docume	ntation.	If necessary, [lcase attacl	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
NA	5-31-01
	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 2001)



RECEIVED APR 0 1 280

1. Funding government agency name Brooklyn Park Economic Development Authority 3. Agency street address 5200 - 85 th Avenue North		2. Contact name Theresa Freund, Economic Development		
		5. Zip Code	6. Phone number 763-493-8059	8. Type of government agency
55443	7. Fax number 763-493-8171	City		
9. Name of business receiving assistance AQE Park Limited		10. Industry of recipient (SIC c 3564	ode)	
11. Type of assistance		12. Name of TIF district (if appl	licable)	
TIF		Economic Developmen	t District #15	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service	16. Dollar value of business assistance	
11/24/98	8/1/01	9/22/99	\$96,000	
16	usiness receiving assistance	assistance. 1½ times Fede		
	e business received assistance	20. Actual average hourly wages paid to employees hired since business received assistance		
40 (as of 3/1/01)	-	See Questions 23 & 24	below.	
Goals of business receiving number of employees at eac corresponding benefit level.	h wage level and indicate the	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job creation Hourly Wage Level of Voluntary Full-time Part-time (excl. benefits) less than \$7.00		23. Job Creation Hourly Wage Le (excl. benefits) less than \$7.00 \$7.00 to \$8.99 3 \$9.00 to \$10.99 11 \$11.00 to \$12.99 9 \$13.00 to \$14.99 17 \$15.00 & higher	Benefits (\$) \$0.00 \$0.00 \$1.65 \$9.45 \$5.99	
If necessary, please attach a	dutional documentation	17 \$15.00 & higher lf necessary, please attach addit		
Please complete lines 25 th	rough 27 for all agreements			
25. Last date actual wage and job creation levels documented. Has until October 31, 2001 to achieve employment covenant.		26. Date this Minnesota Busine April 1, 2001	ss Assistance Form completed.	
27. Have all wage and job g	oals been achieved?	■ Yes - do no submit future form □ No.	ns for this project	

8.E.H 81101

(Please return by April 1, 2001)

00-0366 Economic Development

RECEIVED APR 0 1 2001

1. Funding government agency name Brooklyn Park Economic Development Authority		2. Contact name Theresa Freund, Econo		
3. Agency street address 5200 - 85 th Avenue N	North	4. City Brooklyn Park		
5. Zip Code	6. Phone number 763-493-8059	8. Type of government agency		
55443	7. Fax number 763-493-8171	City		
9. Name of business receiving assistance Duke Realty Investments, Inc. Crossroads North Business Center 1		10. Industry of recipient (SIC c 1500 & 5942	ode)	
11. Type of assistance TIF		12. Name of TIF district (if apple Economic Developmen		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building machinery/ etc.) was placed in service	16. Dollar value of business assistance	
10/20/97	8/1/00	7/31/98	\$517,000.00	
	signed between July 1, 1995 and future years, please cor	and December 31, 1997, complet nplete lines 21 through 24.	e lines 17 through 20. For	
17. Job creation goals for b	usiness receiving assistance	18. Average hourly wage level gassistance. Agreement and 160% above the Feder	01110	
19. Actual jobs created since business received assistance 211		20. Actual average hourly wages paid to employees hired since business received assistance See Questions 23 & 24 below.		
Goals of business receiving number of employees at each corresponding benefit level.	h wage level and indicate the	Actual performance since project indicate number of employees a the corresponding benefit level.	t each wage level and indicate	
21. Job creation Hourly Wage Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 & higher If necessary, please attach additional documentation		23. Job Creation Hourly Wage Level Full-time (excl. benefits) 0 less than \$7.00 1 \$7.00 to \$8.99 29 \$9.00 to \$10.99 26 \$11.00 to \$12.99 29 \$13.00 to \$14.99 126 \$15.00 & higher If necessary, please attach addit	\$2.00 \$2.00	
Please complete lines 25 th	rough 27 for all agreements	T		
25. Last date actual wage an documented 4/1/99	d job creation levels	26. Date this Minnesota Busine April 1, 2001	ss Assistance Form completed.	
27. Have all wage and job go	pals been achieved?	■ Yes - do no submit future for □ No.	ms for this project	

(Please return by April 1, 2001)

00-0367

Economic Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Brooklyn Park Economic Development Authority		2. Contact name Theresa Freund, Econo	omic Development	
3. Agency street address 5200 - 85 th Avenue North		4. City Brooklyn Park		
5. Zip Code	6. Phone number 763-493-8059	8. Type of government agency		
55443	7. Fax number 7763-493-8171	City		
9. Name of business receiving assistance Duke Realty Investments, Inc. Crossroads North Business Center 2		10. Industry of recipient (SIC c 1500, 2000 & 3500	ode)	
11. Type of assistance TIF		12. Name of TIF district (if appl Economic Developmen		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building machinery/ etc.) was placed in service	16. Dollar value of business assistance	
11/20/97	8/1/00	7/31/98	\$235,000	
17. Job creation goals for 39	ousiness receiving assistance	18. Average hourly wage level gassistance. Agreement amo	goals for business receiving \$7.73 ended from 150% to \$7.73 minimum wage.	
	ce business received assistance	†	minimum wage. es paid to employees hired since	
144		See Questions 23 & 24	below.	
	g assistance: (Please indicate ch wage level and indicate the l.)	Actual performance since proje indicate number of employees a the corresponding benefit level.	it each wage level and indicate	
21. Job creation Hourly Wage Level of Voluntary Full-time Part-time (excl. benefits) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 & higher If necessary, please attach additional documentation		23. Job Creation Hourly Wage Le Full-time (excl. benefits) 0 less than \$7.00 0 \$7.00 to \$8.99 14 \$9.00 to \$10.99 28 \$11.00 to \$12.99 15 \$13.00 to \$14.99 87 \$15.00 & higher If necessary, please attach addit	Benefits (\$) \$0.00 \$0.00 \$2.80 \$2.80 \$2.80 \$2.80	
Please complete lines 25 t	hrough 27 for all agreements			
25. Last date actual wage and job creation levels documented		26. Date this Minnesota Busine	ess Assistance Form completed.	
4/1/99		April 1, 2001		
27. Have all wage and job goals been achieved?		■Yes - do no submit future form □ No.	ns for this project	

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

00-0368

8/1/01

Economic Development

(Please return by April 2001)

(Please return by April 2001)

APR 0 7 2001 Please complete lines 1 through 16 for all agreements. 2. Contact name 1. Funding government agency name **Brooklyn Park Economic Development** Authority Theresa Freund, Economic Development 3. Agency street address 5200 - 85th Avenue North **Brooklyn Park** 5. Zip Code 6. Phone number 8. Type of government agency 763-493-8059 7. Fax number 55443 City 7763-493-8171 9. Name of business receiving assistance 10. Industry of recipient (SIC code) **Duke Realty Investments, Inc. Crossroads North Business Center 3** 11. Type of assistance 12. Name of TIF district (if applicable) TIF **Economic Development District #18** 13. Date of business 14. Date assistance first 15. Date project (building 16. Dollar value of business provided machinery/ etc.) was placed in assistance agreement assistance service 7/99 10/1/98 8/1/00 \$182,000 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 18. Average hourly wage level goals for business receiving \$773 S.F.H 17. Job creation goals for business receiving assistance assistance. Agreement amended from 150% to 160% above the Federal minimum wage. 30 19. Actual jobs created since business received assistance 20. Actual average hourly wages paid to employees hired since business received assistance. Has until April 30, 2001 to achieve See Ouestion 25 below. employment covenant. Goals of business receiving assistance: (Please indicate Actual performance since project placed in service: (Please number of employees at each wage level and indicate the indicate number of employees at each wage level and indicate corresponding benefit level.) the corresponding benefit level.) 21. Job creation Hourly Wage 22. Hourly Value 23. Job Creation 24. Average Hourly Hourly Wage Level Level of Voluntary Value of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) Full-time (excl. benefits) Benefits (\$) less than \$7.00 less than \$7.00 \$7.00 to \$7.99 \$7.00 to \$8.99 \$8.00 to \$9.99 \$9.00 to \$10.99 \$10.00 to \$11.99 \$11.00 to \$12.99 \$12.00 & higher \$13.00 to \$14.99 If necessary, please attach additional documentation \$15.00 & higher If necessary, please attach additional documentation. Please complete lines 25 through 27 for all agreements 25. Last date actual wage and job creation levels 26. Date this Minnesota Business Assistance Form completed. documented. Has until April 30, 2001 to **April 1, 2001** achieve employment covenant. ☐ Yes - do no submit future forms for this project 27. Have all wage and job goals been achieved?

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

Economic

(Please return by April 1, 2001)

RECEIVED APR 2 2 2001 Development Please complete lines 1 through 16 for all agreements. 1. Funding government agency name 2. Contact name Brooklyn Park Economic Development Authority Theresa Freund, Economic Development 3. Agency street address 4. City 5200 - 85th Avenue North **Brooklyn Park** 5. Zip Code 6. Phone number 8. Type of government agency 763-493-8059 7. Fax number 55443 City 763-493-8171 9. Name of business receiving assistance 10. Industry of recipient (SIC code) Duke Realty Investments, Inc. **Crossroads North Business Center 5** 11. Type of assistance 12. Name of TIF district (if applicable) TIF **Economic Development District #18** 13. Date of business 14. Date assistance first 15. Date project (building 16. Dollar value of business provided machinery/ etc.) was placed in assistance assistance agreement service 7/30/99 8/1/01 4/00 \$451,000 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 18. Average hourly wage level goals for business receiving 7.73 17. Job creation goals for business receiving assistance 811101 assistance. Agreement amended from 150% to 160% above the Federal minimum wage. 75 19. Actual jobs created since business received assistance 20. Actual average hourly wages paid to employees hired since business received assistance Has until December 31, 2001 to achieve See Ouestion #19. employment covenant. Goals of business receiving assistance: (Please indicate Actual performance since project placed in service: (Please number of employees at each wage level and indicate the indicate number of employees at each wage level and indicate corresponding benefit level.) the corresponding benefit level.) 24. Average Hourly 21. Job creation 22. Hourly Value 23. Job Creation Hourly Wage of Voluntary Hourly Wage Value of Level Full-time Part-time (excl. benefits) Benefits (\$) Level Voluntary less than \$7.00 Full-time (excl. benefits) Benefits (\$) less than \$7.00 \$7.00 to \$7.99 \$7.00 to \$8.99 \$8.00 to \$9.99 \$9.00 to \$10.99 \$10.00 to \$11.99 \$11.00 to \$12.99 \$12.00 & higher \$13.00 to \$14.99 If necessary, please attach additional documentation \$15.00 & higher If necessary, please attach additional documentation. Please complete lines 25 through 27 for all agreements 25. Last date actual wage and job creation levels 26. Date this Minnesota Business Assistance Form completed. documented. Has until December 31, 2001 April 1, 2001 to achieve employment covenant. 27. Have all wage and job goals been achieved? □ Yes - do no submit future forms for this project ⊠ No.

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

(Please return by April 1, 2001)

Trade 00-0371 Economic Development

8/1101

Please complete lines 1 through 16 for all agreements. 1. Funding government agency name 2. Contact name **Brooklyn Park Economic Development** Authority Theresa Freund, Economic Development 3. Agency street address 5200 - 85th Avenue North **Brooklyn Park** 5. Zip Code 6. Phone number 8. Type of government agency 763-493-8059 7. Fax number 55443 City 763-493-8171 9. Name of business receiving assistance 10. Industry of recipient (SIC code) Duke Realty Investments, Inc. **Crossroads North Business Center 7** 11. Type of assistance 12. Name of TIF district (if applicable) TIF **Economic Development District #18** 13. Date of business 14. Date assistance first 15. Date project (building 16. Dollar value of business assistance agreement provided machinery/ etc.) was placed in assistance service 10/1/98 8/1/01 7/00 \$598,000 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 18. Average hourly wage level goals for business receiving \$7.73 17. Job creation goals for business receiving assistance assistance. Agreement amended from 150% to 100 160% above the Federal minimum wage. 19. Actual jobs created since business received assistance 20. Actual average hourly wages paid to employees hired since business received assistance Has until April 30, 2001 to achieve See Ouestion #19. employment covenant. Goals of business receiving assistance: (Please indicate Actual performance since project placed in service: (Please number of employees at each wage level and indicate the indicate number of employees at each wage level and indicate the corresponding benefit level.) corresponding benefit level.) 21. Job creation 22. Hourly Value 23. Job Creation 24. Average Hourly Hourly Wage Hourly Wage Level of Voluntary Value of Full-time Part-time (excl. benefits) Benefits (\$) Level Voluntary (excl. benefits) less than \$7.00 Full-time Benefits (\$) \$7.00 to \$7.99 less than \$7.00 100 \$8.00 to \$9.99 \$7.00 to \$8.99 \$10.00 to \$11.99 \$9.00 to \$10.99 \$12.00 & higher \$11.00 to \$12.99 If necessary, please attach additional documentation \$13.00 to \$14.99 \$15.00 & higher If necessary, please attach additional documentation. Please complete lines 25 through 27 for all agreements 25. Last date actual wage and job creation levels 26. Date this Minnesota Business Assistance Form completed. documented. Has until April 30, 2001 to April 1, 2001 achieve employment covenant. 27. Have all wage and job goals been achieved? ☐ Yes - do no submit future forms for this project No.

■ No.

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

Economic Development

(Please return by April 1, 2001)

RECEIVED APR 8 1, 2001 Please complete lines 1 through 16 for all agreements.

ncy name nomic Development	2. Contact name Theresa Freund, Econo	omic Development		
3. Agency street address 5200 - 85 th Avenue North				
6. Phone number 763-493-8059	8. Type of government agency			
7. Fax number 763-493-8171	City			
ng assistance vestors, LLP	10. Industry of recipient (SIC c	ode)		
	12. Name of TIF district (if appl	icable)		
	Economic Developmen	t District #15		
14. Date assistance first provided	15. Date project (building/machinery/etc.) was	16. Dollar value of business assistance		
8/1/01	2/16/01 Certificate of Completion	\$119,000		
		es 17 through 20. For		
17. Job creation goals for business receiving assistance 20		18. Average hourly wage level goals for business receiving \$7.73 assistance. 1 ½ times Federal minimum wage		
e business received assistance	20. Actual average hourly wages paid to employees hired since business received assistance. \$20.16 / hour			
assistance: (Please indicate h wage level and indicate the)	Actual performance since project indicate number of employees a the corresponding benefit level.	t each wage level and indicate		
Wage 22. Hourly Value of Voluntary enefits) Benefits (\$) 1 \$7.00 \$7.99 \$9.99 10 \$11.99 \$ higher dditional documentation	23. Job Creation Hourly Wag Level Full-time Part-time (excl. benefing the less than \$7 to \$7.00 to \$7 to \$9 to \$9 to \$10.00 t	Value of Voluntary its) Benefits (\$) .00 \$0.00 .99 \$0.00 .99 \$0.00 11.99 \$2.68 igher \$5.90		
rough 27 for all agreements				
d job creation levels 8/31/02 to achieve	26. Date this Minnesota Busine April 1, 2001	ss Assistance Form completed.		
	North 6. Phone number 763-493-8059 7. Fax number 763-493-8171 Ing assistance Investors, LLP 14. Date assistance first provided 8/1/01 gned between July 1, 1995 and 1998 and future years, please usiness receiving assistance business received assistance assistance: (Please indicate the wage level and indicate the hold wage 22. Hourly Value of Voluntary Benefits) 157.00 157.99 199.99 20 \$11.99 22 higher 23 ditional documentation rough 27 for all agreements digob creation levels	A. City Brooklyn Park 6. Phone number 763-493-8059 7. Fax number 763-493-8171 Ing assistance Investors, LLP 10. Industry of recipient (SIC control of the place of the pla		

Fconomic Development

(Please return by April 1, 2001)

RECEIVED APR 0 12001 Please complete lines 1 through 16 for all agreements.

3. Agency street address 5200 - 85 th Avenue North	4. City Brooklyn Park 8. Type of government agency		
	9. Time of consument occurs.		
5. Zip Code 6. Phone number 612-493-8060	8. Type of government agency		
7. Fax number 612-493-8171	City		
9. Name of business receiving assistance Ryan Companies / Interstate Business	10. Industry of recipient (SIC code)		
Center II	5066 & 7372		
11. Type of assistance TIF	12. Name of TIF district (if applicable) #15		
13. Date of business assistance agreement 7-22-96 14. Date assistance first provided 8-1-98	15. Date project (building machinery/ etc.) was placed in service 3-28-97 16. Dollar value of busine assistance \$429,750	SS	
For assistance agreements signed between July 1, 19 agreements signed during 1998 and future years, please	95 and December 31, 1997, complete lines 17 through 20. For e complete lines 21 through 24.		
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance 7.73 9.5. # \$/11.01 1½ times Federal minimum wage		
19. Actual jobs created since business received assistar	20. Actual average hourly wages paid to employees hired since business received assistance \$18.19 / hr.		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job creation Hourly Wage Level of Voluntary Full-time Part-time (excl. benefits) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 & higher If necessary, please attach additional documentation	ue 23. Job Creation Hourly Wage Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) Standard Standar	_	
Please complete lines 25 through 27 for all agreemen	nts		
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form complet	ed.	
June 8, 1999	April 1, 2001		
27. Have all wage and job goals been achieved? ■ Ye	es - do no submit future forms for this project		

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

(Please return by April 1, 2001)

Trade & ___ Economic Development

Please complete lines 1 through 16 for all agreements.

1. Funding government ager Brooklyn Park Econ Authority	•	2. Contact name Theresa Freund, Econo	omic Development	
3. Agency street address 5200 - 85 th Avenue N	North	4. City Brooklyn Park		
5. Zip Code	6. Phone number 763-493-8059	8. Type of government agency		
55443	7. Fax number 763-493-8171	City		
9. Name of business received Technical Resin Pac	_	10. Industry of recipient (SIC c 5084 & 7389	ode)	
11. Type of assistance TIF		12. Name of TIF district (if appl Economic Developmen		
13. Date of business assistance agreement 10/3/97	14. Date assistance first provided 6/1/99	15. Date project (building machinery/ etc.) was placed in 9/29/98 16. Dollar value of busines assistance \$60,000		
	signed between July 1, 1995 and future years, please cor	and December 31, 1997, complete nplete lines 21 through 24.	e lines 17 through 20. For	
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance 7.75 g.F.H. BIII bl 1½ times Federal minimum wage		
	e business received assistance	20. Actual average hourly wages paid to employees hired since business received assistance \$12.00 / hour		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
	of Voluntary Benefits (\$) n \$7.00 0 \$7.99 0 \$9.99 to \$11.99 & higher	23. Job Creation Hobrly Wag Level Full-time Part-time (excl. benef less than \$7 \$7.00 to \$7 \$8.00 to \$9 \$10.00 to \$ \$12.00 & h If necessary, please attach addit	of Voluntary Benefits (\$) 2.00 .99 .99 11.99 igher	
Please complete lines 25 th	rough 27 for all agreements			
25. Last date actual wage ardocumented 8/31/00	nd job creation levels	26. Date this Minnesota Busine April 1, 2001	ess Assistance Form completed.	
27. Have all wage and job g	goals been achieved? ✓ Yes - ✓ ✓ No	do no submit future forms for this	project	

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

original survenived 5/4/01 L. I. H. 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

2. Contact name

Joyce Morinvilla, City Clark



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

3. Agency street address

City of Brooks

204 Hwy 59	5. P.O. Box 99	み	Brooks	>		
5. Zip code	6. Phone number	(area code)	8. Type of govern	nment agenc	y	
56715-0098	7. Fax number (a		X City	_County _	Regional	.State
	(218)698-	4320	Other (Ple	ase indicate)		
9. Name of business recei	ving assistance	1220	10. Industry of re	cipient (SIC	code)	
Paradis B						
11. Type of assistance (e.g	, loan, TIF, grant, infrast	ructure, etc.)	12. Name of TIF	district (if a	pplicable)	
TIF						
13. Date of business	14. Date assistant provided	ce first	 Date project (machinery/et 		16. Dollar va	lue of business
assistance agreement	3 •		placed in ser	•		
11-6-95	10/97		F		1390,	867.00
For assistance agreements signed between July 1, 1995 and D agreements signed during 1998 and future years, please comp 17. Job creation goals for business receiving assistance				ıgh 24.		
19. Actual jobs created since business received assistance			Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performation indicate number the corresponding	of employee	s at each wage le		
21. Job Creation Full-time Part-time	Hourly Wage 22 Level (excl. benefits)	. Hourly Value of Voluntary Benefits (\$)	23. Job Creation Full-time P		ourly Wage Level xcl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
run-tune ran-tune	less than \$7.00	Delicitis (3)	Tun-me 1	`	ss than \$7.00	Denema (#)
	\$7.00 to \$7.99				7.00 to \$7.99	
2	7-	.15	2	-	3.00 to \$9.99	41 K-
	\$10.00 to \$11.99				0.00 to \$11.99	
	\$12.00 and higher				2.00 and higher	
If necessary, please attach	-	ion	If necessary, ple		•	
			in necessary, pre-			
Please complete lines 25 t						
25. Last date actual wage	and job creation levels	documented	26. Date this Mi	nnesota Bus	iness Assistance	Form completed
		/				
27. Have all wage and job	goals been achieved?		not submit future ase submit the 200			tance Form.
This form replaces an agency signed between or used tax increment submitted form indic	en July 1, 1995 and L at financing. A form s	ease complete December 31, should be sul	e one form for e , 1998 which pro bmitted annually	ach busine ovided \$25, ov for each o	ss assistance a 000 or more in assistance agre	greement your public funds ement until a

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

(Please return by April 1, 1999)

UU1

Trade & Development

Please complete lines 1 through 16 for all agreements.	RECEIVED APR 0 1 2
1. Funding government agency name	2. Contact name

1. Funding government agency	name	2. Contact name			
Burnsville Economic	c Development				
Authority	•	Judy Tschumper			
3. Agency street address		4. Ciry			
City of Burnsville					
100 Civic Center Pa	arkway	Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436	V C	.		
	7. Fax number (area code)	X Ciry County _	_KegionalState		
	(612) 895-4453	Other (Please indicate)_			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Peter J. Smith		3845/3999			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		TIF District No. 1			
13. Date of business	14. Date assistance first	15. Date project (building)	16. Dollar value of business		
assistance agreement	provided	machinery/em.) was	assistance		
April 5, 1999	N/A	placed in service			

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

17. Job creation goals for business receiving assistance				level goals for busi	ness receiving	
16 new jobs by 8/1/03		assistance		al \$17.	.77/hr	
19. Acrual jobs created s	ince business receive	ed assistance			wage paid to empl	
19. Actual jobs created since business received assistance N/A				eceived assi		-
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			er of emplo	project placed in se byces at each wage l level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (S)		Part-time	(excl benefits)	Benefits (S)
	less than \$7.00		N/A_		less than \$7.00	
	\$7.00 to \$7.99				\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
8	\$10.00 to \$11.99	1.75			\$10.00 to \$11.99	
	\$12.00 and higher				\$12.00 and higher	
If necessary, please attack	h additional docume	ntation.	If necessary, p	lease attach	additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
N/A	March 30, 2001
27. Have all wage and job goals been achieved? Yes — do X No — ples	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 \$ 2001

1. Funding government agence	v name	2. Contact name		
Burnsville Economi				
Authority	c beveropient	Judy Tschumper		
3. Agency street address		4. City		
1		1		
City of Burnsville				
100 Civic Center P		Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	Y Circ Course	De l'ant de la	
	7. Fax number (area code)	X City County _	_KegionalState	
	(612) 895-4453	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Alan G. Ellingson	d/b/a Al's Cabinets	2434		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF/Infrastructure		TIF District No. 1		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
5/19/97	8/1/13	placed in service 4/98	\$98,200-\$42,960	

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

		6 25 70 table 12 see - 7	 		2005112-11		
17. Job creation goals for business receiving assistance		18. Average h		level goals for busi	ness receiving		
Ey 8/1/0	1 will	create 20 nev	w jobs	\$17.39/	nr. \$	36,162.00/anr	nual
19. Actual job	os created s	ince business receive	ed assistance		erage houri	wage paid to empl	oyees hired since
30				\$15.55/h		32,346	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			er of emplo	project placed in so byces at each wage l level.)			
21. Job Creati		Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (S)	Full-time	Part-time	(excl benefits)	Benefits (S)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			_N/A_	\$7.00 to \$7.99	
		\$8.00 to \$9.99		-		\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	lease attacl	n additional documen	ntation.	If necessary, p	olease attacl	additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form complete	
4/2000	3/30/2001	
	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.	

(Please return by April 1, 1999)

414	00-0316
_Tmda	7

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 2 2001

—Trade & —
Economic
Development

1. Funding government agency	v name	2. Contact name			
1		2 Condition			
Burnsville Economi	c Development				
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville		1			
100 Civic Center Pa	arkway	Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436				
, ,	7. Fax number (area code)	X CiryCountyRegionalState			
	7. Fax mimber (area code)				
	(612) 895-4453	Other (Please indicate)			
	1 (012) 023 1733	, , , , , , , , , , , , , , , , , , , ,			
9. Name of business receiving	```	10. Industry of recipient (SIC of	code)		
	assistance	10. Industry of recipient (SIC o	code)		
9. Name of business receiving Leeanndee Partne	assistance		code)		
	assistance ership	10. Industry of recipient (SIC o	·		
Leeanndee Partne	assistance ership	10. Industry of recipient (SIC of 1541) 12. Name of TIF district (if app	plicable)		
Leeanndee Partne	assistance ership	10. Industry of recipient (SIC of 1541	plicable)		
Leeanndee Partne	assistance ership	10. Industry of recipient (SIC of 1541) 12. Name of TIF district (if app	plicable)		
Leeanndee Partne 11. Type of assistance (e.g. loan TIF	assistance ership n. TIF, gram, infrastructure, esc.)	10. Industry of recipient (SIC of 1541) 12. Name of TIF district (if approximately 1154) TIF District No.	plicable)		
Leeanndee Partne 11. Type of assistance (e.g. load TIF 13. Date of business assistance agreement	assistance ership n. TIF, grant, infrastructure, etc.) 14. Date assistance first provided	10. Industry of recipient (SIC of 1541) 12. Name of TIF district (if appropriate to 15. Date project (building/machinery/etc.) was	plicable) 3 16. Dollar value of business		
Leeanndee Partne 11. Type of assistance (e.g. load TIF 13. Date of business	ership TF, grant, infrastructure, etc.) 14. Date assistance first	10. Industry of recipient (SIC of 1541) 12. Name of TIF district (if approximately 15. District No. 15. Date project (building)	plicable) 3 16. Dollar value of business		

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

					•		
17. Job creamon goals for business receiving assistance			18. Average b		level goals for busin	ess receiving	
13 new jobs by 8/1/03					1 \$16.44	/hr	
19. Actual jobs created since business received assistance			20. Acmal ave	rage hourly	y wage paid to emplo	yees hired since	
	N/A					N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creati		Hourly Wage Level	22. Hourly Value of Volumary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (S)	Full-time	Part-time	(excl benefits)	Benefits (S)
		less than \$7.00		N/A		less than \$7.00	
		\$7.00 to \$7.99				\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
<u>8</u>		\$10.00 to \$11.99	-1.50			\$10.00 to \$11.99	
5		\$12.00 and higher	2			\$12.00 and higher	
If necessary, p	lease anac!	additional documen	nation.	If necessary, p	lease attacl	andditional documen	acation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
N/A	March 30, 2001
27. Have all wage and job goals been achieved? ☐ Yes — do ☐ No — ple:	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

00-0317

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements. RECEIVED APR 0 1 2001

Economic
Development

1. Funding government agency	name	2. Contact name			
Burnsville Economic	c Development				
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center Pa	arkway	Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436	X City County	Designal State		
	7. Fax number (area code)		RegionalState		
	(612) 895-4453	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Asset Marketing De	velopment				
Associates, LLC	<u> </u>	5099/9801			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		TIF District No. 2			
13. Date of business	14. Date assistance first	15. Date project (building/ 16. Dollar value of busi			
assistance agreement	provided	machinery/etc.) was	assistance		
		placed in service			
9/18/95	12/27/95	9/12/96	\$1,376,838.00		

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

17. Job creation goals for business receiving assistance			18. Average i		level goals for bus	iness receiving	
By 10/1/	/98 wil	l add 50 new	jobs			\$31,099.0	00/Annual
19. Actual jobs created since business received assistance				erage hourl	y wage paid to emp	loyees hired since	
58			# IL .75	/hr.	\$34,857 /	Annual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creati		Hourly Wage Level	22. Hourly Value of Volumtary	1		Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (5)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
\$12.00 and higher \$12.00 and higher							
If necessary, p	lease attac!	h additional docume	ntation.	If necessary, p	olease attacl	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

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

Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name			
Burnsville Economic	c Development				
Authority	_	Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center Pa	arkway	Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436	34			
7. Fax number (area code)		X CityCountyRegionalState			
	(612) 895-4453	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Bluffs West Partne	ership	1541			
	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
			,		
TIF		TIF Soils District No. 3			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/exc.) was	⊱grzziztátuc≑		
9/3/95; Amended on		placed in service			
4/17/96 6/24/97 &	12/98	12/97 \$410,124			

12/18/97 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For

såreemenm aå	mea aurin	a 1229 and immie à	earz' biezze comb	iere imes 21 m	roogn 🧀		
17. Job creation	on goals for	r business receiving	essistance	18. Average b	ourly wage	level goals for busin	ess receiving
46 new jobs no later than 2 years			assistance				
after first date of assistance.			S8 59	/hr.	S17.870.00	/Annual	
		ince business receive		20. Actual ave	rage houri	y wage paid to emple	
		•			ectived assi		,
ר	7 jobs	•		\$ 50	3.24/h	r. \$48,34	5/ Annual
		ng assistance: (Pleas				project placed in se	
number of em	ployees at	each wage level and	indicate the			lyces at each wage le	evel and indicate
corresponding	, bezežit lev	rel.)		the corresponding benefit level.)			
21. Job Creati	on	Hourly Wage Level	22. Hourly Value of Voluntary	i		Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Pan-time	(excl benefits)	Benefits (S)	Full-time	Part-time	(excl benefits)	Benefits (S)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	lease attac	h additional docume	ntarion.	If necessary, p	olease attac	h additional docume	ntation

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
July - 2000	march 30, 2001
27. Have all wage and job goals been achieved? Yes — do	

00-0319

(Please return by April 1, 1999)
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Please complete lines 1 through 16 for all agreements.

1. Funding government agency	y name	2. Contact name			
Burnsville Economie	c Development				
Authority		Judy Tschumcer			
3. Agency street address		4. City			
City of Burnsville		i			
100 Civic Center P		Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436	V C:- 0			
	7. Fax number (area code)	X Ciry County	RegionalState		
	(612) 895-4453	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Bluffs West Partne	ership (II)	1541			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		TIF Soils District No. 3			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business		
assistance agreement	provided	machinery/etc.) was	assistance \$236,491		
6/17/96 Amended	12/98	placed in service			
12/18/97		12/98]		

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

17. Job creation goals for business receiving assistance Will create 30 new jcbs no later than			18. Average :		level goals for busin			
2 years after first assistance.				\$15.31	hr.	\$31,862	./ Annual	
19. Actual joi	os created si	ince business receive	d assistance			wage paid to emplo	yees hired since	
					eceived assi	istance .		
39				\$18,63		#38176		
		ng assistance: (Pleas		Actual perform	mance since	project placed in se	rvice: (Please	
number of em	ployees at	each wage level and	indicate the	indicate aumb	er of emplo	yees at each wage le	vel and indicate	
corresponding	benefit lev	/eL)		the correspon	ding benefit	: level.)		
21. Job Creati	on	Hourly Wage	22. Hourly Value	23. Job Creat	ion	Hourly Wage	24. Hourly Value	
		Level	of Volumnary			Level	of Voluntary	
Full-time	Part-time	(excl. benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Benefits (\$)	
		less than \$7.00				less than \$7.00		
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99		
		\$8.00 to \$9.99				\$8.00 to \$9.99		
		\$10.00 to \$11.99				\$10.00 to \$11.99		
		\$12.00 and higher				\$12.00 and higher		
If necessary, p	lease artac!	n additional documen	ntation.	If necessary, p	olease attac!	andditional documen	nution.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
July - 2000	march 30, 2001
	not submit future forms for this project.
✓ No — ple:	ase submit the 2000 Minnesota Business Assistance Form.



(Please return by April 1, 1999)

Economic Development

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 1 2001

1. Funding government agence	y name	2. Contact name				
Burnsville Economi	c Development					
Authority		Judy Tschumper				
3. Agency street address		4. City				
City of Burnsville						
100 Civic Center P	arkway	Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55337	(612) 895-4436	Y Circ Course	D 1 0 0 0			
	7. Fax number (area code)	X City County	_RegionalState			
	(612) 895-4453	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Burnsville Showca	se, LLP	5099				
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
TIF		Districts 1 and 2				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
7/7/97	N/A	placed in service				
	·	5/98 \$240,690.0				

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

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance				
By $8/1/01$ will add 20 new jobs.				\$13.40	/hr.	\$27,875.00)/Annual
19. Actual jobs created since business received assistance				erage hourly eccived ass	y wage paid to empl istance	oyees hired since	
N/A				N/A			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creati		Hourly Wage Level	of Voluntary	i		Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			-N/A	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	lease attacl	h additional documer	ntation.	If necessary,	olease attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels document	26. Date this Minnesota Business Assistance Form completed
N/A	March 30, 2001
27. Have all wage and job goals been achieved? ☐ Yes ☐ No -	 do not submit future forms for this project. please submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 9 2 2001

1. Funding government agency	name	2. Contact name				
Burnsville Economic						
Authority	-	Judy Tschumper				
3. Agency street address		4. City				
City of Burnsville	•					
100 Civic Center P	arkway	Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55337	(612) 895-4436	X CiryCountyRegionalState				
	7. Fax number (area code)	A CityCounty	KegionalState			
(612) 895–4453 Other (Please indicate)						
9. Name of business receiving	ame of business receiving assistance		ode)			
Consolidated Comp	uter Services, Inc.	3571				
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)			
TIF						
		TIF Soils District No. 3				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
10/19/98	N/A (8/1/01)	1999 S115,000.00				

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

-6	,	5 13 7 0 111 111 17					
17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance				
6 jobs	by $8/1/$	′02		\$18.87	/hr.		
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance				
N/A			!	N/A			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creati		Hourly Wage Level	22. Hourly Value of Voluntary	Le		Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (S)	run-ume	Part-time	(excl. benefits)	Benefits (S)
		less than \$7.00			N/A	less than \$7.00	N/A
		\$7.00 to \$7.99				\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
3		\$10.00 to \$11.99	1.0			\$10.00 to \$11.99	
3		\$12.00 and higher	2.0			\$12.00 and higher	
If necessary, p	lease attacl	n additional docume	ntation.	If necessary, p	olease attacl	n additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
4/2000	March 30, 2001
27. Have all wage and job goals been achieved? Yes — do	
l La No — ple	ase submit the 2000 Minnesota Business Assistance Form.

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

City's Criteria

#17 - 20

(Please return by April 1, 1999)

RECEIVED APR 0 1 2001

Trade & Economic Development

Please complete lines 1 through 16 for all agreements.

			-001			
1. Funding government agency	y name	2. Contact name				
Burnsville Economi	c Development					
Authority		Judy Tschumper				
3. Agency street address		4. City				
City of Burnsville		Į				
100 Civic Center P		Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agency	,			
55337	(612) 895-4436					
	7. Fax number (area code)	X Ciry County Regional State				
		Other (Please indicate)	i			
	(612) 895-4453					
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
		55.43				
Eastling Family P	artnership, Ltd.	5541				
11. Type of assistance (e.g. load	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
TIF	_	Districts 1 and 2				
13. Date of business	14. Date assistance first	15. Date project (building)	16. Doilar value of business			
assistance agreement	provided	machinery/em.) was	assistance			
	-11-	placed in service	1			
3/16/98	8/1/99	10/98 \$44,000.00				

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

		<u> </u>					
17. Job creation goals for business receiving assistance			essistance	18. Average hourly wage level goals for business receiving			
6 by 8/01/01				assistance \$17.06	/hr.	\$35,484.8	0/year
19. Actual jobs created since business received assistance			d assistance		rage hourly	wage paid to emplo	yees bired since
11 new	-			\$15.09		\$31,380.0	0/year
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation		Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (S)			Hourly Wage Level (excl benefits)	24. Hourly Value of Voluntary Benefits (S)
		less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
1		\$8.00 to \$9.99				\$8.00 to \$9.99	
5		\$10.00 to \$11.99 \$12.00 and higher	2			\$10.00 to \$11.99 \$12.00 and higher	
If necessary, p	lease anact	additional documen	ntation.	If necessary, please attach additional documentation.			ntation

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/1/99	Merch 30, 2001
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

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

#17 - 20 City's Reporting Criteria

(Please return by April 1, 1999)

RECEIVED APR 0 2 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	y name	2. Contact name			
Burnsville Economic	c Development				
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center P		Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436	V 6:- 6			
7. Fax number (area code)		X City County Regional State			
	(612) 895-4453	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)		
F.R. Acquisitions	s, Inc.	2047			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		TIF Soils District No. 3			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
7/17/95	12/07	placed in service \$173,449			
Amended 12/97	12/97	11/13/95			

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

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving				
By 12/99 will add 15 new jobs.			\$12.09		\$25,150.00	/Annual	
19. Actual job	s created s	ince business receive	d assistance	20. Actual av	erage houri	y wage paid to empl	oyees hired since
		114			eceived ass		
1	I new			5	12.19/1	r. \$25,3	66 /Annual
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				per of emplo	e project placed in se byces at each wage l t level.)		
21. Job Creati	on	Hourly Wage Level	22. Hourly Value of Voluntary			• •	24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	lease attac!	h additional docume	ntation.	If necessary,	please attacl	n additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
July - 2000	maveh 30, 2001
	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 12001

1. Funding government agency	name	2. Contact name			
Burnsville Economic	c Development				
Authority	_	Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center Pa		Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436	V 6:5. 65			
	7. Fax number (area code)	X City County	Regional State		
	(612) 895-4453	Other (Please indicare)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Paul F. Gonyea		6512/6531			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
		Districts 1 and 2			
TIF		TIF Soils District No. 3			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business		
assistance agreement provided		machinery/etc.) was assistance			
		placed in service			
10/7/96	 	8/5/97 \$267,328.00			

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

17. Job creation goals for business receiving assistance					level goals for bus	iness receiving	
By 8/1/0	l will	add 10 new j	jobs.	assistance \$19.54/	hr.	\$40,633.00	/Annual
19. Actual job	s created a		-			wage paid to emp	loyees hired since
14 jobs					eceived assi	\$ 39,808	Annual
	ployees at	ng assistance: (Pleas each wage level and rel.)			er of emplo	project placed in s expess at each wage t level.)	
21. Job Creati Full-time		Hourly Wage Level (excl benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	N/A	less than \$7.00 \$7.00 to \$7.99			N/A	less than \$7.00 \$7.00 to \$7.99	
		\$8.00 to \$9.99 \$10.00 to \$11.99				\$8.00 to \$9.99 \$10.00 to \$11.99	
If necessary, p	olease attac!	\$12.00 and higher hadditional docume	ntation.	If necessary,	olease attacl	\$12.00 and highe additional docum	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
April 2000	March 30, 2001
27. Have all wage and job goals been achieved? Yes — d	
⊠.No — ple	ease submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 1 2001

1. Funding government agency name			2. Contact name			
Burnsville Economi	_	ment	}			
Authority			Judy Tschumper			
3. Agency street address			4. City			
City of Burnsville			-			
100 Civic Center P			Burnsville			
5. Zip code		aber (area code)	8. Type of government agency	,		
55337	(612) 89	5-4436	X City County	Perional State		
	7. Fax number	er (area code)	county	_KegionaSate		
	(612) 895	5-4453	Other (Please indicate)			
9. Name of business receiving	assistance		10. Industry of recipient (SIC code)			
Paul Gonyea			1541			
11. Type of assistance (e.g. loa	n, TIF, grant, int	rastructure, etc.)	12. Name of TIF district (if applicable)			
TIF			Districts 1 and 2			
13. Date of business 14. Date assistance first			15. Date project (building/	16. Doilar value of business		
assistance agreement	provided		machinery/etc.) was	assistance		
4/20/98	8/1/	2000	placed in service \$84,000.00			
For assistance agreements signed between July 1, 1995 and D						

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

17. Job creation goals for business receiving assistance			18. Average h		level goals for bus	iness receiving
8 jobs by 8/	1/01	ı			\$33,150/Ar	nnual
19. Actual jobs create	d since business recor-	od assistan Re			y wage paid to emp	loyees hired since
	_			eceived ass	Rance	,
19 New Job			\$18.81		\$ 39,129	
	tiving assistance: (Plea at each wage level and level.)			er of emplo	e project placed in s byces at each wage it level.)	
21. Job Creation Full-time Part-dr	Hourly Wage Level ne (excl benefits)	22. Hourly Value of Voluntary Benefits (\$)			Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99		o) []		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	
8	\$12.00 and higher	2	1. CIB		\$12.00 and higher	
If necessary, please at	ach additional docume	ntation.	If necessary, p	lease attac!	n additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documen	nted 26. Date this Minnesota Business Assistance Form completed
April - 2000	March 30, 2001
27. Have all wage and job goals been achieved? Yes	do not submit future forms for this project please submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

RECEIVED APR 0 12001



Please complete lines 1 through 16 for all agreements.

	<u> </u>		Development		
1. Funding government agency	name	2. Contact name			
Burnsville Economic	c Development	·			
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center Pa	arkway	Burnsville	· ·		
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436	X CityCounty	Perional State		
	7. Fax number (area code)		State		
	(612) 895-4453	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Hoyt Properties,	Inc.	1541			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		TIF Soils Distri	ct No. 3		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
9/5/95 Amended		placed in service			
6/17/96 & 12/18/9	7 2/27/98	3/7/97 5203.184.00			
For assistance agreements sign	ed between July 1, 1995 and D		es 17 through 20. For		

17. Job creation goals for business receiving assistance			18. Average b		level goals for	business receiving	
By 2/27/00 will add 35 new jobs.					\$15,843	.00/Annual	
19. Actual job	os created si	ince business receive	d assistance				mployees hired since
					eccived ass		
., (o new	jobs	!		822.18	3/hr. \$	46, 144 / Annual
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			-	er of emplo	yees at each w	in service: (Please age level and indicate	
21. Job Creati	on	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creati	on	Hourly Wage Level	e 24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (S)	Full-time	Part-time	(excl benefits	Benefits (\$)
		less than \$7.00				less than \$7.0	0
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99	·
		\$8.00 to \$9.99				\$8.00 to \$9.99	·
		\$10.00 to \$11.99				\$10.00 to \$11	.99
		\$12.00 and higher				\$12.00 and hi	gher
If necessary, p	lease anac!	n additional documen	ntation.	If necessary, p	olease attacl	h additional doo	umentation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documen	ed 26. Date this Minnesota Business Assistance Form completed		
July - 2000	March 30, 2001		
	— do not submit future forms for this project.		
<u></u>	No — please submit the 2000 Minnesota Business Assistance Form.		

414

00-0327

—Trade & — Economic Development

(Please return by April 1, 1999)
RECEIVED APR 3 1 2001
Please complete lines 1 through 16 for all agreements.

		•	
name	2. Contact name		
c Development			
	Judy Tschumper		
	4. City		
arkway	Burnsville		
6. Phone number (area code)	8. Type of government agency	,	
55337 (612) 895-4436			
7. Fax number (area code)	A CityCommry	_RegionalState	
(612) 895-4453	Other (Please indicate)		
rezistance	10. Industry of recipient (SIC code)		
ncorporated	7389		
1, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
	District 1 and 2	?	
14. Dane assistance first	15. Date project (building)	16. Dollar value of business	
provided	machinery/em.) was	assistance	
8/1/00		\$586,000	
	7. Fax number (area code) (612) 895-4453 assistance incorporated a, TIF, grant, infrastructure, etc.) 14. Date assistance first provided	Judy Tschumper 4. City 6. Phone number (area code) (612) 895-4436 7. Fax number (area code) (612) 895-4453 2. CityCounty Other (Please indicate) 2. TIF, grant, infrastructure, etc.) 10. Industry of recipient (SIC of the composition of the project (if approvided	

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

17. Job creamon goals for business receiving assistance			18. Average :		level goals for busi	ness receiving	
25 new	jobs t	y 8/1/02		\$18.55			
19. Actual jobs created since business received assistance		 Actual average hourly wage paid to employees hired since business received assistance 			oyees hired since		
N/A				N/A			
Goals of business receiving assistance: (Please indicate member of employees at each wage level and indicate the corresponding benefit level.)		•	er of emplo	e project placed in se byces at each wage l t level.)			
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (S)	ry Level of Vo		24. Hourly Value of Voluntary Benefits (5)	
2 5 8 10		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	1.33 1.56 1.64 1.83	less than \$7.00 N/A \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher			
If necessary, p	lease anac!	additional documen	ration.	If accessary, p	lease attack	n additional docume	ntation

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
N/A	march 30, 2001			
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.			
N/A $N_Q = plex$	No — please submit the 2000 Minnesota Business Assistance Form.			

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

#17 - 20 City Criteria

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR : 1 2001

lopment				
	Judy Tschumper			
	4. City			
	Burnsville			
number (area code)	8. Type of government agency			
895-4436	Y City Courty	Designal State		
umber (area code)	recaycounty	Sate		
895-4453	Other (Please indicate)			
	10. Industry of recipient (SiC code)			
	6531/6411			
nt, infrastructure, etc.)	12. Name of TIF district (if applicable)			
	Districts 1 and 2			
assistance first	15. Date project (building) 16. Doilar value of business			
ided	•	assistance		
10/6/97 8/1/99				
1 199 !	6/98 \$56,400.00			
- i	mber (area code) 895–4453 It, infrastructure, etc.)	# City Burnsville Respondence (area code) 8 Type of government agency X CityCounty B95-4436 W CityCounty Other (Please indicate) 10. Industry of recipient (SiC of 6531/6411 It, infrastructure, etc.) 12. Name of TIF district (if appropriate to building/machinery/etc.) was placed in service 6/98		

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

					. . .		
17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance				
By 8/1/01 will add 8 new jobs				3/hr.	\$34,184/A	nnual	
19. Actual jobs created :			20. Actual ave	rage houri	wage paid to emplo	yees hired since	
đ					eceived ass		
8				\$19.6	6/hr.	4 40, 891	Annual
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)					
21. Job Creati	on	Hourly Wage Level	22. Hourly Value of Voluntary			24. Hourly Value of Voluntary	
Full-time	Part-time	(excl benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Beneūs (\$)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	lease attac!	h additional docume	ntation.	If necessary, p	olease attacl	n additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented		26. Date this Minnesota Business Assistance Form completed		
April - 2000		March 30, 2001		
	_	not submit future forms for this project. use submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED APR 0 \$2001

1. Funding government agency	name	2. Contact name			
Burnsville Economic	c Development				
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center P	arkway	Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436	X City County	Decional Sec-		
	7. Fax number (area code)	A CityCounty	KegionalState		
	(612) 895-4453	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Millpond Partners					
(Apothecary Produ		2834/3999/2671			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
•			-		
TIF		TIF District No. 4			
13. Date of business	14. Date assistance first	15. Date project (building/ 16. Dollar value of busines			
assistance agreement	provided	machinery/etc.) was	assistance		
10/6/97	8/1/99	placed in service 1998	\$1,210,000.00		

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

17. Job creation goals for business receiving assistance 20 new jobs in addition to 190			18. Average h		level goals for bu	siness receiving	
current employees by 2002			\$9.62/h	r.	\$20,000/Ann	ual	
19. Actual job	s created s	ince business receive	d assistance				ployees hired since
18 New jobs					hr. \$ 24,		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				er of emplo		service: (Please level and indicate	
21. Job Creati	on	Hourly Wage Level	22. Hourly Value of Voluntary	,		24. Hourly Value of Voluntary	
Full-time	Part-time	(excl benefits)	Benefits (\$)	Full-time	Part-time	(excL benefits)	Benefits (S)
	<u>-</u>	less than \$7.00				less than \$7.00	
	N/A_	\$7.00 to \$7.99			N/A_	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and highe	:r
If necessary, p	lease attacl	n additional docume	ntation.	If necessary,	please attaci	h additional docum	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
June - 2000	. March 30, 2001
27. Have all wage and job goals been achieved? \square Yes — do	not submit future forms for this project.
No — ple:	ase submit the 2000 Minnesota Business Assistance Form.

, 00-0330

(Please return by April 1, 1999)
RECEIVED APR (1, 2001

—Trade & — Economic Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agence	у пате	2. Contact name			
Burnsville Economi	c Development		{		
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center P	arkway	Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436	Y City County	Decised State		
	7. Fax number (area code)	K ChyCounty	CountyRegionalState		
	(612) 895-4453	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
MN Valley YMCA		7997			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
EDA Grant		Districts 1 and 2			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business		
assistance agreement provided		machinery/etc.) was	assistance		
		placed in service			
5/19/97	8/15/98	2/26/98	s50,000.00		

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

17. Job creation goals for business receiving assistance 32 New Jobs by 8/1/01			18. Average in assistance		level goals for busi	ness receiving	
				\$10.35	/hr.	\$21,525.00)/Annual
19. Actual jobs created since business received assistance					wage paid to empl	oyees hired since	
İ					eceived ass		_ ¬
103 Ne				\$8.54/	hr.	\$17,780/A	nnual
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				er of emplo	project placed in so byces at each wage l t level.)		
21. Job Creati Full-time		Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	1		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00	20 (0)			less than \$7.00	Benefit (4)
					N/ / 3		
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
\$12.00 and higher \$12.00 and higher							
If necessary, p	lease attacl	h additional docume	ntation.	If necessary, p	olease attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
-June-2000	March 30, 2001
27. Have all wage and job goals been achieved? Yes — do \(\subseteq \text{No} — \text{ple:}	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

Please complete lines 1 through 16 for all agreements.

			Development			
1. Funding government agence	y name	2. Contact name				
Burnsville Economi	c Development					
Authority		Judy Tschumper	ì			
3. Agency street address		4. City				
City of Burnsville						
100 Civic Center P	arkway	Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55337	(612) 895-4436	V 6: -				
	7. Fax number (area code)	X CityCountyRegionalState				
·	(612) 895-4453	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)			
Nicollet Cliff Car	mpany LLC	2521/2522/9801				
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)			
		Districts 1 and 2				
TIF		TIF Soils District No. 3				
13. Date of business	14. Date assistance first	15. Date project (building) 16. Doilar value of business				
assistance agreement	provided	machinery/etc.) was	assistance			
	8/1/99	placed in service				
9/2/97		1/26/98 \$193,808.00				

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

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance				
10 new jobs by 8/1/01			\$16.46	/hr.	\$34,242.00	/Annual	
19. Actual jobs created			20. Actual average hourly wage paid to employees hared since business received assistance				
14 new				\$18.73	/hr.	\$ 38,957	Annual
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (S)	run-ume	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, ple	ease attach	additional documen	ntation.	If necessary, p	olease attacl	n additional docume	ntation

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documen	d 26. Date this Minnesota Business Assistance Form completed		
May - 2000	March 30, 2001		
27. Have all wage and job goals been achieved? Yes -	? Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.		

#17 - 20

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade & — Economic Development

Please complete lines 1 through 16 for all agreements.	RECENTE (170 0 2 2001	Economic Development

1 1 2		2 Control com				
1. Funding government agence		2. Contact name				
Burnsville Economi	c Development					
Authority		Judy Tschumper				
3. Agency street address		4. City				
City of Burnsville						
100 Civic Center P	arkway	Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55337	(612) 895-4436					
	7. Fax number (area code)	X City County	RegionalState			
	(612) 895-4453	Other (Please indicate)				
9. Name of business receiving		10. Industry of recipient (SIC o				
9. Name of business receiving assistance		10. maisty of technical code)				
Powder Technology	LLP	1541				
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
m.r.		District 1 222				
TIF		Districts 1 and 2				
13. Date of business	14. Date assistance first	15. Date project (building)	16. Doilar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
	alilaa	placed in service				
2/17/98	01:111	8/98	\$105,840.00			

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

17. Job creation goals for business receiving assistance 4 jobs by 8/1/01		18. Average hourly wage level goals for business receiving assistance					
4 Jobs t	oà 8/1/	01		\$14.54			1
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since					
4 new jobs		business received assistance \$ 22.09					
	ployees at	ng assistance: (Pleas each wage level and rel.)			er of emplo	project placed in se byces at each wage le level.)	
21. Job Creation	on	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creat	on	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excL benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
		\$7.00 to \$7.99				\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
1		\$10.00 to \$11.99	1.74			\$10.00 to \$11.99	3.38
3		\$12.00 and higher	1.69	_3_		\$12.00 and higher	3.38
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.					

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
June-2000	March 39 2001			
27. Have all wage and job goals been achieved? XYes — d	1? XYes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.			

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name			
Burnsville Economic	c Development				
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center Pa		Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436	X City County	Pagional State		
	7. Fax number (area code)	<u> </u>	regionalane		
	(612) 895-4453	Other (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
Quality Ingredient		2099/9801			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		TIF District No. 1			
13. Date of business	14. Date assistance first	15. Date project (building)	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
		placed in service			
12/17/96	8/1/99	12/97	\$376,684.00		
For assistance agreements sign	or assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 30. For				

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

17 Joh creatie	on goals for	business receiving	assistance	18. Average	ourly wage	level goals for busi	ness receiving
17 Joh creation goals for business receiving assistance		assistance			200 (000, 115		
2 new :	jobs by	8/1/01	i	\$21.15	/hr.	\$44,000.00	/yr.
19. Actual job	os created		i	20. Actual ave	erage hour!	y wage paid to empl	oyees hired since
	10	nour doba		business :	eceived ass	istance	
_	_	new jobs	i	\$20.15/	hr'	\$41,9	925.93
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)					
21. Job Creati		Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (S)	Full-urae	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			_N/A_	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	lease attac!	h additional docume	ntation.	If necessary, ;	olease attacl	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

his Minnesota Business Assistance Form completed
future forms for this project. he 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

41NN - 00-03

Please complete lines 1 through 16 for all agreements.

RECEIVED /PR 9 2-2801

Econ	ie &
Econ	omic
Develo	pment

1. Funding government agency	y name	2. Contact name			
Burnsville Economic	c Development				
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center P		Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency	,		
55337	(612) 895-4436				
7. Fax number (area co		X City County	_RegionalState		
	(612) 895-4453	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
RDO Equipment Co.		3523/9801			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		Districts 1 and 2			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
		placed in service			
10/21/96	8/1/98	9/97	\$52,000.00		

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

17. Job crean	on goals for 72 reta	business receiving:	assistance 3/01	18. Average h		level goals for busi	ness receiving
6 New Jo	bs (Tot	al of 78) by	8/1/01	\$14.6	9/hr.	\$30,549.0	00/Annual
19. Actual jobs encoded as second decerved assistance				y wage paid to empl	oyees hired since		
61 40	tal iol	65 2 6 FT	ined EFH		eceived ass		29/Annual
Goals of busi	ness receivi aployees at o	ng assistance: (Pleas each wage level and	e indicate	Actual perform	mance since per of emplo	project placed in so byees at each wage !	ervice: (Please
21. Job Creat	ion Part-time	Hourly Wage Level (excl benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	N/A	less than \$7.00 \$7.00 to \$7.99			N/A	less than \$7.00 \$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99		, C.H —		\$10.00 to \$11.99	
6.5.4		\$12.00 and higher		aisla 6		\$12.00 and higher	·
If necessary,	please attac!	additional documen	ntation.	If necessary,	please attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
June-2000	March 30, 2001			
27. Have all wage and job goals been achieved? LYes — do				
N/A \square No — ple	No — please submit the 2000 Minnesota Business Assistance Form.			

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nn-0335

(Please return by April 1, 1999)

Trade & Economic Please complete lines 1 through 16 for all agreements. 1 PP 1 1 2001 Development 1. Funding government agency name 2. Contact name Burnsville Economic Development Judy Tschumper Authority 3. Agency street address 4. City City of Burnsville 100 Civic Center Parkway Burnsville 6. Phone number (area code) 8. Type of government agency 5. Zip code (612) 895-4436 55337 X Ciry __County __Regional __State 7. Fax number (area code) Other (Please indicate) (612) 895-4453 10. Industry of recipient (SIC code) 9. Name of business receiving assistance <u>Rivers Edge Partners. LLP</u> 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) 12 Name of TIF district (if applicable) District 3 TIF 14. Date assistance first 13. Date of business 15. Date project (building/ ld. Dollar value of business provided assistance agreement machinery/ext.) was assistance placed in service 6/15/98 8/1/00 12/98 \$178,300 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving assistance \$16.81 14 jobs by 8/1/02 20. Actual average hourly wage paid to employees hired since 19. Actual jobs created since business received assistance business received assistance 58 New jobs \$13.75/hr Goals of business receiving assistance: (Please indicate Actual performance since project placed in services (Please number of employees at each wage level and indicate the indicate aumber of employees at each wage level and indicate the corresponding benefit level.) corresponding benefit level.) Hourly Wage 22. Hourly Value 21. Job Creation 23. Job Creation Hourly Wage 24. Hourly Value of Volumery I evel of Voluntary Level Benefits (S) Full-time Part-time (excl benefits) Full-time Part-time (excl. benefits) Benefits (5) less than \$7.00 less than \$7.00 \$7.00 to \$7.99 \$7.00 to \$7.99 \$8.00 to \$9.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$10.00 to \$11.99 .86 \$12.00 and higher \$12.00 and higher If necessary, please attach additional documentation. If necessary, please attach additional documentation. Please complete lines 25 through 27 for all agreements. 26. Date this Minneson Business Assistance Form completed 25. Last date actual wage and job creation levels documented March 30, 2001 April - 2000 27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project. No - please submit the 2000 Minnesota Business Assistance Form

(Please return by April 1, 1999)
RECEIVED APR 0 2, 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency	/ name	2. Contact name				
1						
Burnsville Economic	e peveropient					
Authority		Judy Tschumper				
3. Agency street address		4. City				
City of Burnsville						
100 Civic Center Pa	arkway	Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55337	(612) 895-4436	X City County Regional State				
	7. Fax number (area code)	A CityCounty	_KegionalState			
	(612) 895-4453	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Southcross Commer	ce Center, LLP	1541				
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
			· · · · · · · · · · · · · · · · · · ·			
TIF		District 1				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business			
assistance agreement	provided	machinery/em.) was	assistance			
_	51.1.	placed in service				
2/17/98	8/1/00	N/A	\$1,097,000			

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

17. Job creation goals for 54 New Jobs			18. Average 5 assistance \$31,36		elevel goals for busi	ness receiving	CITY'S
19. Actual jobs created s	ince business receive	d assistance		erage hourly eccived ass	y wage paid to emplo istance	oyees hired since	CRITERIA
Goals of business receivi number of employees at corresponding benefit lev	each wage level and			er of emplo	e project placed in se byces at each wage lot t level.)		
21. Job Creation Full-time Part-time	Hourly Wage Level (excl benefits)	22. Hourly Value of Voluntary Benefits (S)		on Part-time	Hourly Wage Level (excl benefits)	24. Hourly Value of Voluntary Benefits (S)	
	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99		
54	\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	2.00			\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		
If necessary, please arrac	_		If necessary,	olease attac	h additional docume		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
N/A	. March 30, 2001			
27. Have all wage and job goals been achieved? ☐ Yes — do N/A ☐ No — ples	not submit future forms for this project. see submit the 2000 Minnesota Business Assistance Form.			

(Please return by April 1, 1999)

i, 1999) Received 483 1 **1,** 200 Please complete lines 1 through 16 for all agreements.

			•			
1. Funding government agency	name	2. Contact name				
Burnsville Economic	c Development					
Authority	-	Judy Tschumper				
3. Agency street address		4. City				
City of Burnsville						
100 Civic Center Pa	arkway	Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55337	(612) 895-4436	Y Circ Course D in a Course				
	7. Fax number (area code)	X Ciry County Regional State				
	(612) 895-4453	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Southern Lights,	Inc.	5023				
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
	-					
TIF		Districts 1 and 2				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
	-1.1.5	placed in service				
7/7/97	811/99	5/98	s325,735.00			

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

5 new j	obs abc	r business receiving sove current 3		assistance	_	level goals for bus		
<u>bv</u> 8/1	/01					\$30,073.0		
19. Actual job	os created s	ince business receive	ed assistance				loyees hired since	
	^	• • •			eceived assi			
, . .	& new	u jobs			914.52	/hr. →3	215.99/Am	nua
	ployees at	ng assistance: (Pleas each wage level and vel.)			er of emplo	project placed in s byces at each wage level.)		
21. Job Creati	on	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creati	on	Hourly Wage Level	24. Hourly Value of Voluntary	
Full-time	Part-time	(excl benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Benefits (\$)	
		less than \$7.00				less than \$7.00		
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99		
		\$8.00 to \$9.99				\$8.00 to \$9.99		
		\$10.00 to \$11.99				\$10.00 to \$11.99		
		\$12.00 and higher				\$12.00 and highe	r	
If necessary, p	lease artaci	h additional docume	ntation.	If necessary, p	olease attach	n additional docum	entation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
April - 2000	March 30, 2001		
27. Have all wage and job goals been achieved? Yes — do — ple:	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.		

00-0338

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)
RECEIVED APR 9 1 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name				
Burnsville Economic	Development					
Authority		Judy Tschumper				
3. Agency street address		4. City				
City of Burnsville						
100 Civic Center Pa		Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55337	(612) 895-4436	V C: C				
	7. Fax number (area code)	X City County	RegionalState			
	(612) 895-4453	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Ticen's Pro Care,		782/783/4971				
11. Type of assistance (e.g. loar	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
			į			
TIF		Districts 1 and 1	2			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
	8/1/02	placed in service				
8/3/98	011102	N/A	\$51,000			

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

17. Job creation goals for business receiving assistance			18. Average hour	ly wage l	evel goals for busin	ness receiving		
20 jobs by 2/1/02			\$10.31/hr. \$21,444.80/Annual					
19. Actual jobs	created si	nce business receive	d assistance	20. Actual average	e hourly	wage paid to emplo		
_		1 -		business recei				
5	new i	1902				\$23,236		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				of employ	project placed in se vees at each wage le level.)			
21. Job Creation Full-time		Hourly Wage Level (excl benefits)	22. Hourly Value of Voluntary Benefits (S)	23. Job Creation Full-time Par		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
20		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	1.25	N/A		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	N/A	
If necessary, pl	lease attac!	h additional docume	ntation.	If necessary, please attach additional documentation.				

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	_ •		
7/2000	March 30,2001		
27. Have all wage and job goals been achieved? Yes — do No — ple	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999) RECEIVED APR 0 1, 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agen	_	2. Contact name					
Burnsville Econom	ic Development	Turks may 1					
Authority 3. Agency street address		Judy Tschumper					
		4. City					
City of Burnsvill 100 Civic Center		Burnsville					
5. Zip code	6. Phone number (area code)	8. Type of government agency					
55337	(612) 895-4436						
	7. Fax number (area code)	X Ciry County Regional State					
·	(612) 895-4453	Other (Please indicate)					
9. Name of business receiving		10. Industry of recipient (SIC code)					
RDO Equipment Co.	-						
Division)		3531					
11. Type of assistance (e.g. k	oan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)					
		Districts 1 and 2					
TTF 13. Date of business	14. Date assistance first	Districts 1 and 2 15. Date project (building/ 16. Dollar value of business					
assistance agreement	provided	machinery/etc.) was assistance					
	•	placed in service					
10/6/97	N/A	3/5/98 \$56,406.00					
For assistance agreements sig	med between July 1, 1995 and D	ecember 31, 1997, complete lines 17 through 20. For					
	98 and future years, please comp						
17. Job creation goals for bus		18. Average hourly wage level goals for business receiving					
	obs in addition to	assistance					
12 current jobs b	by 10/6/99	\$16.09/hr. \$33,458.00/Annual					
19. Actual jobs created seems	<u>initiana di ministra e</u>	20. Actual average hourly wage paid to employees hired since business received assistance					
•		\$17.70/hr. \$36,813/yr.					
4 Goals of business receiving a	ssistance: (Please indicate	Actual performance since project placed in service: (Please					
number of employees at each		indicate number of employees at each wage level and indicate					
corresponding benefit level.)	-	the corresponding benefit level.)					
21. Job Creation Ho	ourly Wage 22. Hourly Value	, , , , , , , , , , , , , , , , , , , ,					
Full days Based - (Level of Voluntary	Level of Voluntary					
•	cL benefits) Benefits (\$)	Full-time Part-time (excl. benefits) Benefits (\$)					
	s than \$7.00	less than \$7.00 N/A \$7.00 to \$7.99					
	00 to \$7.99						
	00 to \$9.99	\$8.00 to \$9.99					
\$10	0.00 to \$11.99	\$10.00 to \$11.99					
S12	2.00 and higher	\$12.00 and higher					
If necessary, please attach add	ditional documentation.	If necessary, please attach additional documentation.					
lease complete lines 25 throu	igh 27 for all agreements						
<u> </u>	job creation levels documented	26. Date this Minnesota Business Assistance Form completed					
LASE GAIE ACTUAL WAGE AND	Too creation tevers documented	20. Date and vinneson business Assistance Form completed					

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

RECEIVED	APR	0	2 2001	
2. Contact na	œe			

Burnsville Economi	c Development								
Authority		Judy Ts	chumper	=					
3. Agency street address		4. City							
City of Burnsville	l								
100 Civic Center F 5. Zip code	6. Phone number (area code)	8. Type of go	lle						
55337	(612) 895-4436	d. Type of go	Actimient af	gency					
33337	7. Fax number (area code)	X City	X CityCountyRegionalState						
	1	2	~						
9. Name of business receiving	(612) 895-4453		(Please indic						
9. Name of business receiving	assistance	10. Industry	or recipient ((21C CC	ode)				
R.D.A., LLC		2899/98	801						
11. Type of assistance (e.g. loa	an, TIF, grant, infrastructure, etc.)	12. Name of	IIF district ((if appl	licable)				
TIF	14. Date assistance first		strict 1						
13. Date of business assistance agreement	provided	15. Date proje	ect (building y/etc.) was	2 /		value of business			
Expanses agreement	pio il	placed in			assistan	CE			
12/21/95	8/1/97	10/24/96 \$421,130.00							
For assistance agreements sign	ned between July 1, 1995 and D	ecember 31 19	97 comple	ta line					
agreements signed during 199	8 and future years, please comp	olete lines 21 th	rough 24.		s i / miougi	1 20. 101			
17. Job creation goals for busi	ness receiving assistance and above 37 current	18. Average	ourly wage	level	goals for bus	iness receiving			
10 new jobs over	and above 3/ current	-			-	_			
	ths after developmen	s15.38							
19. Actual jobs created since t	ousiness received assistance	S15.38/hr. S31,989.00/Anual 20. Actual average hourly wage paid to employees hired since					/33		
As of 4/24/97 - 10 As of 2/1/98 - 16 As of 3/15/99 - 2 Goals of business receiving as		business received assistance \$15,43/hr. \$33,095					Annual		
Goals of business receiving as	g) sistance: (Please indicate	S14 78 hr S30 734 80 Annual Actual performance since project placed in service: (Please							
number of employees at each	wage level and indicate the	indicate number of employees at each wage level and indicate							
corresponding benefit level.)		the correspon	ding benefit	level.)				
21. Job Creation Ho	urly Wage 22. Hourly Value	23. Job Creati	on	Hou	dy Wage	24. Hourly Value			
	Level of Voluntary		_ ,		evel _	of Voluntary			
,	EL benefits (S)	run-ume	Part-time	•	,	Benefits (\$)			
	than \$7.00				han \$7.00				
	00 to \$7.99		N/A	\$7.00) to \$ 7.99				
\$8.0	00 to \$9.99			\$8.00) to \$ 9.99				
	.00 to \$11.99			\$ 10.0	00 to \$11.99				
<u></u>	.00 and higher	29		\$ 12.0	00 and highe:	r			
If necessary, please attach add	itional documentation.	If necessary,	please attach	h additi	ional docum	entation			
Please complete lines 25 throu	gh 77 for all agreements						•		

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/15/99	3/23/99
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.
□.No — ple	ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 9 1 2001

1. Funding government agency	y name	2. Contact name				
Burnsville Economic		i				
Authority		Judy Tschumper				
3. Agency street address		4. City				
City of Burnsville						
100 Civic Center Pa		Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agency	,			
55337 (612) 895-4436						
	7. Fax number (area code)	X CityCounty	RegionalState			
	(612) 895-4453	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC	ode)			
Bohn Properties I Partnership, II	Limited	1541				
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
TIF		TIF District No. 2				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business			
assistance agreement provided		machinery/etc.) was assistance				
- 4 40-	0 (24 (08	placed in service				
7/17/95	8/24/98	9/10/97 \$1,097,200				

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

17. Job creation goals for business receiving assistance					level goals for busin	less receiving
			assistance		222 (
Ey 8/1/99 wil	l add 5/ new	jobs.	\$16.19	/hr.	\$33,6	68.00/ yr.
19. Actual jobs created si	ince business receive	d assistance			wage paid to emplo	yees hired since
			business :	eceived ass		
59 new jobs.			\$16.46	/hr.	\$34,2	245.76/yr.
Goals of business receiving			Actual perfor	mance since	project placed in se	rvice: (Please
number of employees at	each wage level and	indicate the			yees at each wage le	evel and indicate
corresponding benefit lev	reL)		the corresponding benefit level.)			
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creat	ion	Hourly Wage	24. Hourly Value
	Level	of Volumtary			Level	of Voluntary
Full-time Part-time	(exci benefits)	Benefits (S)	Full-time	Part-time	(excl benefits)	Benefits (\$)
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99				\$7.00 to \$7.99	
N/A	\$8.00 to \$ <i>9</i> .99		N/	'A	\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
	\$12.00 and higher				\$12.00 and higher	
If necessary, please attach	additional documen	ntation.	If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form comple				
3/29/99	March 29, 1999				
27. Have all wage and job goals been achieved? XX Yes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.				

(Please return by April 1, 1999)

RECÉIVED APR 0 2 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name				
Burnsville Economic						
	Development	Turks Washington				
Authority 3. Agency street address		Judy Tschumper 4. City				
		4. Chy				
City of Burnsville			İ			
100 Civic Center Pa		Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55337	(612) 895-4436	Y C: C				
	7. Fax number (area code)	X City County Regional State				
	(612) 895-4453	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC c	ode)			
Waymar Properties,	LLP	2499/9801				
11. Type of assistance (e.g. loar	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
TIF		District No. 1				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
1/5/96 Amended		placed in service				
4/98	1/2/97	1/2/97 \$722,638.00				

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

		,						
17. Job creation goals for business receiving assistance 14 new jobs over and above 67 current jobs				18. Average hourly wage level goals for business receiving assistance				
by two yea	ers from	date of first a	ssistance	\$13.22	/hr.	\$27,49	93.00/Annual	
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance					
17						\$29,202.38		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)					
21. Job Creati		Hourly Wage Level	of Volumeary	23. Job Creation		Hourly Wage Level	24. Hourly Value of Voluntary	
Full-time	Part-time	(excl benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Benefits (\$)	
		less than \$7.00				less than \$7.00		
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99		
		\$8.00 to \$9.99				\$8.00 to \$9.99		
		\$10.00 to \$11.99				\$10.00 to \$11.99		
		\$12.00 and higher				\$12.00 and higher		
If necessary, please attach additional documentation.			If necessary, p	please attacl	n additional docume	ntation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
10/8/98	3/23/99
27. Have all wage and job goals been achieved? X Yes — do No — ple	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

			•			
1. Funding government agency	name	2. Contact name				
Burnsville Economic	c Development					
Authority		Judy Tschumper				
3. Agency street address		4. City				
City of Burnsville						
100 Civic Center Pa		Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55337	(612) 895-4436	V 6: 0				
	7. Fax number (area code)	X Ciry County	RegionalState			
	(612) 895-4453	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SiC code)				
Tires Plus Groupe,		3011/9801				
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
		·				
TIF		Districts 1 and 2				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
		placed in service				
8/19/96	7/7/97	6/16/97 \$272,796.00				
G	ad between Tuly 1 1005 and D		17.1 1 20 F			

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

17. Job creation go	18. Average hourly wage level goals for business receiving assistance						
20 new jobs	by 7/7/99		\$16.88	/hr.	\$35,112.00	/Annual	
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance				
39			\$19.19	/hr.	s39,916.67	//vr.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary	
Full-time Part-	time (excl. benefits) less than \$7.00	Benefits (\$)		Part-time	(excl. benefits) less than \$7.00	Benefits (\$)	
N/	<u>д</u> \$7.00 to \$7.99			-N/A-	\$7.00 to \$7.99		
	\$8.00 to \$9.99				\$8.00 to \$9.99		
	\$10.00 to \$11.99		\$10.00 to \$11.99				
	\$12.00 and higher	\$12.00 and higher \$12.00 and higher					
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.				

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/15/99	3/23/99
27. Have all wage and job goals been achieved? Yes — do No — ple:	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1999)
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2. Contact name



Please complete lines 1 through 16 for all agreements.

Burnsville Economic Development

1. Funding government agency name

3/15/99

27. Have all wage and job goals been achieved?

Authority				Judy Tschumper				
3. Agency street addi	<i></i>			4. City				
City of Burns	City of Burnsville							
100 Civic Center Parkway			Burnsvi					
5. Zip code		6. Phone nu	mber (area code)	8. Type of go	vernment ag	gency		
55337		(612) 89	5-4436	V City Course B hard St				
		7. Fax numb	er (area code)	X CityCountyRegionalState				
		(612) 89	5-4453	Other	(Please indic	ate)		
9. Name of business	eceiving	assistance		10. Industry o	f recipient (SIC c	ode)	
					•			
John E. Rice	/Trans	com, Inc		3562/98				
11. Type of assistanc	e (e.g. loa	n, TIF, grant, ir	ifrastructure, etc.)	12. Name of 7	IIF district ((if app	licable)	
				_		_		
TIE 13. Date of business		14. Date ass	istance first	Distric 15. Date proje	t No.		14 D-11	lue of business
assistance agreen	ent	provided			//etc.) was	9	assistance	
		p.c		placed in		1	assame.	
5/20/96		8/1/9	8	8/26/96	5		\$132,0	070.00
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For								
agreements signed du						te une	s 1/ unrougn	20. FOF
17. Job creation goals						level	goals for busin	acc receiting
14 new jobs	bv 8/1	/00 over	and above	18. Average hourly wage level goals for business receiving assistance				
49 existing		,		610 01	/ln	٠-	22 700 00	//
19. Actual jobs create	_	isiness receive	ed assistance	20. Actual ave	rage hourly	/ Wage	paid to emplo	/Annual byees hired since
-				business received assistance \$10.97/hr. \$22,821.43/yr.				
21				\$10.97	/hr.	\$2	22,821.43	/yr.
Goals of business rec				Actual perform	nance since	proje	ct placed in se	rvice: (Please
number of employees		age level and	indicate the					evel and indicate
corresponding benefi	•			the correspond	-			
21. Job Creation		irly Wage Level	22. Hourly Value	23. Job Creati	on		rly Wage	24. Hourly Value
Full-time Part-ti			of Voluntary Benefits (S)	Full-time	Part-time		Level L benefits)	of Voluntary Benefits (\$)
	•	than \$7.00	256116 (3)			•	than \$7.00	Delicing (3)
	_				N/A		0 to \$7.99	
		0 to \$9.99					0 to \$ 9.99	
		0 to \$9.99					00 to \$11.99	
	_	00 and higher			,		00 and higher	
If necessary, please a	tach addi	uonal docume	ntation.	If necessary, please attach additional documentation.			ntation.	
Please complete lines	25 throug	h 27 for all a	greements.					
25. Last date actual w				26 Date this	Minnesota I	Busine	ss Assistance	Form completed
-J. Laur can actual M	-5)				·			p

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

3/23/99

Yes — do not submit future forms for this project.

No - please submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

RECEIVED AFT 0 1204



Please complete lines 1 through 16 for all agreements.

1. Funding government agence	y name	2. Contact name		
Burnsville Economi	c Development			
Authority		Judy Tschumper		
3. Agency street address		4. City		
City of Burnsville				
100 Civic Center P		Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	X City County	Perional State	
	7. Fax number (area code)		State	
	(612) 895-4453	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Skyservice Invest	ments, LLP	3993		
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
		Districts 1 and 2		
TIF		Soils District 3		
13. Date of business			16. Doilar value of business	
assistance agreement provided		machinery/etc.) was	assistance	
	1	placed in service		
10/7/96	8/1/98	2/3/97	\$297,859.00	

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

17. Job creation goals for business receiving assistance					level goals for busi	ness receiving	
By 8/1/00 will add 2 new jobs.			\$16.80	/hr.	\$34,941.00	/Annual	
19. Actual job	s created si	ince business receive	d assistance			y wage paid to emple	oyees hired since
				business r	eceived ass	istance	
24				\$17.10	/hr.	\$35,576.92	/Annual
i e		ng assistance: (Pleas	3			project placed in se	
number of em	ployees at o	each wage level and	indicate the	indicate numb	per of emplo	yees at each wage le	evel and indicate
corresponding benefit level.)		the correspon	ding benefi	t level.)			
21. Job Creation	on	Hourly Wage	22. Hourly Value	23. Job Creati	ion	Hourly Wage	24. Hourly Value
		Level	of Voluntary			Level	of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	lease attach	n additional documer	ntation.	If necessary, p	please attacl	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
3/15/99	3/24/99		
27. Have all wage and job goals been achieved? XYes — do No — ple:	1? X Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)

Trade & _____

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 1 2001

1. Funding government agency	name	2. Contact name		
Burnsville Economic	c Development			
Authority	_	Judy Tschumper		
3. Agency street address		4. City		
City of Burnsville				
100 Civic Center Pa		Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	V 6:- 6		
7. Fax number (area code)		X City County Regional State		
	(612) 895-4453	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)	
Rigid Hitch, Inco	rporated	3714/9801		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		TIF District No. 2		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
7/17/95	8/1/97	placed in service 1/30/96	\$740,850.00	
., ., ., .) -/-/-/	1/30/30	1 3/40,030.00	

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

17. Job creation goals for business receiving assistance			18. Average h	ourly wage	level goals for busin	ness receiving	
10 new j	obs by	8/1/99		\$18.74	/hr.	\$38,974.00	/Annual
19. Actual jobs	created si	nce business receive	d assistance		rage hourly	wage paid to emple	oyees hired since
10						\$41,078/Yr	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				er of emplo	project placed in se byces at each wage le level.)		
21. Job Creatio		Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl. benefits) less than \$7.00	Benefits (S)	Full-time	Part-time	(excl. benefits) less than \$7.00	Benefits (\$)
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, pl	ease attacl	n additional documer	ntation.	If necessary,	olease attaci	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed	
3/15/99	3/23/99	
7. Have all wage and job goals been achieved? Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Forms.		

(Please return by April I. 1999)
RECEIVED APR 8 1 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name		
Burnsville Economic				
Authority	•	Judy Tschumper		
3. Agency street address		4. City		
City of Burnsville				
100 Civic Center Pa		Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
55337	(612) 895-4436			
	7. Fax number (area code)	X CityCounty	_RegionalState	
(612) 895-4453		Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)	
Clayton S. and Bev	erly A. Larson			
(for Northwest Bit	uminous)	2951		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		Districts 1 and 2		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
11/3/97	N/A	placed in service 9/98	\$60,000.00	

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

17. Job creation goals for business receiving assistance Two years from first date of		assistance	:	level goals for busi			
assistanc	e wil.	l create 5 n	ew jobs	\$16.5	b/nr.	\$34,421/	Annual
19. Actual jobs	created 5	THE DESTRICT RECEIVE	Seminar Di			y wage paid to empl	oyees hired since
				business r	eccived ass	istance	l
6				\$19.53	/hr.	\$40,615/A	Annual
		ng assistance: (Pleas				project placed in s	
		each wage level and	indicate the			yees at each wage l	level and indicate
corresponding b	enem lev	(E1.)		the corresponding benefit level.)			ļ
21. Job Creation	l	Hourly Wage	22. Hourly Value	23. Job Creati	ion	Hourly Wage	24. Hourly Value
		Level	of Voluntary			Level	of Voluntary
Full-time P	art-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
·		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			$\frac{N/A}{}$	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99		<u></u>		\$10.00 to \$11.99	· ·
		\$12.00 and higher				\$12.00 and higher	·
If necessary, plea	ase attach	additional docume	ntation.	If necessary, p	please attacl	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/15/99	3/23/99
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

27. Have all wage and job goals been achieved?

1. Funding government agency name		2. Contact name		
	omic Development			
Authority		Judy Tschumper		
3. Agency street address		4. City		
City of Burnsvi				
100 Civic Cente	r Parkway	Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	X CityCountyRegionalState		
	7. Fax number (area code)			
	(612) 895-4453	Other (Please indicate)		
9. Name of business received	ving assistance	10. Industry of recipient (SIC code)		
JRL & Associate	es, LLP	3523/3537		
11. Type of assistance (e.	z. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF/Infrastruc	ture	Districts 1 and 2		
13. Date of business	14. Date assistance first	15. Date project (building/ 16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was assistance		
7 /15 /06	2/12/09	placed in service \$ 33, 265 81810		
7/15/96	3/13/98	4/25/97 \$23,265/\$10,000		
	s signed between July 1, 1995 and D 1998 and future years, please comp	December 31, 1997, complete lines 17 through 20. For plete lines 21 through 24		
	business receiving assistance	18. Average hourly wage level goals for business receiving		
J	•	assistance		
	l create 5 new jobs	\$14.90/hr. \$31,000.00/Annual		
19. Actual jobs created size	nce business received assistance	20. Actual average hourly wage paid to employees hired since		
E sour siche		business received assistance		
5 new jobs	ng assistance: (Please indicate	S15.26/hr. S31,744/yr. Actual performance since project placed in service: (Please		
	ach wage level and indicate the	indicate number of employees at each wage level and indicate		
corresponding benefit leve		the corresponding benefit level.)		
21. Job Creation	Hourly Wage 22. Hourly Value of Voluntary	23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary		
Full-time Part-time		•		
	less than \$7.00	less than \$7.00		
N/A	\$7.00 to \$7.99	N/A \$7.00 to \$7.99		
	\$8.00 to \$9.99	\$8.00 to \$9.99		
	\$10.00 to \$11.99	\$10.00 to \$11.99		
	\$12.00 and higher	\$12.00 and higher		
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		
Please complete lines 25 th	rough 27 for all agreements.			
25. Last date actual wage	and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
3/15/99		3/23/99		

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

Yes — do not submit future forms for this project.

No — please submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

Trade & —
Economic
Development

Please complete lines 1 through 16 for all agreements

riease complete mis 1 un oug			Development	
1. Funding government agency	name	2. Contact name		
Burnsville Economic	c Development			
Authority		Judy Tschumper		
3. Agency street address		4. City		
City of Burnsville				
100 Civic Center Pa		Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	X CityCounty	Parianal State	
	7. Fax number (area code)	A CityCounty	RegionalState	
	(612) 895-4453	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	:ode)	
Hi-Tech Floors, Inc	·	1752		
11. Type of assistance (e.g. loan	TIE count infracturence em)	12 Name of TIE diamer (if	sline blad	
	i, 111, grant, mirasticime, eu.)	12. Name of TIF district (if applicable)		
TIF		Districts 1 and 2		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement 7/15/96 Amended	provided	machinery/etc.) was	assistance	
8/19/96 & 7/7/97	9 /1 /09	placed in service		
0/13/30 & ////3/	8/1/98	7/14/97	\$137,876.00	

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

17. Job creation goals for business receiving assistance By 8/1/00 Phase 1 - 10 new jcbs Phase 2 - 5 new jobs	18. Average hourly wage level goals for business receiving assistance Phase 1 - \$10.46/hr \$21,750/yr. Phase 2 - \$15.13/hr \$31,470/yr.
19. Actual jobs created since business received assistance Phase 1 - 14 new jobs Phase 2 - 7 new jobs	20. Actual average hourly wage paid to employees hired since business received assistance Phase 1 - \$18.36/hr. \$38,071.43/Annua. Phase 2 - \$16.76/hr. \$34,857.15/Annua.
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
21. Job Creation Hourly Wage 22. Hourly Vince Level of Volume Full-time Part-time (excl. benefits) Benefits (Level of Voluntary
less than \$7.00 N/A \$7.00 to \$7.99 \$8.00 to \$9.99	less than \$7.00
\$10.00 to \$11.99\$12.00 and higher	\$10.00 to \$11.99 \$12.00 and higher
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/15/99	3/23/99
27. Have all wage and job goals been achieved? 🛛 Yes — No — n	do not submit future forms for this project. please submit the 2000 Minnesota Business Assistance Form.

(Please return by April I, 1999)



Please complete lines 1 through 16 for all agreements.

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1. Funding government agency	name	2. Contact name			
Burnsville Economic	c Development				
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center Pa	arkway	Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895–4436	V 6: 0	D		
	7. Fax number (area code)	X CityCountyRegionalState			
	(612) 895-4453	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)		
The Hegedus Family	7, L.L.P.	2064/9801			
_					
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		Districts 1 and 2			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement provided		machinery/etc.) was assistance placed in service			
12/17/96	17/96 8/1/98		\$180,000.00		

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

17. Job creation goals for business receiving assistance					level goals for busi	ness receiving	
By 8/1/9	99 will	add 10 new	jobs.	ssistance \$8.18	/hr.	\$17,015.00	/Annual
19. Actual job	s created si	ince business receive	d assistance			wage paid to empl	oyees hired since
				business n	eceived ass	istance	
26				\$8.40/h	nr.	\$17,488/Ann	ual
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				er of emplo	project placed in so byces at each wage l t level.)		
21. Job Creati		Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excL benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	olease attacl	h additional docume	ntation.	If necessary,	please attac	h additional docume	entation

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/15/99	3/23/99
27. Have all wage and job goals been achieved? X Yes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

\$12.00 and higher

If necessary, please attach additional documentation.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED AND 2 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name			
Burnsville Economic	c Development				
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center Pa	erkway	Burnsville	 		
5. Zip code	6. Phone number (area code)	8. Type of government ager	ncy		
55337	(612) 895-4436	X City County	RegionalState		
	7. Fax number (area code)				
1	(612) 895-4453	Other (Please indicate	e)		
9. Name of business receiving	assistance	10. Industry of recipient (Si	iC code)		
Darrel E. Gonyea a	and Chris T. Gonyea	6512/6531			
11. Type of assistance (e.g. loar	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)		
TIF		Districts 1 and	d 2		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was assistance			
F /30 /06	7 /25 /07	placed in service	\$120,672,00		
5/20/96	5/20/96 7/25/97		11/29/96 \$120,672.00		
For assistance agreements sign			lines 17 through 20. For		
agreements signed during 1998	and future years, please comp	lete lines 21 through 24.			
17. Job creation goals for busin	ess receiving assistance		vel goals for business receiving		
By 8/1/99 will add	12 new jobs	assistance \$20.46/hr.	\$42,552.00/Annual		
-					
19. Actual jobs created since bu	isiness received assistance	20. Actual average hourly v business received assist	wage paid to employees hired since		
7		\$23.47/hr.	\$48,833.33/Annual		
Goals of business receiving assi	istance: (Please indicate		project placed in service: (Please		
number of employees at each w			ees at each wage level and indicate		
corresponding benefit level.)		the corresponding benefit le			
, ,	rly Wage 22. Hourly Value	•	Hourly Wage 24. Hourly Value		
	evel of Voluntary		Level of Voluntary		
Full-time Part-time (excl.		Tull do Donato /	(excl. benefits) Benefits (\$)		
	benefits) Benefits (\$)	Full-time Part-time (excl. benefits) Deficits (3)		
less t	benefits) Benefits (\$) han \$7.00		ess than \$7.00		
		l			
<u>N/A</u> \$7.00	han \$7.00	N/A s	ess than \$7.00		

Please complete lines 25 through 27 for all agreements.

If necessary, please attach additional documentation.

\$12.00 and higher

25. Last date actual wage and job creation levels	documented	26. Date this Minnesota Business Assistance Form completed
3/15/99		3/23/99
27. Have all wage and job goals been achieved?	Yes - do	not submit future forms for this project.
	□ No — ple:	ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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1. Funding government agency	name	2. Contact name			
Burnsville Economic	: Development		ì		
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville			į		
100 Civic Center Pa	arkway	Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436	Y Ciny Counny	Pagianal State		
	7. Fax number (area code)		X City County Regional State		
(612) 895-4453		Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Fort Dodge Propert	ies	3569/9801			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF/Infrastructure	2	Districts 1 and 2			
·		TIF Soils District No. 3			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement provided		machinery/etc.) was assistance			
7/17/95	7/17/95 8/1/97		\$169,000-\$111,000		

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

17. Job creation goals for business receiving assistance			18. Average h	ourly wage	level goals for busi	ness receiving	
By 8/1/99 will add 6 new jobs				assistance \$16.8	l/hr.	\$39,655/Ar	nual
19. Actual job	s created si	nce business receive	ed assistance		•	wage paid to empl	oyees hired since
10					eceived assi 6/hr.	istance \$39,655/Ar	nnual
Goals of business receiving assistance: (Please indicate						project placed in s	
1		each wage level and	indicate the			yees at each wage	level and indicate
corresponding	benefit lev	'ci.)		the correspon	ding benefit	(level.)	
21. Job Creati	on	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
E. II di	D	Level	of Voluntary	Eul) simo	Dam sima	Level	of Voluntary
run-ame	Part-time	(excl benefits)	Benefits (S)	run-ume	Part-time	, /	Benefits (\$)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			_N/A_	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	·
If necessary, p	lease attacl	h additional docume	ntation.	If necessary,	please attac	h additional docum	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/15/99	3/23/99
27. Have all wage and job goals been achieved? XYes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

2 2001

Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agence	y name	2. Contact name			
Burnsville Economi	c Development				
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center P		Burnsville	!		
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55337	(612) 895-4436				
	7. Fax number (area code)	X City County Regional State			
•	1	Orbert (Planes in diseas)			
	(612) 895-4453	Other (Please indicare)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)		
		2045 /2000			
CAIRE, Inc.		3845/3999			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		TIF District No. 1			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
		placed in service			
11/8/95	8/1/98	10/22/96	\$1,664,586.00		

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

17. Job creation goals for business receiving assistance			18. Average h	ourly wage	level goals for busi	ness receiving
By 2/1/97 continuing thru 2/1/00 will create			assistance			
and maintain 25 n			\$12.31/h	r. \$	25,600.00/Annua	<u>1</u>
19. Actual jobs created s	ince business receive	ed assistance	20. Actual ave	erage houri	y wage paid to empl	loyees hired since
1/15/99 = 47 new	ichs		business r	eceived ass	istance	
1/15/33 1/12			\$18.49	/hr.	\$38,456.00)/Annual
Goals of business receive	•				project placed in s	
number of employees at	•	indicate the		•	oyees at each wage l	level and indicate
corresponding benefit le	vel.)		the correspon	ding benefi	t level.)	
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creati	ion	Hourly Wage	24. Hourly Value
1	Level	of Voluntary			Level	of Voluntary
Full-time Part-time	(excL benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
	less than \$7.00				less than \$7.00	
N/A	\$7.00 to \$7.99			N/A_	\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
\$12.00 and higher				\$12.00 and higher		
If necessary, please artac	h additional docume	ntation.	If necessary, p	olease attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

X	27. Have all wage and job goals been achieved?		not submit future forms for this project. se submit the 2000 Minnesota Business Assistance Form.
	1/15/99		3 /23/99
-	25. Last date actual wage and job creation levels do	ocumented	26. Date this Minnesota Business Assistance Form completed

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

* CHGE & JUB GOALS MET BOT CONTRACT REGULAS HANDAL

ument jobs

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

			- c. copman	
1. Funding government agency	name	2. Contact name		
Burnsville Economic	c Development			
Authority		Judy Tschumper		
3. Agency street address		4. City		
City of Burnsville				
100 Civic Center Pa	arkway	Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	V 6. 6		
	7. Fax number (area code)	X City County Regional State		
	(612) 895-4453	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)	
Aquila Corporation	n d/b/a BELCORP	3086/3069		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		TIF District No. 1		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
9/5/95 7/25/97		placed in service		
7/ 3/ 33	1/25/51	2/20/96	s317,120.00	

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

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving				
By 8/1/99 will add 12 new jobs.		assistance					
				\$13.8	1/hr.	\$28,728.00	/Annual
Actual job	os created si	ince business receive	d assistance			wage paid to empl	oyees hired since
				business n	eceived assi	istance	
15				\$14.3	5/hr.	\$29,857.14	
		ng assistance: (Pleas				project placed in se	
		each wage level and	indicate the			yees at each wage I	evel and indicate
corresponding	corresponding benefit level.)			the correspon	ding benefit	level.)	
21. Job Creati	on	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
		Level	of Voluntary			Level	of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			N/A	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	·
If necessary, please attach additional documentation.		If necessary,	olease attac	h additional docume	entation.		
Diago complet	a linea 25 t	through 27 for all as					

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
3/15/99	3/23/99		
27. Have all wage and job goals been achieved? 🗓 Yes — do	not submit future forms for this project.		
□ No — ple	□ No — please submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)

Trade & —
ECONOMIC
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency	v name	2. Contact name		
Burnsville Economic				
Authority	c bevelophent	Today Machaman		
3. Agency street address		Judy Tschumper 4. City		
		4. Chy		
City of Burnsville		.,,		
100 Civic Center P	arkway	Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency	·	
55337	(612) 895-4436	Y City County	Parional State	
	7. Fax number (area code)	X CityCounty	State	
	(612) 895-4453	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
John N. and Rebe	cca B. Allen	3		
(for Industrial		1541		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		Districts 1 and 2		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
		placed in service		
6/2/97	8/1/98	12/97	\$335,200.00	

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

17. Job creation goals for business receiving assistance Will create 5 new jobs in addition to 25			18. Average hourly wage level goals for business receiving assistance				
		years after re		\$14.	78/hr.	\$30,73	3.00/Annua
19. Actual job	s created si	ince business receive	ed assistance			y wage paid to emplo	yees hired since
47					eceived assi 5/hr.	\$31,305.55	/yr.
number of emp	business receiving assistance: (Please indicate of employees at each wage level and indicate the indicate number of employees at each mage level and indicate the indicate number of employees at each mage level.)		yees at each wage le				
21. Job Creation		Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			N/A_	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99		\$10.00 to \$11.99			
		\$12.00 and higher		\$12.00 and higher			
If necessary, p	lease attacl	h additional docume	ntation.	If necessary, please attach additional documentation.		ntation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/18/99	3/23/99
27. Have all wage and job goals been achieved? XX Yes — do	not submit future forms for this project.
□ No — ple:	ase submit the 2000 Minnesota Business Assistance Form.

original received 4/2/10/ E.t.H. 1999 Minnesota Business Assistance Form

OO - 0285

WHESO,

Trade &

Economic

(Please return by April 1, 1999)

RECEIVED JUN 2 8 2001 Please complete lines 1 through 16 for all agreements. Development 1. Funding government agency name City of Caledonia Joyce Iverson, Community Dev.Coord. 3. Agency street address 231 East Main Street Caledonia, MN 5. Zip code 6. Phone number (area code) 8. Type of government agency 55921 507-725-3632 X City County Regional State 7. Fax number (area code) 507-725-5258 Other (Please indicate) 9. Name of business receiving assistance 10. Industry of recipient (SIC code) Milton & Sharon Schoeberl PineCone Place(Gift Shop) 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) 12. Name of TIF district (if applicable) Low Interest Loan N/A 13. Date of business 14. Date assistance first 15. Date project (building/ 16. Dollar value of business assistance agreement provided machinery/etc.) was assistance placed in service 12-22-98 June 1999 June 1999 \$90,000 Loan

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

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

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
12-29-00	June 28, 2001			
27. Have all wage and job goals been achieved? XYes — do	Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.			

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

(over)

6/28-replacement report for report submitted 3/30/01 E.Y.M.

(Please return by April 1, 1999)

WINNESON
Trade &
conomic

Please complete lines 1 through	h 16 for all agreements.	iainal received 421	01 2.7. Development
1. Funding government agency	name	Z. Contact name	
City of Cale	donia	Joyce Iverso	\cap
3. Agency street address		4. City	
231 East M		Caledonia	
5. Zip code	6. Phone number (area code) 507-725-3632	8. Type of government agency	
55921	7. Fax number (area code)	CityCounty	_RegionalState
	507-725-5258	Other (Please indicate)_	
9. Name of business receiving George B. Griff	assistance	10. Industry of recipient (SIC	code)
Winnebago So		Ma	mufacturing
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)
TIF			,
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
6/5/98		12/31/98	\$90,000
	ned between July 1, 1995 and Do 8 and future years, please comp		es 17 through 20. For
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage level	goals for business receiving
)		assistance	
19. Actual jobs created since b	voiment and assistance	20. A stud average hourly wee	e paid to employees hired since
19. Actual jobs created since o	usiliess received assistance	business received assistance	
A			
Goals of business receiving ass number of employees at each v corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation Hor	urly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Ho	urly Wage 24. Hourly Value Level of Voluntary
	l. benefits) Benefits (\$)	Full-time Part-time (exc	cl. benefits) Benefits (\$)
less	than \$7.00		than \$7.00
\$7.0	00 to \$7.99	<u>a</u> \$7.0	00 to \$7.99
\$8.0	00 to \$9.99	\$8.0	00 to \$9.99
\$10	.00 to \$11.99	\$10	.00 to \$11.99
\$12	.00 and higher	\$12	.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach add	itional documentation.
Please complete lines 25 throu	gh 27 for all agreements.		
25. Last date actual wage and job creation levels documented		26. Date this Minnesota Busin	ess Assistance Form completed
27. Have all wage and job goa	ls been achieved? Yes — do	not submit future forms for this ase submit the 2000 Minnesota	
m	miana farma Diagra samulat	a an a farm for each business	•

RECEIVED MAY

8 2001

00-0813

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines I through 16 for all agreements.

1. Funding government a	gency name	2. Contact name	į	
City of	Carver	Patricia Plekkenpol		
3. Agency street address		4. City	i	
316 Broad	way - Y.O. Box 147	Carver		
5. Zip code	/6. Phone number (area code)	8. Type of government agency	-	
55315	952-448-5353 7. Fax number (area code)	CityCountyRegionalState		
	952-448-6199	Other (Please indicate)	_	
9. Name of business rece	iving assistance	10. Industry of recipient (SIC code)		
	so t	Gas Station/Convenience Stor	re	
11. Type of assistance (d	g. loan, TTF, grant, infrastructure, etc.)	12 Name of TIF district (if applicable)		
Loan/TI	F(pay as you go)	TIF District No. 1-7 Pauly Convenience Store		
13. Date of business	14. Date assistance first	15. Date project (building) 16. Dollar value of busine	:55	
assistance agreement	provided	machinery/etc.) was placed in service 30,000 Loan	1	
6-12-97	6-97	placed in service 30,000 LOQ11	,	
6 10 11		UCU: 91 11,374 11FVE	ari)	
For assistance agreemen agreements signed durin	ts signed between July 1, 1995 and D g 1998 and future years, please comp	ecember 31, 1997, complete lines 17 through 20. For lete lines 21 through 24.	,	
17. Job creation goals for	r business receiving assistance	18. Average hourly wage level goals for business receiving	2	
	. 10	assistance	1	
0-		Minimum wage	1	
19. Actual jobs created s	ince business received assistance	20. Actual average hourly wage paid to employees hired si	ince	
- 1.		business received assistance	1	
/2		6		
	ng assistance: (Please Indicate each wage level and indicate the vel.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate number of employees at each wage level and indicate corresponding benefit level.)		
21. Job Creation	Hourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Hourly Wage 24. Hourly V		
Full-time Part-time		Full-time Part-time (excl. benefits) Benefit		
	less than \$7.00		``	
. ——	\$7.00 to \$7.99	\$7.00 to \$7.99	-	
	\$8.00 to \$9.99	\$8.00 to \$9.99	_	
	\$10.00 to \$11.99	\$10.00 to \$11.99	-	
			-	
\$12.00 and higher		\$12.00 and higher		
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		
Please complete lines 25	through 27 for all agreements.			
25. Last date actual wag	e and job creation levels documented	26. Date this Minnesota Business Assistance Form comple	eted	
		5/7/01		
an II.	10 20			
27. Have all wage and jo		not submit future forms for this project.	, 1	

(Please return by April 1, 1999)

2. Contact name



Please complete lines 1 through 16 for all agreements.

Economic Development RECEIVED MAY 3 0 2001

1. Funding government agency name		2. Contact name		
Chisago County HF	RA-EDA	Mark Vahlsing, Executive Director		
3. Agency street address		4. City		
PO Box 410		Namble Describ		
6448 Main Street 5. Zip code	6. Phone number (area code)	North Branch 8. Type of government agency		
•	, ,			
55056	651-674-5664 7. Fax number (area code)	City X County	_RegionalState	
	651-674-2996	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)	
South Dakota Furn	iture Mart	n/a		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
Tax Abatement				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
3/31/98	October 1999	10/98	\$170,000.00	
For assistance agreements sign	ed between July 1 1995 and D		es 17 through 20 For	
agreements signed during 1998			cs 17 through 20. Por	
17. Job creation goals for busin	ess receiving assistance	18. Average hourly wage level	goals for business receiving	
10		assistance \$9.0	00	
19. Actual jobs created since b	usiness received assistance	· ·	e paid to employees hired since	
30		business received assistanc \$10.7		
Goals of business receiving ass	sistance: (Please indicate	Actual performance since proje	ect placed in service: (Please	
number of employees at each v		indicate number of employees	at each wage level and indicate	
corresponding benefit level.)		the corresponding benefit level		
I .	urly Wage 22. Hourly Value Level of Voluntary		urly Wage 24. Hourly Value Level of Voluntary	
	l. benefits) Benefits (\$)	Full-time Part-time (exc		
less	than \$7.00	less	than \$7.00	
\$7.0	0 to \$7.99		00 to \$7.99	
\$8.0	0 to \$9.99	\$8.0	00 to \$9.99	
	00 to \$11.99		.00 to \$11.99	
\$12.	00 and higher		.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		
Please complete lines 25 through	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
4/4/2001		4/9/2001		
27. Have all wage and job goal		not submit future forms for this ase submit the 2000 Minnesota		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED APR 8 22001

		,			
1. Funding government agency	name	2. Contact name			
Cook County		Yafa Napadensky			
3. Agency street address		4. City			
	PO Box 1150	Grand Marais			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55604 218 387 3000 7. Fax number (area code)		CityXCountyRegionalState			
·	,	Other (Please indicate)_			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Devil track Par	tners LLC	Lodging Establishment			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Infrastructure	e Loan				
13. Date of business assistance agreement provided		15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
June 10, 1997	June 10, 1997	7 placed in service 7 June 10, 1997 \$100,000			
For assistance agreements sign	ed between July 1, 1995 and D	ecember 31 1997, complete lin	es 17 through 20. For		

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

17. Job creation goals for business receiving assistance			18. Average h assistance		vage lev	el goals for bus	iness receiving]
10-15 dur	ing constr	uction	07	ver	\$12	hour		
19. Actual jobs created :	since business receive	ed assistance	20. Actual ave	erage ho	ourly w	age paid to emp	loyees hired since	7
4 jobs dur	ing infras	tructure	business received assistance			union sca	1	
Goals of business receiv number of employees at corresponding benefit le	each wage level and			er of e	nployee	_	service: (Please level and indicate	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creati	on	H	lourly Wage Level	24. Hourly Valu of Voluntary	
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-ti	me (e	xcl. benefits)	Benefits (\$)	1
************	less than \$7.00				les	ss than \$7.00		
	\$7.00 to \$7.99				\$7	.00 to \$7.99		1
	\$8.00 to \$9.99				\$8	.00 to \$9.99		١
	\$10.00 to \$11.99				\$1	0.00 to \$11.99		
	\$12.00 and higher		-		\$1	2.00 and higher	r	
If necessary, please attac	ch additional docume	entation.	If necessary, p	olease a	ttach ad	lditional docum	entation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form comple	eted			
Loan paid off, construction	done March 30, 2001				
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.					
07 11. 2011 No — please submit the 2000 Minnesota Business Assistance Form.					

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 12001

1. Funding government agency	name	2. Contact name		
Cook County		Yafa Napadensky		
3. Agency street address		4. City		
411 W Second St	PO Box 1150	Grand Marais		
· 5. Zip code	6. Phone number (area code)	8. Type of government agency		
55604	218 387 3000	City _XCounty	Degional State	
-	7. Fax number (area code)	CityCounty	vegionalarrie	
•		Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Thomsonite Beac	ch Resort	Lodging Establishment		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Loan				
13. Date of business assistance agreement	 Date assistance first provided 	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
2/18/1998	2/18/1998	placed in service 2/18/1998	\$100,000	

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

17. Job creation goals for business receiving assistance				18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance				20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation Full-time Pa	urt-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creati Full-time		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
2	1	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	none?			less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, pleas	se attach	additional document	ntation.	If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements. loan paid off 11/99, owners relocated

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
·	March 30, 2001		
27. Have all wage and job goals been achieved? Yes—do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)



\$50,000

Please complete lines 1 throug	h 16 for all agreements.	RECEIVED APR 0 1-2001 Development				
1. Funding government agency		2. Contact name				
Cook County		Yafa Napadensky				
3. Agency street address		4. City				
411 W Second St	PO Box 1150	Grand Marais				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55604	218 387 3000	CityXCountyRegionalState				
	7. Fax number (area code)	ChyCounty	regionalState			
•		Other (Please indicate)_				
9. Name of business receiving	assistance	10. Industry of recipient (SIC c	ode)			
Site Supply		Housing Construction				
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
Loan						
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance			
5/1/1997	5/1997	placed in service 5/1997	\$50,000			

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

5/1997

5/1/1997

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance				
8 created, 5 retained					\$12.5	0	
19. Actual jobs	created si	ince business receive	d assistance	20. Actual av	erage hourl	y wage paid to emple	oyees hired since
Filed b	ankru	ptcy and		business r	eceived ass	istance	
ceased	opera	tion 5/199	98				
		ng assistance: (Pleas		•		e project placed in se	•
		each wage level and	indicate the			oyees at each wage le	evel and indicate
corresponding	benefit lev	el.)		the correspon	ding benefi	t level.)	
21. Job Creatio	n	Hourly Wage	22. Hourly Value	23. Job Creat	ion	Hourly Wage	24. Hourly Value
		Level	of Voluntary			Level	of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
		\$7.00 to \$7.99				\$7.00 to \$7.99	
<u> </u>		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, pl	ease attacl	h additional docume	ntation.	If necessary, p	olease attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
	March 30, 2001		
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.		
No — ple	ase submit the 2000 Minnesota Business Assistance Form.		

Loan paid off October 2000

26. Date this Minnesota Business Assistance Form completed

March 30, 2001

No — please submit the 2000 Minnesota Business Assistance Form.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED

2. Contact name

Yafa Napadensky



Please complete lines 1 through 16 for all agreements.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented

March 2001

1. Funding government agency name

Cook County

				III			
3. Agency street	address			4. City)	,- , , , , , , , , , , , , , , , , , ,
411 W Sec	ond St	PO	Box 1150	Grand	Marais	5	
5. Zip code 55604		6. Phone nur 218 38	nber (area code) 7 3000	8. Type of go		gency • Regional	State
		7. Fax numb	er (area code)		county	Regional	_State
		218 387	3043	Other	(Please indic	ate)	
9. Name of busin	ess receiving	assistance		10. Industry of	of recipient (SIC code)	
Devil Tra	ick Lod	ge		Lodgin	g and	restauran	t/Hospita
11. Type of assist	ance (e.g. loar	, TIF, grant, in	frastructure, etc.)	12. Name of	ΠF district ((if applicable)	
Loan					•		!
13. Date of busine		14. Date assi		15. Date proje		· .	alue of business
assistance agr	eement	provided		machiner placed in	y/etc.) was service	assistano	ce
6/30/199	9	6/30/1	999	6/30/		\$100,	.000
greements signed 17. Job creation g					ourly wage	level goals for busi	ness receiving
19. Actual jobs cr	eated since bu	isiness receive	d assistance	Actual average hourly wage paid to employees hired since business received assistance			
Goals of business number of employ corresponding ber	ees at each w				er of emplo	project placed in se yees at each wage l level.)	
21. Job Creation		rly Wage ævel	22. Hourly Value of Voluntary	23. Job Creati	on	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time Par 2	t-time (excl.	benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
	less t	han \$7.00				less than \$7.00	
		to \$7.99				\$7.00 to \$7.99	
	\$8.00	to \$9.99	none	_3		\$8.00 to \$9.99	none
	\$10.0	00 to \$11.99				\$10.00 to \$11.99	
	\$12.0	00 and higher				\$12.00 and higher	
If necessary, pleas	If necessary, please attach additional documentation.			If necessary, please attach additional documentation.			

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

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1 E dies sousment agency	, nama	2. Contact name			
1. Funding government agency	HALLIC				
Cook County		Yafa Napadensk	У		
3. Agency street address		4. City			
411 W Second St	PO Box 1150	Grand Marais			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55604	218 387 3000	City _XCounty	Regional State		
	7. Fax number (area code)		_		
	218 387 3043	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC co	ode)		
East Bay Hotel			Lodging/Hospitality		
11. Type of assistance (e.g. loar	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	licable)		
Loan					
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
Dec 26, 1995	Dec 26, 1995		\$100,000		
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.					
17. Job creation goals for busin	ess receiving assistance	18. Average hourly wage level	goals for business receiving		
3		assistance none listed			
19. Actual jobs created since by	usiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance \$8.75 hr			
3 1/2 jobs Goals of business receiving ass	istance: (Please indicate		ct placed in service: (Please		
number of employees at each we corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
•	ırly Wage 22. Hourly Value		rly Wage 24. Hourly Value		
	Level of Voluntary		Level of Voluntary		
Full-time Part-time (excl	. benefits) Benefits (\$)	Full-time Part-time (excl	. benefits) Benefits (\$)		
less	than \$7.00	less t	han \$7.00		
\$7.0	0 to \$7.99	\$7.00) to \$7.99		
\$8.0	0 to \$9.99	\$8.00) to \$9.99		
	00 to \$11.99		00 to \$11.99		
	00 and higher		00 and higher		
If necessary, please attach addit	tional documentation.	If necessary, please attach addit	tional documentation.		
Please complete lines 25 throug	<u> </u>				
25. Last date actual wage and jo	ob creation levels documented	26. Date this Minnesota Busine	ss Assistance Form completed		
March 2001		March 30, 2001			
27. Have all wage and job goals	s been achieved? Yes — do	not submit future forms for this p	project.		

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

No — please submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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1. Funding government agency	name	2. Contact name		
Cook County		Yafa Napadensky		
3. Agency street address		4. City		
411 W Second St	PO Box 1150	Grand Marais		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55604	218 387 3000 7. Fax number (area code)	CityXCounty	RegionalState	
	218 387 3000	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Sven & Ole's,	Inc.	Restaurant		
11. Type of assistance (e.g. loar	i, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Loan				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
8/1/1996	8/1/1996	placed in service 8/1/1996	\$60,000	

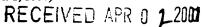
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

agi cementa aig	ucu dui in	g 1990 and luture y	cars, prease comp				
17. Job creation	on goals for	r business receiving	assistance	18. Average hourly wage level goals for business receiving assistance			
22	jobs	created			none	listed	
2014	parti	ince business receive mu 6 full contact	hme owno r	business r	eceived ass	y wage paid to emploistance	,50 hr
	ployees at	ng assistance: (Pleas each wage level and /el.)		-	per of empl	e project placed in se oyees at each wage le t level.)	•
21. Job Creati	on	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creati	ion	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
		\$7.00 to \$7.99		-		\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	lease attacl	h additional docume	ntation.	If necessary, p	olease attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
	March 30, 2001
27. Have all wage and job goals been achieved? ☐ Yes — do ☐ No — ple:	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)





Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name			
Cook County		Yafa Napadensk	У		
3. Agency street address		4. City			
411 W Second St	PO Box 1150	Grand Marais			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55604	55604 218 387 3000 7. Fax number (area code)		City _XCountyRegionalState		
			Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Hillhaven Homes	: Plus	Adult Foster Care			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Loan		, , , , , , , , , , , , , , , , , , ,			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
8/24/98	8/24/98	8/24/98	\$50,000.00		

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

		·					
17. Job creatio	business receiving	assistance	18. Average lassistance		e level goals for busi	ness receiving	
19 Actual jobs	created si	ince business receive	d assistance	20 Actual av	erage hourl	y wage paid to empl	ovees hired since
19.7101441 100.	nice business receive	e assistance		received ass		oyees inred smoo	
		ng assistance: (Pleas				e project placed in se	
		each wage level and	indicate the		indicate number of employees at each wage level and indicate		
corresponding	benefit lev	rel.)		the corresponding benefit level.)			
21. Job Creation	on	Hourly Wage	22. Hourly Value	23. Job Creat	ion	Hourly Wage	24. Hourly Value
		Level	of Voluntary			Level	of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00		<u> </u>		less than \$7.00 10	ealth/càr
		\$7.00 to \$7.99				\$7.00 to \$7.99	
2		\$8.00 to \$9.99	none	1		\$8.00 to \$9.99	none
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, pl	lease attacl	n additional docume	ntation.	If necessary, p	please attacl	h additional docume	ntation.

housing & insurance

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
March 2001	March 30, 2001		
27. Have all wage and job goals been achieved?	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.		

orm Trade &

(Please return by April 1, 1999)

Please complete lines I through 16 for all agreements.

Trade &
Economic
Development

1. Funding government agency		2. Contact name		
City of Detro	of Lakes	Larry Remi	nen	
3. Agency Street address		4. City		
1025 Rosseve	H Are.	Detroit Lakes	MN 56501	
5. Zip cods	6. Phone number (area code)	8. Type of government agency	,	
56501	(28)847-5658	L		
2001	7. Fax number (area code)	City _County _	_RegionalState	
	(218) 847-8969	20-31 2001 11 x		
·		Other (Please indicate)_		
9. Name of business receiving		10. Industry of recipient (SIC	code)	
Midwest Minneson Development C	To Constituting	- P/A	•	
Development C	mperation.			
1) Type of assistance (e.g. last		12. Name of TIF district (if ap	objectpje)	
Small Calles be Grant	evelopment frogram			
13. Date of business	14. Date assistance first	15. Date project (building)	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
July 30, 1999		placed in service	\$409,250	
agreements signed during 1990	ed between July 1, 1995 and Do B and future years, please comp	lete lines 21 through 24.		
17. Job creation goals for busin		18. Average hourly wage leve	el goals for husiness receiving	
▼	pliable	assistance hone		
19. Actual jobs created since b	usiness received assistance		ge paid to entployees hired since	
pot Applica	be	husiness received assistance		
Goals of business receiving assumber of employees at each vector expending banefit isvel.)		Actual performance since project placed in service: (Please indicate number of employees at each prage level and indicate the corresponding benefit level.)		
21. Job Creation Hor	urly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
l .	Level of Voluntary		Level of Voluntary	
Full-time Part-time (exc	L benefits) Benefits (S)	Full-time Part-time (ex	el benefits) Benefits (\$)	
	than-57.00	lcs	s than \$7.00	
\$7.0	O 10 \$7,99	\$7.	00 to \$7.99	
	O to \$9.99		00 to 59.99	
	.00 to \$11.99		0.00 to \$11.99	
• • • • • • • • • • • • • • • • • • • •	00 and higher	\$12.00 and higher		
If necessary, please attach addi	tional documentation.	If necessary, please attach add	litional documentation	
Please complete lines 25 throug		26 12		
25. Last date acrual wage and j	on element described	20. Date Jilis Minneson, Bush	ness Assistance Form completed	
Not App	Pleabla	Goversationwith	Ed Hooder	
27. Have all wage and job goal		not submit future forms for this		

(Please return by April 1, 1999)

RECEIVED MAY 1

2001

		Please type o	r prir	it in dark ink.		
1.	Funding government ag Duluth Economic Devel	ency name opment Authority	2.	Contact name Michael Conlan		
3.	Agency street address 411 West First Street		4.	City Duluth, MN		
5.	Zip code	6. Phone number (area code) (218) 725-0694	8. Type of government agency			
	55802	7. Fax number (area code) (218) 723-3540	RAID SEA	X Other (Please indicate)EDA		
9.	Name of business rece A&L Dvelopment, Inc. (10. Industry of receipient (SIC code) 8712-10			
11.		. loan, TIF, grant, infrastructure,	12. Name of TIF district (if applicable)			
	etc.) DEDA-Owned/and conveyed to this developer for construction of this DEDA/City Project			2		
13	Date of business assistance agreement	14. Date assistance first provided	15.	Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance	
	12-18-98	10-19-99		3-2000	\$50,000	

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance	18. Average hourly wage level		
19. Actual jobs created since business received assistance	Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) * 21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) ———————————————————————————————————	Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 23. Job Creation Hourly Wate 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)		
Last date actual wage and job creation levels documented 12-31-98	26. Date this Minnesota Business Assistance Form completed 1-8-99		
27. Have all wage and job goals been achieved Yes, do n	ot submit future forms for this project.		

^{*} No job goals established for this Development Agreement.

(Please return by April 1, 1999) Please type or print in dark ink.

Э	\sim		۱۱	./	n	MA	y (າ າ	00
7	C	ᆮ	ı	٧	U	114	1 2		UU.

1.	Funding government ag Duluth Economic Devel	ency name opment Authority	Contact name Michael Conlan			
3.	Agency street address 411 West First Street		4.	4. City Duluth, MN		
5.	Zip code 55802	6. Phone number (area code) (218) 725-0694	Type of government agency City County Regional State			
	00002	7. Fax number (area code) (218) 723-3540		_X Other (Please indicate		
9.	Name of business receindustrial Resources Co	•	10.	Industry of receipient (SI 3721	C code)	
11.	Type of assistance (e.g. etc.) DEDA TIF Revenue No	. loan, TIF, grant, infrastructure, te	12.	. Name of TIF district (if a	pplicable)	
13.	Date of business assistance agreement	14. Date assistance first provided		Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance	
	1-21-97	3-6-97		N/A	\$885,000	

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance 100 by January 1999	18. Average hourly wage level \$8.64		
 Actual jobs created since business received assistance 198 	Actual average hourly wage paid to employees hired since business received assistance \$10.37		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) ———————————————————————————————————	Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 23. Job Creation Hourly Wate 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher If necessary, please attach additional documents.		
25. Last date actual wage and job creation levels documented 1-14-99	26. Date this Minnesota Business Assistance Form completed 1-8-99		
27. Have all wage and job goals been achieved Yes - do r	not submit future forms for this project		

(Please return by April 1, 1999)

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\$120,000

2001

Please type or print in dark ink. 2. Contact name 1. Funding government agency name **Duluth Economic Development Authority** Michael Conlan City 4. 3. Agency street address Duluth, MN 411 West First Street 6. Phone number (area code) 8. Type of government agency 5. Zip code (218) 725-0694 __ City __ County __ Regional __ State 55802 7. Fax number (area code) X Other (Please indicate) ___EDA (218) 723-3540 9. Name of business receiving assistance 10. Industry of receipient (SIC code) DMR Consulting Group, Inc. 5415-12 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, Name of TIF district (if applicable) N/A Forgivable Loan 14. Date assistance first Date project (building/ 16. Dollar value of 13. Date of business assistance provided machinery/etc.) was business assistance

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

9-11-98

placed in service

7-1-98

agreement

5-13-98

17. Job Creation goals for business receiving assistance	18. Average hourly wage level		
19. Actual jobs created since business received assistance	Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) * 21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher \$3.00 + If necessary, please attach additional documents.	Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 23. Job Creation Hourly Wate 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)		
25. Last date actual wage and job creation levels documented January 8, 1999	26. Date this Minnesota Business Assistance Form completed March 19, 1999		
27. Have all wage and job goals been achieved Do not submit future forms for this project. DMR project terminated.			

(Please return by April 1, 1999)

Please type or print in dark ink.				dark ink.	CECEIV	LD MAY	2	2001
1.	Funding government agency name Duluth Economic Development Authority		Contact name Michael Conlan					
3.	Agency street address 411 West First Street		4. City Duluth, MN					
5.	(218) 725-0694		Type of government agency City County Regional State			Α.		
	55802	7. Fax number (area code) (218) 723-3540		X Other (Please indicate)EDA		_		
9.	Name of business receiving assistance Crossroads Flux, Inc.		10. Industry of receipient (SIC code)					
11.	Type of assistance (e.g	. loan, TIF, grant, infrastructure,	12. Name of TIF district (if applicable)					
	etc.) Loan			N/A				
13.	Date of business assistance agreement	14. Date assistance first provided	15.	Date project (by machinery/etc placed in serv	.) was	16. Dollar v busines		
	1-27-98	1-27-98		1-22-98		\$31,57	5	

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance	18. Average hourly wage level		
19. Actual jobs created since business received assistance	Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) N/A N/A less than \$7.00 N/A N/A N/A \$7.00 to \$7.99 N/A N/A N/A \$8.00 to \$9.99 N/A N/A N/A \$10.00 to \$11.99 N/A N/A N/A \$12.00 and higher N/A If necessary, please attach additional documents.	Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 23. Job Creation Hourly Wate 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) N/A N/A less than \$7.00 N/A N/A N/A \$7.00 to \$7.99 N/A N/A N/A \$8.00 to \$9.99 N/A N/A N/A \$10.00 to \$11.99 N/A N/A N/A \$12.00 and higher N/A If necessary, please attach additional documents.		
25. Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed January 8-99		

^{*} No job creation goals established

(Please return by April 1, 1999)

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2001

		Please type o	r pn	nt in dark ink.	
1.	Funding government agency name Duluth Economic Development Authority		2.	Contact name Michael Conlan	
3.	3. Agency street address 411 West First Street		4. City Duluth, MN		
5.	6. Phone number (area code) (218) 723-2556		8. Type of government agency		
	55802	7. Fax number (area code) (218) 723-3540		City County Regional State _X Other (Please indicate) EDA	
9.	Name of business receiving assistance J.M.M. Limited Partnership		10. Industry of recipient (SIC code) 55111		
11.	11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Forgivable Loan		12. Name of TIF district (if applicable) District No. 2		
13	Date of business assistance agreement	14. Date assistance first provided	15	Date project (building/ machinery/etc.) was placed in service 16. Dollar value of business assistance	
	7-9-99 Projected for 4-2000			Projected for 4-2000 \$450,000	

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance	18. Average hourly wage level		
19. Actual jobs created since business received assistance	Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) * 21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) ———————————————————————————————————	Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)		
25. Last date actual wage and job creation levels documented January 10, 2000	26. Date this Minnesota Business Assistance Form completed January 10,. 2000		
27. Have all wage and job goals been achieved Yes, do not submit future forms for this project.			

^{*} No goals established

\$300,000

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED MAY 2

		Please type o	r prir	it in dark ink.	•
Funding government agency name Duluth Economic Development Authority		2.	Contact name Michael Conlan		
Agency street address 411 West First Street		4. City Duluth, MN			
5.	Zip code	6. Phone number (area code) (218) 723-2556	8. Type of government agency		
	55802	7. Fax number (area code) (218) 723-3540	de) City County Regional State X Other (Please indicate) EDA		•
Name of business receiving assistance Holiday Inn of Tucumcari for Canal Park Inn			10.	Industry of recipient (SIC 721110 (NAICS)	code)
Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) DEDA Development Loan		12. Name of TIF district (if applicable) N/A		oplicable)	
13.	Date of business assistance	14. Date assistance first provided	15.	Date project (building/ machinery/etc.) was	16. Dollar value of business assistance

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

3-1-97

placed in service

agreement

2-12-97

17. Job Creation goals for business receiving assistance N/A	18. Average hourly wage level N/A	
 Actual jobs created since business received assistance N/A 	Actual average hourly wage paid to employees hired since business received assistance N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) ———————————————————————————————————	Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	
Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed N/A	
27. Have all wage and job goals been achieved Yes, do n	ot submit future forms for this project.	

(Please return by April 1, 1999)

RECEIVED MAY 2

\$230,000

2001

Please type or print in dark ink. Contact name 1. Funding government agency name Duluth Economic Development Authority Michael Conlan City 3. Agency street address Duluth, MN 411 West First Street 6. Phone number (area code) 8. Type of government agency Zip code (218) 723-2556 __ City ___ County ___ Regional ___ State 55802 7. Fax number (area code) X Other (Please indicate) EDA (218) 723-3540 Name of business receiving assistance 10. Industry of recipient (SIC code) Canal Properties, Inc. for Hampton Inn 721110 (NAICS) 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, 12. Name of TIF district (if applicable) etc.) TIF assistance District No. 4 13. Date of business 14. Date assistance first Date project (building/ 16. Dollar value of provided machinery/etc.) was business assistance assistance placed in service agreement

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

10-14-97

7-31-99

6-27-96

17. Job Creation goals for business receiving assistance N/A	18. Average hourly wage level N/A				
19. Actual jobs created since business received assistance N/A	Actual average hourly wage paid to employees hired since business received assistance N/A				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) ———————————————————————————————————	Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher If necessary, please attach additional documents.				
Last date actual wage and job creation levels documented N/A	26. Date this Minnesota Business Assistance Form completed N/A				
27. Have all wage and job goals been achieved Yes, do no	27. Have all wage and job goals been achieved Yes, do not submit future forms for this project.				

\$7.00 to \$7.99 \$8,00 to \$9.99

\$10.00 to \$11.99 512.00 and higher

If necessary, please attach additional documentation.

98-145

05/17/2001 10:45 PAT 651 215 3841 MAK 25 1999

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00-0855

1999 Minnesota Business Assistance Form

(Please return by April L. 1999)

Please complete lines 1 th	REproperty 16 for all agreements.	CEIVED MATEL	Development		
I. Funding government a	Sauch same	2. Contact name			
City of Dunne	11	Jan Hybbert			
3. Agency street address		4. City			
145 W. Wenber		Dumpel 1 MN 5612	7-0094		
3. Zip code	6. Phone number (area code)	8. Type of government agence	:y		
56127-0094	507-695-2942	Y CityCounty _	S-sissal Crass		
	7. Fax number (area code)	True - county -			
	507-695-2181	Other (Please Indicate)			
9. Name of business rece	iving assistance	10. Industry of recipient (SIC	code)		
Hwy 4 Store -	Alice Hannegreis	Groc./Gas/Conveni	ance Store		
II. Type of assistance (c.	g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Loan	**				
13. Date of business	14. Date assistance first	15. Date project (building)	16. Dollar value of business		
arelemnice agreement	provided	machinery/ctc.) was placed in service	agriciance.		
12-17-98	12-17-98	1-1-99	\$60,000.00		
For autistance agraement agreements algred during	s signed between July 1, 1995 and D g 1996 and future years, please com	becamber 31, 1997, complete it plete lines 21 through 24.	ines 17 through 20. Far		
17. Job creation goals for	business receiving assistance	18. Average bourly wage lev	el goals for business receiving		
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
	ng assistance: (Please indicate each wage level and indicate the rel.)		oject placed in service: (Please is at each wage level and indicate rel.)		
21. Job Creation	Hourly Wage 22. Hourly Value Level of Volumery		ourly Wage 24, Hourly Value Level of Voluntary		
Full-time Part-time	• •				
	less than \$7.00	les	ss than \$7,00		

Please complete lines 25 through 27 for all agreements.

If necessary, please attach additional decomentation.

\$7.00 to \$7.99

\$8.00 to \$9.99 \$10.00 to \$11.99

\$12.00 and higher

25. Last date actual ways and job creation levels documented	26. Date this Minneson Business Assistance Form completed
i 3-19 -9 9	3-24-99
27. Have all wage and job goals been achieved? A Yes - do	not submit future forms for this project. ase submit the 2000 Nampsuota Business Ascistance Form.

00-0879

RECEIVED MAY 18 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines I through 16 for all agreements.

	, ,		· · · · · · · · · · · · · · · · · · ·		
1. Funding government agency name		2. Contact name			
CITY of EAGAN		JAMIE VERBRUGGE			
 Agency street address 		4. City			
3830 PILOT KN	100 ROAL	EAGAN, MN			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55/22 (51-68/-4603 7. Fax number (area code)					
	451-681-4612	Other (Please indicate)			
9. Name of business receiving	g assistance	10. Industry of recipient (SIC of	code)		
ROSEVILLE PROP.					
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app NE EAGAN DEV. DIST.	plicable)		
TIF		TIF DIST. No. 3			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/ctc.) was	16. Dollar value of business assistance		
04-15-1997 02-01-2000		placed in service	\$ 30,000		

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

17. Job creation goals for business receiving assistance 300 - 400			18. Average hourly wage level goals for business receiving assistance \$14.42			
301 averaging \$30,000 +			20. Actual average hourly business received ass		oyees hired since \$,5 \ 8/20/0	
	of business receiving assistance: (Please indicate rof employees at each wage level and indicate the			e project placed in so byees at each wage ! t level.)		
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
	less than \$7.00 \$7.00 to \$7.99			less than \$7.00 \$7.00 to \$7.99		
300	\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		6. F. H	\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		
If necessary, please attach additional documentation.			If necessary, please attac	-		

e.F.H 8/29/01

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
4/30/2001	5-18-2001		
27. Have all wage and job goals been achieved? Yes — do	d? X Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.		

ROSEVILLE PROPERTIES

MANAGEMENT BROKERAGE DEVELOPMENT

TO:

Jamie Verbruggi, City of Eagan

FROM:

Mark Rancone

RE:

Employment Counts - Eagan Business Commons

DATE:

April 30, 2001

Survey of jobs averaging \$30,000/year as requested.....

Building	Tenant		Employees
2915 Commers Drive	ADP Master Communications Home Services Publications Digital Images Commandeur Peak Technologies Comark	35 27 27 10 5 12 28	
	TOTAL		144
2980 Commers Drive	TSR Wireless Fiserv Lason OnLine Data TOTAL	25 62 30 25	142
2945 Commers Drive	Terminal Warehouse		10
2985 Commers Drive	Terminal Warehouse		<u>5</u>
•	TOTAL		301
markan kana dan dan dan dan dan dan dan dan dan	The state of the s	; ;	

TEL 651-633-6312 • FAX 651-633-9221

6/2001 14:36 FAX 6512153841

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00-0245

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Lienze combrete much 1 intoffi	n 16 for all agreements.		Development
1. Funding government agency name		2. Contact name	
HOUSING AND REDEVELOPMENT AUTHORITY			•
OF EDINA		GORDON HUGHES	
3. Agency street address	Ì	4. City	; \
4801 WEST 50TH S	TOCCT	EDINA	İ
5. Zip sode	6. Phone number (area code)	8. Type of government agency	
55424	(952) 826-0401	Y	
33.2	7. Fax number (area eode)	CityCounty	RegionalState
	(952) 826-0390	Other (Please indicate)	
9. Name of business receiving		10. Industry of recipient (SIC of	orde)
SOUTH EDINA DEVE	LOPMENT CORPORATION	l 10. manage of recipient (etc. c	,
(PHASE 3 OFFICE)	_	65	52
11. Type of assistance (e.g. loan	o, TIF, grant infrastructure, etc.)	12 Name of TIF district (if app	plicable)
T.1.F.		1203 CENTENNIAL	LAKES
13. Date of business	14. Date assistance first	15. Date project (building)	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	\$1,772,000 8.7.4.0140
12/1/96	No assistance provided as of	3/26/99	25% of ANNUAL TIF
For assistance agreements sign	and between July 1. 1995 and D	ecember 31, 1997, complete lin	es 17 through 20. For
	and future years, please comp		
17. Job greation goals for business receiving assistance 5 NEW JOBS IN MINNESOTA &		18. Average hourly wage level	L MEET OR EXCEED
50 NEW JOBS IN		INDUSTRY STANDAR	
19. Actual jobs streamed since business received assistance		20. Actual average hourly wag	e paid to employees hired since
75 EDINA JOBS		business received assistance	27 of 32 NEW
32 NEW STATE JOBS		JOBS EXCEEDED \$3	O OOO ANNUALLY
Goals of business receiving ass number of employees at each w		Actual performance since projections	cct placed in service; (Please at each wage level and indicate
corresponding benefit level.)	age level and moteste me	the corresponding benefit leve	
	urly Wage 22. Hourly Value	•	urly Wage 24. Hourly Value
	Level of Voluntary		Level of Voluntary
Full-time Part-time (cac	L Benefits (S)	Full-time Part-time (exc	:l. benefits) Benefits (5)
less than \$7.00		less	then \$7.00
\$7.00 to \$7.99		\$7.0	00 to \$7.99
50 \$8,00 to \$9.99		\$8.0	00 to \$9.99
510,00 to \$11.99			.00 to \$11.99
\$12.00 and higher		<u>58</u> \$12	.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach add	itional documentation.
Please complete lines 25 throug			<u> </u>
25. Last date actual wage and j	25. Last date actual wage and job creation levels documented		ess Assistance Form completed
3/7/00		3/28/01	

25. Last date actual wage and job creation levels documented	26. Date this Minnesots Business Assistance Form completed		
3/7/00	3/28/01		
27. Have all wage and job goals been achieved? Yes — do	d7 Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.		

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00-0246

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete libes I through 16 for all agreements.



					
1. Funding government agency name HOUSING AND REDEVELOPMENT AUTHORITY		2. Contact name			
OF EDINA		GORDON HUGHES	·		
3. Agency street address		4. City			
4801 WEST 50TH S	STREET	EDINA			
5. Zip code	6. Phone number (sres code)	8. Type of government agen	3 7		
55424	(952) 826-0401 7. Fax number (area code)	X CityCounty _	Regional State		
	(952) 826-0390	Other (Please Indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC	code)		
SOUTH EDINA DEVELOPMENT CORPORATION (PHASE 4 OFFICE)					
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12 Name of TIF district (if applicable)			
T.1.F.		1203 CENTENNIAL			
13. Date of business assistance agreement 12/1/96	14. Date assistance first provided No assistance provided as of	15. Date project (building/ machinery/etc.) was placed in service 6/2/99	16. Dollar value of business assistance \$1,772,000 {.1. .8 25% of Annual TIF		
32/31/00 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For					

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

17. Job creation goals for business receiving assistance		18. Average h	ourly wage	level goals for busin	css receiving	
5 NEW JOBS I	N MINNESOTA	8	assistance	WAGES	WILL MEET C	R EXCEED
50 NEW JOBS I				RY STAN		
19. Actual jobs created si	uce primess tecsive	ed assistance	20. Actual average hourly wage paid to employees hired since			
485 EDINA JOB	S		business received assistance 29 of 46			
46 STATE JOB			EXCEED	530,00	O ANNUALLY	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (5)	Full-time	Part-time	(exc), benefits)	Benefits (\$)
	less than \$7.00		29_		less than \$7.00	
	\$7.00 ₺ \$7.99				\$7.00 to \$7.99	
<u> </u>	\$8.00 to \$9.99		10b		\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
	512.00 and higher		<u> 390 </u>		\$12.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.				

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
3/1/00	3/28/01		
	ed? K Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form		

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

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Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency		2. Contact name			
HOUSING AND REDE	VELOPMENT AUTHORITY				
OF EDINA		GORDON HUGHES			
3. Agency street address		4. City			
4801 WEST 50TH \$	TREET	EDINA			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55424	(952)826-0401	X 5:5. 5	X CityCountyRegionalState		
	7. Fax number (area code)	CityCounty	KegionalState		
	(952)826-0390	Other (Please indicate)_			
9. Name of business receiving assistance			10. Industry of recipient (SIC code)		
SOUTH EDINA DEVELOPMENT CORPORATION					
(PHASE 5 OFFICE)		6552			
11. Type of assistance (e.g. los	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
		1202 CENTENNIAL	LAVES		
T.1.F.	•	1203 CENTENNIAL			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	NO ASSISTANCE	machinery/etc.) was placed in service	\$1,772,000 & 7.4. 8/6/01		
12/1/96	PROVIDED AS OF	9/29/00	25% OF ANNUAL TIF		
	12/24/00	3,23,00	1-28 OF WHITONE ITE		

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

17. Job creation goals for business receiving assistance		18. Average h	ourly wage	level goals for busi	ness receiving	
5 NEW JOBS IN MINNESOTA &		assistance	WAGE	S WILL MEET	OR EXCEED	
50 NEW JOBS	N EDINA		INDUST	RY STAN	DARDS	
19. Actual jobs created si		ed assistance	20. Actual average hourly wage paid to employees hired since			
1 6 7 EDINA JOE	38		paziness r	business received assistance		
45 NEW STATE	JOBS					•
Goals of business received number of employees at corresponding benefit levels.	each wage level and			er of emple	e project placed in so byccs at each wage I t level.)	
21. Job Creation	Hourly Wage	22. Hourly Value of Voluntary	23. Job Creati	ion	Howly Wage Level	24. Hourly Value of Voluntary
Full-time Pan-time	(excl. benefits)	Benefits (3)	Full-time	Part-time	(excl. benefits)	Benefits (5)
	less than \$7.00		6		less than \$7.00	
	\$7.00 to \$7.99				57.00 to \$7.99	
<u>50</u>	\$8.00 to \$9.99		26		\$8.00 to \$9.99	
	510.00 to \$11.99				\$10.00 to \$11.99	
	\$12.00 and higher		135		\$12.00 and higher	
If necessary, please attack	additional documen	ntation.	If necessary, p	lease attack	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/1/01	3/28/01
27. Have all wage and job goals been achieved? Yes - do	
	ase submit the 2000 Minnesota Business Assistance Form.

7 RECEIVED APR 0 1 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
Elk River EDA		Catherine Mehelich, Director		
3. Agency street address		4. City		
13065 Orono Pa	rkway	Elk River		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
55330	763-441-7420	X CityCountyRegionalState		
7. Fax number (area code) 763-441-7425		Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC	code)	
Supermats, Inc		3069		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		TIF District No. 20		
13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
Nov. 1998	Nov. 1998	Aug. 1999	\$79,000	

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

	•	-			Ū		
17. Job creation goals for business receiving assistance		18. Average hassistance		level goals for busing	ness receiving		
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance		oyees hired since			
	ployees at	ng assistance: (Pleas each wage level and vel.)			er of emplo	e project placed in se byees at each wage le t level.)	
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
		\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		8		\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, p	olease attacl	h additional docume	ntation.	If necessary, p	olease attacl	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
March 2001	March 2001		
27. Have all wage and job goals been achieved? Yes — do			
□ No — ple	ase submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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			z dopinan	
Funding government agency name		2. Contact name		
Elk River EDA		Catherine Mehe	lich	
3. Agency street address		4. City		
13065 Orono Park	way	Elk River		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
763-441-7420 7. Fax number (area code)		X CityCountyRegionalState		
763-441-7425		Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
Associated Inves	tors of Elk River, l	nc. NA		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if app	olicable)	
TIF		TIF District No.	19	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance	
7-30-99	8-14-00	12-31-2000	\$2,811,000	
	ned between July 1, 1995 and D B and future years, please comp	ecember 31, 1997, complete line olete lines 21 through 24.	es 17 through 20. For	

17. Job creation goals for <i>NA</i>	business receiving a	assistance	18. Average h assistance	ourly wage	level goals for bus	iness receiving
19. Actual jobs created si	nce business receive	d assistance		rage hourly eceived ass	wage paid to emp istance	loyees hired since
Goals of business receivi	•		•		project placed in so	
corresponding benefit lev	-		the correspond	•		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24 Hourly Value of Voluntary
Full-time Part-time 75	(excl. benefits) less than \$7.00	Benefits (\$) NA		Part-time	(excl. benefits) less than \$7.00	Benefits (\$)
	\$7.00 to \$7.99		60	40	\$7.00 to \$7.99	
	\$8.00 to \$9.99		<u>35</u>	10	\$8.00 to \$9.99	
	\$10.00 to \$11.99		50	25	\$10.00 to \$11.99	
	\$12.00 and higher		40		\$12.00 and highe	Г
If necessary, please attach additional documentation.		ntation.	If necessary, p	olease attacl	h additional docum	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
March 2001	March 2001		
27. Have all wage and job goals been achieved? XYes — do not submit future forms for this project.			
No — please submit the 2000 Minnesota Business Assistance Form.			

RECEIVED MAR 2 R 2001

00-0119

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade & _____ Economic Development

Please complete lines 1 through 16 for all agreements.

			-	
1. Funding government agency name		2. Contact name		
CITY OF FAIRMONT		JIM ZARLING		
3. Agency street address		4. City		
NOTHWOOD DOIL	IN PAAZA	FAIRMONT		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
507238 9461 7. Fax number (area code) 507238 9044		CityCountyRegionalStateOther (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC	code)	
Chesley Freigh		50/2, 50/3,		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)		
Loan		NA	·	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
2-7-97	2-7-97	placed in service 4-1-97	\$75,000	

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

						<u> </u>	
17. Job creation	17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving				
8	Full-	11 time		assistance	\$ 7	.15	
19. Actual job	s created si	nce business receive	ed assistance	20. Actual ave	rage hourly	y wage paid to empl	oyees hired since
		time_		business r	eceived ass	istance \$ 13.00	>
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			er of emplo	e project placed in so byecs at each wage I t level.)			
21. Job Creati	on	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creati	on	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
-		\$7.00 to \$7.99				\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	lease attacl	h additional docume	ntation.	If necessary, ;	leasc attacl	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3-28-2001	3-28-61
27. Have all wage and job goals been achieved? X Yes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 throug	h 16 for all agreements.	CÉIVED MAY 1 U	Economic Development	
1. Funding government agency	y name	2. Contact name		
City of Faribault, Minnesota		Sara Anne Daines	3	
3. Agency street address		4. City		
208 NW First Av		Faribault		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
	(507) 333-0374	v City County F	Pegional State	
55021	7. Fax number (area code)	CountyF		
	(507) 333-03 99	Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
Bridgewater Tech., Inc.				
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if appl	icable)	
Loan		TIF District #7		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
16 Sept 1997	Oct 1997	placed in service March 1998	\$175,000	
For ussistance agreements sig	and harmon July 1 1005 and F	Accompany 31 1997 complete line	17 th sough 20 Fee	

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

17. Job creation goals for business receiving assistant	
15 FTE	assistance \$8.5()
19. Actual jobs created since business received assists	tance 20. Actual average hourly wage paid to employees hired since business received assistance
17FTE	18.38
Goals of business receiving assistance: (Please indica number of employees at each wage level and indicate corresponding benefit level.)	
Level of	Ourly Value 23. Job Creation
less than \$7.00 s57.00 to \$7.99	less than \$7.00 \$7.00 to \$7.99
15 \$8.00 to \$9.99 2. \$10.00 to \$11.99	\$8.00 to \$9.99 1 2 \$10.00 to \$11.99 0.78 13 4 \$12.00 and higher 0.94
If necessary, please attach additional documentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
10-30-00	5-4-01
27. Have all wage and job goals been achieved? \(\times \text{Yes} - c \) \(\times \text{No} - p \)	o not submit future forms for this project. ease submit the 2000 Minnesota Business Assistance Form.



(Please return by April 1, 1999)

Please complete lines 1 throug	th 16 for all agreements.	CENTERNY 10	2001 Development			
1. Funding government agenc		2. Contact name				
City of Faribau	lt, Minnesota	Sara Anne Daines				
3. Agency street address		4. City				
208 NW First Av	enue	Faribault				
5. Zip code	6. Phone number (area code)	8. Type of government agency	·			
55021	(507) 33340374 7. Fax number (area code)	CityCounty	RegionalState			
	(507) 333-0399	Other (Please indicate)				
9. Name of business receiving		10. Industry of recipient (SIC code)				
Gray Wolf Manuf						
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)			
LOAN 2002		N/A				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance			
January 1998	2 January 1998		\$50,000.			
	ned between July 1, 1995 and D 98 and future years, please comp		es 17 through 20. For			
17. Job creation goals for bus	iness receiving assistance	18. Average hourly wage level	goals for business receiving			
19FTE		assistance \$8.50				
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since				
29.5 FTE		business received assistance \$13.50				
Goals of business receiving a		Actual performance since proj	ect placed in service: (Please			

17. Job creation goals for business receiving assistance			18. Average h assistance	\$8.50	level goals for busin	ness receiving
19. Actual jobs created since business received assistance 29.5 FTE Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			business r	\$13.5 mance since per of emplo	O project placed in se pyees at each wage lo	rvice: (Please
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
19	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99		5 7 17	<u> </u>	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	
If necessary, please attach additional documentation.			If necessary,	please attac	\$12.00 and higher h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels	documented 2	26. Date this Minnesota Business Assistance Form completed		
Aug. 1999		4/27/01		
27. Have all wage and job goals been achieved?	Il wage and job goals been achieved? 💆 Yes — do not submit future forms for this project.			
	□ No — please	submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECELLAY 1 0 2001

 Funding government agency 	name	2. Contact name		
.				
City of Faribaul	Lt, Minnesota	Sara Anne Daine	s	
3. Agency street address		4. City	T	
		-		
208 NW First Ave	enue	Faribaulr	;	
5. Zip code	6. Phone number (area code)	8. Type of government agency		
	(507) 333-0374	<u>.</u>		
55021		v City County	RegionalState	
(•	_	
	(507) 333-03 9 9	Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
	-			
Jerome Foods, The	Turkey Store			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
	_		•	
LOAN		TIF DISTRICT 2 N	ORTH	
13. Date of business 14. Date assistance first		15. Date project (building/	16. Dollar value of business	
assistance agreement provided		machinery/etc.) was	assistance	
_		placed in service		
JULY 20, 1995	APRIL 30, 1996	JANUARY 29,1997	\$245.000.	
For assistance augreements signed between July 1, 1995 and December 31, 1997 complete lines 17 through 20. For				

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

17. Job creation goals for business receiving assistance			18. Average in assistance	ourly wage	level goals for bus	iness receiving	
125	¥		Federal	Low/M	oderate Inc	ome REquire	ment
19. Actual jobs created si	nce business receive	ed assistance			wage paid to emp	loyees hired since	
125			business re	eceived ass	\$6.54		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)					
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	:
	less than \$7.00		106		less than \$7.00		
113	\$7.00 to \$7.99		_15_		\$7.00 to \$7.99	()	
8	\$8.00 to \$9.99		3		\$8.00 to \$9.99		
	\$10.00 to \$11.99		1		\$10.00 to \$11.99		
4	\$12.00 and higher				\$12.00 and highe	er	
If necessary, please attac	h additional docume	entation.	If necessary, p	olease attac	h additional docum	nentation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form complete		
MARCH 31,1996	MAY 4, 2001		
27. Have all wage and job goals been achieved? XYes — do	onot submit future forms for this project. sase submit the 2000 Minnesota Business Assistance Form.		

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

Trade & — Economic

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 1 0 2001

1. Funding government agency	name	2. Contact name		
City of Faribaul	t, Minnesota	Sara Anne Daines		
3. Agency street address		4. City		
208 NW First Ave	enue	Faribault		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55021	55021 (507) 333-0374 7. Fax number (area code)		RegionalState	
(507) 333-03 79		Other (Please indicate)		
	` <u>'</u>			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
MDC Development 1	LLD			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Tax Increment Fi	nancing//Loan	TIF District #1	Plan_3	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
21 May 1998	24 August 1998	placed in service	\$ 160,000.	

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

17. Job creation goals for business receiving assistance			18. Average h	, .	level goals for busin	ess receiving	
25 FTE		assistance	\$ 8.50)			
19. Actual jobs created since business received assistance				erage hourly eccived ass	wage paid to emplo	yees hired since	
25					\$11.0	0	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			er of emplo	project placed in se byces at each wage le t level.)			
21. Job Creation Full-time		Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
25		\$8.00 to \$9.99	N/A	20		\$8.00 to \$9.99	
		\$10.00 to \$11.99 \$12.00 and higher				\$10.00 to \$11.99 \$12.00 and higher	
If necessary, p	lease attac	h additional docume	entation.	If necessary,	please attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27 APRIL 2001	4 MAY 2001
27. Have all wage and job goals been achieved?	do not submit future forms for this project. lease submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED NAT 1 0 2001

 Funding government agency 	name	2. Contact name				
City of Faribau	lt, Minnesota	Sara Anne Daines				
3. Agency street address		4. City				
,						
208 NW First Ave	enue	Faribault				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
(507) 333-0374 55021 7. Fax number (area code)		CityCountyRegionalState				
	(507) 333-03 9 9	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Sellner Manufacto	oring Co.					
	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
LOAN	-	District 3 Central				
13. Date of business 14. Date assistance first		15. Date project (building/ 16. Dollar value of bus				
assistance agreement provided		machinery/etc.) was assistance				
·		placed in service				
ll April 1997	29 May 1997	29 May 1997 \$100,000.				
			· · · · · · · · · · · · · · · · · · ·			

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

17. Job creation goals for business receiving assistance			18. Average h	ourly wage	level goals for busin	less receiving
6FTE				\$8.30		
19. Actual jobs created since business received assistance			Actual average hourly wage paid to employees hired since business received assistance			
6FTE			Ousiness in	2001404 433	\$11.45	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		•	er of emplo	project placed in se byees at each wage le t level.)	,	
21. Job Creation Full-time Part	Hourly Wage Level -time (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
_6	\$8.00 to \$9.99	N/A	-2		\$8.00 to \$9.99	-2.50
	\$10.00 to \$11.99		_2		\$10.00 to \$11.99	-2.50 -
\$12.00 and higher			_2		\$12.00 and higher	-2.50
If necessary, please	attach additional docum	entation.	If necessary,	please attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documen	ted 26. Date this Minnesota Business Assistance Form completed
October 31, 1999	May 9, 2001
27. Have all wage and job goals been achieved?	do not submit future forms for this project. please submit the 2000 Minnesota Business Assistance Form.
	— please submit the 2000 Minnesota Business Assistance Form.

Trade & — Economic

(Please return by April RECEIVED MAY 1 0 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name		
City of Faribau 3. Agency street address	lt, Minnesota	Sara Anne Daines		
J. Agency succe address		4. City		
208 NW First Av	enue	Faribault		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
(507) 333-0374 7. Fax number (area code) (507) 333-03 9 9		City County Regional State Other (Please indicate)		
O Nome of humana accession		<u> </u>		
9. Name of business receiving assistance		10. Industry of recipient (SIC o	iode)	
Sparcks, Mfg.				
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if app	olicable)	
LOAN/GRANT		TIF NORTH 2		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
21 APRIL 1999	3 MAY 1999	21 APRIL 1999	\$100,000.	

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

17. Job creation goals for business receiving assistance		18. Average h		level goals for busin	ess receiving		
27				23332	\$9.0	0	
19. Actual jobs	created si	nce business receive	d assistance			wage paid to emplo	yees hired since
				business r	eceived assi		
		28				11.42	
Goals of busin	ess receivi	ng assistance: (Pleas	e indicate	Actual perform	nance since	project placed in se	rvice: (Please
number of emp	oloyees at o	each wage level and	indicate the		•	yees at each wage le	vel and indicate
corresponding benefit level.)			the correspon	ding benefit	t level.)		
21. Job Creatic	on	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
•		Level	of Voluntary			Level	of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00		4		less than \$7.00	0.88
		\$7.00 to \$7.99				\$7.00 to \$7.99	 ·
_12		\$8.00 to \$9.99	1.58	8		\$8.00 to \$9.99	0.97
6		\$10.00 to \$11.99	1.58	8		\$10.00 to \$11.99	1.56
9		\$12.00 and higher	1.58	8		\$12.00 and higher	2.08
If necessary, please attach additional documentation.			If necessary,	please attac	h additional docume	ntation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
12-12-00	5-4-01
27. Have all wage and job goals been achieved? XYes — do	not submit future forms for this project.
□ No — ple	ase submit the 2000 Minnesota Business Assistance Form.

RECEIVED MAR 2 7 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



00-0056

Please complete lines I through 16 for all agreements.

City of Fergus Falls J. Agency street address 1.12 West Washington 5. Zip code 5.6537 (218) 739-0126 7. Fax number tarea coder (218) 739-0149 9. Name of business receiving assistance MRLB International, Inc.	X CityCountyRegionalState Other (Please indicate) [10] Industry of recipient (SIC code)
1.12 West Washington	Fergus Falls 8. Type of government agency X. CityCountyRegionalStateOther (Please indicate)
5. Zip code 6. Phone number farch cod 56537 (218) 739-0126 7. Fax number farch code (218) 739-0149 9. Name of business receiving assistance MRLB International, Inc.	8. Type of government agency X CityCountyRegionalState Coher (Please indicate) [10. Industry of recipient (SIC code)]
56537 (218) 739-0126 7. Fax number (area code) (218) 739-0149 9. Name of business receiving assistance MRLB International, Inc.	X CityCountyRegionalState Other (Please indicate) [10] Industry of recipient (SIC code)
7. Fax number (area code) (218) 739-0149 9. Name of business receiving assistance MRLB International, Inc.	Other (Please indicate)
9. Name of business receiving assistance MRLB International, Inc.	10. Industry of recipient (SIC code)
MRLB International, Inc.	10. Industry of recipient (SIC code)
	3843
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, ea	2.1 12 Name of HF district ((f applicable)
Loan	
13. Date of business 14. Date assistance first provided	15 Date project (building) 16. Dollar value of business machinery/ete.) was assistance
3-19-98	3-19-98 \$150,000
For assistance agreements signed between July 1, 1995 an agreements signed during 1998 and future years, please o	of December 31, 1997, complete lines 17 through 20. For outside lines 21 through 24.
17. Job creation goals for business receiving assistance	18 Average hourly wage level goals for business receiving assistance
19. Actual jobs created since business received assistance	20 Actual average hourly wage paid to employees hired since business received assistance
Coals of business receiving assistance: (Please indicate number of employees at each wage level and accepte the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
21. Job Creation Hourly Wage 22. Hourly V Level of Volum	
Level of volun Full-time Part-time (excl, benefits) Benefits	• 1
less than \$7.00	less than \$7.00
\$7.00 to \$7.99	\$7,00 to \$7,99
\$8.00 to \$9.9975	3 \$8.00 to \$9.99 1 97
\$10.00 to \$11.99	2 \$10,00 to \$11,99 1,97
\$12.00 and higher	\$12.00 and higher 1.26
Unecessary, please attach additional documentation	If necessary, please attach additional documentation.
Please complete lines 25 through 27 for all agreements.	
25. Last date actual wage and job creation levels cocumen	ed 26. Date this Minneson Business Assistance Form completed
,	
12/31/00	3/23/01
27. Have all wage and job goals been achieved? A Yes	do not subtruit future forms for this project. please submit the 2000 Minnesota Business Assistance Form.
This form replaces all previous forms. Please com	

RECEIVED MAR 2 7 2001

00-0057

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines I through 16 for all agreements.

I. Funding government agency name Fergus Falls Port Authority City of Fergus Falls		2. Contact name Penny Davis			
3. Agency street address		4 City			
112 West Washington		fergus Falls			
5. Zip code	6. Phone number (mea code)	8. Type of government agency	·		
56537	(218) 739-0126 7. Fax number rarea code)	X city County	Regional State		
	(218) 739-0149	Other (Please indicate)			
9. Name of business receiving assistance		10 andustry of recipient (SIC code)			
Norcon Resources, LLP		2431			
11. Type of assistance (e.g. los	n, TIF, grant, intrast/acture etc.)	12. Name of TIF district (if applicable)			
Loan; TIF		I 1-8			
13. Date of business assistance agreement	14. Dine assistance tris: provided To date has not	15 Date project (building) machinery/etc.) was placed in service	16 Dollar value of business assistance		
5-12-99	been provided		302,300		

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

17. Joh creation goals for business receiving assistance			18 Average by assistance	ourl, wage	level goals for busin	iess receiving	
19. Actual jobs created since business received assistance Goals of business receiving assistance: (P.e.ise incalide number of employees at each wage level and advance the corresponding benefit level.)			Actual average hourly wage paid to employees hired since forsiness received assistance Actual performance since project placed in service; (Please indicate number of employees at each wage fevel and indicate the corresponding benefit fevel.)		nyees hired since		
21. Job Cremic Full-time	on Part-rime	Hourly Wage Level (excl-benefits)	22. Howly Value of Voluntary I Detect (\$15)			Hourly Wage Level (exel. benefits)	24. Hourly Value of Voluntary Benefits (\$)
<u>28</u> 5		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	<u>1.38</u>			less than \$7,00 \$7,00 to \$7,99 \$8,00 to \$9,99	
2		\$10.00 to \$11.99 \$12,00 and higher	1.38			\$10.00 to \$11.99 \$12.00 and higher	
If necessary, p	lease attac	h additional docume	Mistear	Tracessary, p	dease attac	h additional docume	mation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels of	ocumented.	26. Date this Minnesota Business Assistance Form completed
		3-26-01
27. Have all wage and job goals been achieved?		nor submit future forms for this project as submit the 2000 Minnesota Business Assistance Form.
	22 (4)	the standing tile soon is intreson to business resistance i an in.

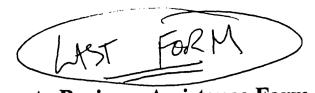


(Please return by April 1, 1999)

1, 1999) RECEIVED MAY 2 2 2001 j



Please complete lines 1 through 16 for all agreements. 2. Contact name 1. Funding government agency name Phone number (area code) County ___Regional ___State Other (Please indicate) 9. Name of business receiving assistance 10. Industry of recipient (SIC code) 12. Name of TIF district (if applicable) DIST. 15. Date project (building/ 13. Date of business 14. Date assistance first 16. Dollar value of business machinery/etc.) was provided assistance assistance agreement placed in service For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving assistance 19. Actual jobs created since business received assistance 20. Actual average hourly wage paid to employees hired since business received assistance Goals of business receiving assistance: (Please indicate Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate number of employees at each wage level and indicate the corresponding benefit level.) the corresponding benefit level.) 21. Job Creation 22. Hourly Value 24. Hourly Value Hourly Wage 23. Job Creation Hourly Wage Level of Voluntary Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) Benefits (\$) Full-time Part-time (excl. benefits) less than \$7.00 less than \$7.00 \$7.00 to \$7.99 \$7.00 to \$7.99 \$8.00 to \$9.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$10.00 to \$11.99 \$12.00 and higher \$12.00 and higher If necessary, please attach additional documentation. If necessary, please attach additional documentation. Please complete lines 25 through 27 for all agreements. 25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form completed 27. Have all wage and job goals been achieved? - do not submit future forms for this project. Yes No — please submit the 2000 Minnesota Business Assistance Form.



ESTABLISHED

MINNESOT

Trade &

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Economic Development

lease complete lines 1 through 16 for all agreements. RECEIVED MAY 2 2 2001 Developmen			
1. Funding government agency name	2. Contact name		
CITY OF FOUNTAIN 3. Agency street address	STAN SPEER, CITY CLERK- 4. City FOUNTAIN, MN		
3. Agency street address	4. City		
104 MAIN ST.	FOUNTAIN, MN		
5. Zip code 6. Phone number (area code)	8. Type of government agency		
53935 (507) 268 - 4923 7. Fax number (area code)	CityCountyRegionalState		
(507) 268 - 4313	Other (Please indicate)		
9. Name of business receiving assistance	10. Industry of recipient (SIC code)		
Unity DESIBN, INC.			
11. Type of assistance (e.g. loan, TTF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF PAY 15 YOU	TIF 1-2		
13. Date of business 14. Date assistance first	15. Date project (building/ 16. Dollar value of business		
assistance agreement provided No PAYMENTS	machinery/etc.) was assistance placed in service		
5/5/99 12-	1999 #453,050		
For assistance agreements signed between July 1, 1995 and D agreements signed during 1998 and future years, please comp	ecember 31, 1997, complete lines 17 through 20. For slete lines 21 through 24.		
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving		
	assistance		
	20. Actual average hourly wage paid to employees hired since		
19. Actual jobs created since business received assistance	business received assistance		
\mathcal{D}			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hourly Wage 22. Hourly Value			
Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)		
lass than \$7.00	less tran \$7.00		
77.80 to \$7.99	\$7.00 to \$7.99		
\$8.00 to \$9.99	\$8.00 to \$9.99		
\$10.00 to \$11.99	\$10.00 to \$11.99		
\$12.00 and higher	\$12.00 and higher		
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements.			

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

(Please return by April 1, 1999)
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Please complete lines 1 through 16 for all agreements

Development and I through to for an agreements.				
Funding government agency	name	2. Contact name		
FREE BORN Co	UNTY HRA	WILLIAM M HELFRITZ 4. City		
3. Agency street address	′	4. City		
411 S BROA 5. Zip code	dway	ALBERT LEA		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
	507-377-5251 7. Fax number (area code)	CityCountyRegionalState		
56007	502-377-5109	Other (Please indicate)		
56007 9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
1	RESOURCES COOP n, TIF, grant, infrastructure, etc.)	2869 12. Name of TIF district (if applicable)		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
, , , , , ,	_	11 - 1 - 1 - 1 - 1 - 1		
LOAN + T	1 +	15. Date project (building) 16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was assistance		
5-1-98	5-28-98	placed in service # 3,200,000		
5-/- / 0	3-27-1	3-1-11 5,200,000		
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level goals for business receiving		
	- 60	assistance		
20 JOBS AV	ERAGE 8. PER HK	8. =		
19. Actual jobs created since b	S RAGE 8. PER HK pusiness received assistance	20. Actual average hourly wage paid to employees hired since		
		business received assistance		
27.5	_	SEE BELOW		
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Ho	urly Wage 22. Hourly Value	23. Job Creation Hourly Wage 24. Hourly Value		
	Level of Voluntary	Level of Voluntary		
Full-time Part-time (exc	cl. benefits (\$)	Full-time Part-time (excl. benefits) Benefits (\$)		
less	than \$7.00	less than \$7.00		
\$7.0	00 to \$7.99	\$7.00 to \$7.99		
	00 to \$9.99	3 \$8.00 to \$9.99 2.25		
· ·				
	.00 to \$11.99	\$10.00 to \$11.99		
	.00 and higher	\$12.00 and higher		
If necessary, please attach add	itional documentation.	If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
4-23-01 27. Have all wage and job goz		5-4-01		
27. Have all wage and job goa	ls been achieved? 🛚 Yes — do	not submit future forms for this project.		
	□ No — plea	ase submit the 2000 Minnesota Business Assistance Form.		

****AMENDED***

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Assistance Form

1999)

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Economic

Prease complete times I through 16 for all agreements.		KECEIVELI AUG I	2001 Development	
1. Funding government agency name		2. Contact name		
City of Gaylord		Lonny L. Johnson,	City Administrator	
3. Agency street address		4. City		
428 Main Ave, PO	Box 987	Gaylord		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
•	507-237-2338	X CityCountyRegionalState		
55334 .	7. Fax number (area code)		regional sale	
507-237-5121		Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
Unified Container	Solutions Inc			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		· 2-7 Unified Container Solutions Inc		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
3-1-98	3-1-98	6-2-98	Est TIF \$364,500	

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

17. Job creation goals for business receiving assistance 19. Actual jobs created since business received assistance			18. Average hourly wage level goals for business receiving assistance 20. Actual average hourly wage paid to employees hired since business received assistance			
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (5)	·	on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
10	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	2.36
If necessary, please attac	\$12.00 and higher hadditional docume		12 If necessary, p	olease attac	\$12.00 and higher hadditional document	2.36 ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form comple	
March 26, 2001	April 1, 2001	
27. Have all wage and job goals been achieved? ☐ Yes — do ☐ No — ples	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.	

Please complete lines 1 through 16 for all agreements.

\$8.00 to \$9.99

If necessary, please attach additional documentation.

\$10.00 to \$11.99

\$12.00 and higher

00-0956

AMENDED

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



1. Funding government ap	gency name	2. Contact name				
City of Gaylor	câ	Lonny L. Johnson, City Administrator				
3. Agency street address		4. City				
428 Main Ave,	PO Box 987	Gaylord				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
	507-237-2338	X CityCountyRegionalState				
55334	7. Fax number (area code)					
	507-237-5121	Other (Please indicate)				
9. Name of business recei	ving assistance	10. Industry of recipient (SIC code)				
Gold Leaf Inn	& Suites					
11. Type of assistance (e.	¿. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
TIF		TIF 2-6 Gold Leaf				
13. Date of business	14. Date assistance first	15. Date project (building) 16. Dollar value of business				
assistance agreement	provided	machinery/etc.) was assistance				
4-1-98	4-1-98	placed in service August 8, 1998 Est TIF \$223,155				
agreements signed during	s signed between July 1, 1995 and 1998 and future years, please conbusiness receiving assistance	December 31, 1997, complete lines 17 through 20. For aplete lines 21 through 24. See Attached Schedul 18. Average hourly wage level goals for business receiving assistance				
19. Actual jobs created sin	nce business received assistance	Actual average hourly wage paid to employees hired since business received assistance				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation	Hourly Wage 22. Hourly Value of Voluntar	, , , , , , , , , , , , , , , , , , , ,				
Full-time Part-time	(excl. benefits) Benefits (\$	' I				
7.4	less than \$7.00 N/A	17 less than \$7.00 N/A				
	\$7-00 to \$7-99	\$7,00 to \$7.99				

Please complete lines 25 through 27 for all agreements.

If necessary, please attach additional documentation.

\$8.00 to \$9.99

\$10.00 to \$11.99

\$12.00 and higher

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
March 2001	April 1, 2001
27. Have all wage and job goals been achieved? \(\text{Yes} - \text{do} \)	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0566

Trade & —
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name			
City of Ham La	ake	Doris Nivala			
3. Agency street address		4. City			
15544 Central	Ave. NE	Ham Lake			
5. Zip code	6. Phone number (area code)	8. Type of government agency	y		
55304	763-434-9555 7. Fax number (area code)	X City County Regional State			
	763-434-9599	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Signs of Perf	ection. Inc.				
11. Type of assistance (e.g. loa	ection, Inc. n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)		
Loan		N/A			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided .	machinery/etc.) was	assistance		
6/25/98	6/25/98	placed in service \$25,000			

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

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance				
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)					
21. Job Creation Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	Level		, -	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
1		\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	.75	\$8.00 to \$9.99 2 \$10.00 to \$11.99 5 \$12.00 and higher .75			
If necessary, p	lease attacl	h additional docume	ntation.	If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels do	cumented	26. Date this Minnesota Business Assistance Form completed
4/11/01	,	4/11/01
27. Have all wage and job goals been achieved?	Yes — do	not submit future forms for this project.
	ase submit the 2000 Minnesota Business Assistance Form.	

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0567

Trade & — Economic Development

Please complete lines 1 through 16 for all agreements.

		100			
1. Funding government agency	name	2. Contact name			
City of Ham L	ake	Doris Nivala			
3. Agency street address		4. City			
J. Agency succe address					
15544 Central		Ham Lake			
5. Zip code	6. Phone number (area code)	8. Type of government agency	,		
	763-434-9555				
55304	7. Fax number (area code)	X_CityCounty _	RegionalState		
	/. Fax number (area code)				
_	763-434-9599	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)		
,					
Al-Case Mold	& Patterm, Inc.		·		
11. Type of assistance (e.g. loan	TIE grant infrastructure etc.)	12. Name of TIF district (if ap	nlicable)		
11. Type of assistance (e.g. 102	, <u>, , , , , , , , , , , , , , , , , , </u>	12. Italie of the abute (a applicable)			
T		N/A			
Loan		N/A			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided .	machinery/etc.) was	assistance		
•		placed in service			
12/28/98	12/28/98	12/28/98	\$55,000		

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

17. Job creation goals for business receiving assistance 19. Actual jobs created since business received assistance			18. Average hourly wage level goals for business receiving assistance 20. Actual average hourly wage paid to employees hired since business received assistance				
							Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
21. Job Creati Full-time	ion Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
8		\$8.00 to \$9.99 \$10.00 to \$11.99	4.24	4		\$8.00 to \$9.99 \$10.00 to \$11.99	4.24
If necessary, p	olease attacl	\$12.00 and higher hadditional document	ntation.	If necessary, p	lease attach	\$12.00 and higher additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented Working with temp agency for employees	
since 12/11/00	4/13/01
27. Have all wage and job goals been achieved? Yes — do	
No — plea	se submit the 2000 Minnesota Business Assistance Form.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Liense combrete nuez 1 tutona	n 16 for 111 agreements.		Development		
1. Funding government agence	y name	2. Contact name	.		
CITYOF	HASTINGS		GROSSMON		
3. Agency street address		4. City			
101 E 4	7H ST	HASTI	NOS		
5. Zip code	6. Phone number (area code)	8. Type of government age	ncy		
	(USI) 437 4127	V 55- 0	D		
55033	7. Fax number (area code)	CityCountyRegionalState			
	USI 437 708Z	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (S	(C code)		
EISCHEN Q	BINGT CO.	2434 - C	DBINGTRY		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	[applicable]		
LAND PRICE		NA			
13. Date of business	14. Date assistance first	15. Date project (building/			
assistance agreement	provided	machinocy/ctc.) was placed in service	assistance		
OCT 2, 1998	OCT 2, 1998	MORCH 1999	7 \$ 36,154		
	red between July 1, 1995 and Do		line 17 th much 20 Eng		
	B and future years, please comp		nites 17 through 20, 1301		
17. Job creation goals for busin	ness receiving assistance		evel goals for business receiving		
TWO	(2)	# 9.00			
19. Acrual jobs created since b	usiness received assistance		wage paid to employees hired since		
FOURTEET	U (14)	business received assistance \$ 12.00			
Goals of business receiving ass number of employees at each v corresponding benefit level)			roject placed in service: (Please ees at each wage level and Indicate evel.)		
21. Job Creation Hou	urly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value		
	Level of Voluntary		Level of Volumary		
•	l. benefits (3)	· ·	excl. benefits) Benefits (\$)		
	than \$7.00		css than \$7.00		
	0 ω \$9.99		3.00 to \$9.99		
	00 to \$11.99		510.00 to \$11.99		
	00 and higher	7	312.00 and higher		
If necessary, please attach addi		If necessary, please attach a	dditional documentation.		
Please complete lines 25 throug	gh 27 for all agreements.				
25. Last date actual wage and je	ob creation levels documented	26. Date this Minnesota Bu	siness Assistance Form completed		
3/19/20	01	3/22/20	001		
27. Have all wage and job goals been achieved? Byes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.					
This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds					

or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

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00-0959

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.	Development		
1. Funding government agency name	2. Contact name Sarah Ebeling		
City of Henning- EDA 3. Accorder street address	WilmerMorse		
3. Agency street address	4. City		
GAT SOCIAL ST	Henning		
5. Zip cods 6. Phone number (area code)	8. Type of government agency		
(218) 583 - 240 2 7. Fax number (area code)	CityCountyRegionalState		
56551 9. Name of business receiving assistance	Other (Please indicate)		
9. Name of business receiving assistance	10. Industry of recipient (SIC code)		
TNT	Farm + Caup Repair. 12. Name of TTF district (if applicable)		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (of applicable)		
	INdustrial		
Lot to Build on fin 1 13. Date of business 14. Date essistance first	15. Date project (building) 16. Dollar value of business		
assistance agreement provided	machinery/ctc.) was assistance placed in service		
5/96 5/96	machinery/ctc.) was placed in service 25,000 Loan 2500 Loan		
agreements signed during 1998 and future years, plaase comp	18. Avarage hourly wage level goals for business receiving assistance		
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving assistance: (Please Indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service; (Please indicate number of employéés at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary	1		
Full-time Part-time (exol. benefits) Benefits (\$)	Pull-time Part-time (excl. benefits) Benefits (\$)		
less than \$7.00	less than \$7.00		
\$7.00 to \$7.99	\$7.00 to \$7.99		
\$8.00 to \$9.99	\$8.00 to \$9,99		
\$10,00 to \$11.99	\$10.00 to \$11,99		
\$12.00 and higher	\$12.00 and higher		
if necessary, please areach additional documentation.	If necessary, please attach additional documentation.		
Picase complete lines 25 through 27 for all agreements.			
25. Last date actual wage and job creation lovels documented	26. Date this Minnesots Business Assistance Form completed		
12-31-2000	5/21/01		
27. Have all wage and job goals been achieved? Yes — do	onot submit future forms for this project. ase submit the 2000 Minnesote Business Assistance Form.		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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7 2001

1. Funding government agent	y name	2. Contact name		
CITY OF HIBBING		SUZANNE TOSCANO		
3. Agency street address		4. City		
401 E 21ST ST		HIBBING, MN 5574	6	
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
FF716	218-262-3486	X CityCountyRegionalState		
55746	7. Fax number (area code)	CityCountyKeginalonic		
	218-262-2308	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
SIM SUPPLY		INDUSTRIAL SUPPLY SALES		
11. Type of assistance (e.g. lo	on, TIF, grant, infrastructure. etc.)	12. Name of TIF district (if applicable)		
TIF		TIF #11		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement provided		machinery/ctc.) was placed in service	assistance	
6-1-99 12-31-99		,	\$130,000	

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

17. Job creation goals for business receiving assistance 2			18. Average hourly wage level goals for business receiving assistance \$9.00			
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance			
Choals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary	,		24. Hourly Value of Voluntary	
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99				\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	-
	\$10.00 to \$11.99				\$10.00 to \$11.99	
	\$12.00 and higher		\$12.00 and higher			
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.				

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented MAY 3, 2001	26. Date this Minnesota Business Assistance Form completed MAY 3, 2001
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project. see submit the 2000 Minnesota Business Assistance Form.

original recursed 3127/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name	
Hopkins HR	l l	Jim Hartsho	
	<u> </u>	4. City)LD
3. Agency street address			
1010 FIRST S		Hopkins	
5. Zip code	6. Phone number (area code)	8. Type of government agend	
55343	952-939-1359	X CityCounty _	RegionalState
00010	7. Fax number (area code)		
	952-935-1834	Other (Please indicate)	
9. Name of business receiving	assistance	10. Industry of recipient (SIC	C code)
HOPKINS Busin	ness Center	Relail Tradi	e/office-warehouse
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)
Grant/TIF			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement 2/10/99	provided	machinery/etc.) was placed in service	1,671,382 (9 rust)
4/23/99 AMEDDED		10/2000	45, 750 CTIF)
, , ,			· · · · · · · · · · · · · · · · · · ·
	ned between July 1, 1995 and Do 8 and future years, please comp		ines 17 through 20. For
17. Job creation goals for busin	ness receiving assistance		el goals for business receiving
92(FT)	18(PT)	assistance	
19. Actual jobs created since b	usiness received assistance		age paid to employees hired since
47	4 (PT)	business received assista	nce
Goals of business receiving as number of employees at each v corresponding benefit level.)			oject placed in service: (Please es at each wage level and indicate vel.)
21. Job Creation Ho	urly Wage 22. Hourly Value	23. Job Creation H	lourly Wage 24. Hourly Value
	Level of Voluntary cl. benefits) Benefits (\$)	Full-time Part-time (e	Level of Voluntary excl. benefits) Benefits (\$)
`	than \$7.00	`	ess than \$7.00
	00 to \$7.99		7.00 to \$7.99
10	00 to \$9.99		8.00 to \$9.99
10 /	.00 to \$11.99	~	10.00 to \$11.99
<u></u>	.00 and higher	40	12.00 and higher
If necessary, please attach add		If necessary, please attach a	
Please complete lines 25 throu			
	job creation levels documented	26. Date this Minnesota Bus	siness Assistance Form completed
		5/25/01	·
27. Have all wage and job goa	als been achieved? Yes — do	not submit future forms for th	
m :			ta Business Assistance Form.
	evious forms. Please complete		ess assistance agreement your

or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)

2. Contact name

Please complete lines 1 through 16 for all agreements.

WINNESOLA
Trade & —
Development

Funding government agency name		2. Contact name			
City of Hugo		Ronald J. Otki	n		
3. Agency street address		4. City			
5524 Upper 146t	h Street N	Hugo, MN 5503	38		
5. Zip code	6. Phone number (area code)	8. Type of government ag	gency		
55038	651 429-6676 7. Fax number (area code)	_X CityCounty	Regional	_State	
	651 426-2859	Other (Please indic			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		-121 & F.H.
Schwieters Prop		2439	SIC code) loa manue	acturing 8/2	3/00 2, 000
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district	(if applicable)	ĺ	
Tax Increment F	inancing				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building machinery/etc.) was placed in service	2/ 16. Dollar va assistanc	alue of business e	
05/17/99	05/17/99	03/15/00	\$212,	188	
	ned between July 1, 1995 and D 8 and future years, please comp ness receiving assistance				
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving ass number of employees at each v corresponding benefit level.)		Actual performance since indicate number of employed the corresponding benefit	yees at each wage le		
Full-time Part-time (exc	urly Wage 22. Hourly Value Level of Voluntary Il. benefits) Benefits (\$)	23. Job Creation Full-time Part-time	,	24. Hourly Value of Voluntary Benefits (\$)	l
	than \$7.00		less than \$7.00		
	00 to \$7.99 00 to \$9.99	5	\$7.00 to \$7.99 \$8.00 to \$9.99	2.42	
	.00 to \$11.99	26	\$10.00 to \$11.99	2.57	
\$12.00 and higher		90	\$12.00 and higher	0 00	
If necessary, please attach add	•	If necessary, please attac	•		
Please complete lines 25 throu	gh 27 for all agreements.				,
	job creation levels documented	26. Date this Minnesota	Business Assistance	Form completed	
12/31	/00	0:	5/16/01		
27. Have all wage and job goa	ls been achieved? **XYes — do	not submit future forms for ase submit the 2000 Minne		stance Form	
771		and the second filling			,

00.0380

original received 4/02/01 & 4. L. 1999 Minnesota Business Assistance Form

(Please return by April I, 1999)

Please complete lines 1 through 16 for all agreements.

RECEIVED SEP 1 4 2001

TO

1. Funding government agency	name	2. Contact name		
C: + T1		Joe Vrchota		
City of Jacks	Off	Fconomic Developme	ent Coordinator	
2 A compression address			THE CONTRIBUTED	
3. Agency street address		4. City		
80 West Ashle	y Street	Jackson, MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
56470	(507) 847-4423	X		
56143	7. Fax number (area code)	X City County	Regional State	
(507) 847–5586		Other (Please indicate)		
0 Nr				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
D & II WE Too		3523		
B&HMfg., Inc	•	4520		
11. Type of assistance (e.g. loan	a, TIF, grant infrastructure, etc.)	12. Name of TIF district (if applicable)		
Downstan Da		- 00 (1		
Renovation - Re	volving Loan	I-90/US 71 Redevelopment District		
13. Date of business 14. Date assistance first		15. Dats project (building/	16. Dollar value of business	
assistance agreement provided		machinery/etc.) was	assistance	
•	F 16 106	placed in service		
5/6/96 5/6/96		7/96	\$100,000	

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

	or equivaler		18. Average h assistance		level goals for busi	incas receiving	
19. Actual job 26 ful	nce business receive	od assistance	20. Actual average hourly wage paid to employees hired single business received assistance \$9.88				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				-	er of emplo	project placed in so eyees at each wage l level.)	' 1
21. Job Creation Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hondy Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
$\frac{2}{3}$	2 9	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		2 11 1	2 9 1	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	50 per per
If necessary, p	lease anacl	additional docume	ntation.	If necessary,	niesse straci	n additional docume	entation.

Please complete lines 25 through 27 for all agreements.

	25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
-	3/10/99	3/30/01
	27. Have all wage and job goals been achieved? XYes — do	not submit future forms for this project.

TO

00-0381

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Economic

Please complete lines 1 throng	h 16 for all agreements.	RECEIVED SEP 14	Economic Development		
1. Funding government agenc	y name	2. Contact name Joe Vrchota			
City of Jackson		Economic Developme	nt Coordinator		
3. Agency street address		4. City			
80 West Ashley Str	eet	Jackson, MN			
5. Zip code	6. Phone number (area code) (507) 847-4423	8. Type of government agency X CityCountyRegionalState			
56143	7. Fax number (area code) (507) 847-5586	Other (Please indicate)_	_		
9. Name of business receiving Sleepy 8, LLC dba	assistance	10. Industry of recipient (SIC	code)		
Super 8 Motel		7011			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Revolving Loan		I-90/US 71 Redevelo	pment District		
13. Date of business assistance agreement	14. Date assistance first provided	15. Data project (building/ machinery/etc.) was	16. Dollar value of business assistance		
11/6/96 11/6/96		placed in service 10/5/97	\$75,000		

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

					` 		
17. Job creation goals for business receiving assistance				18. Average hourly wage level goals for business receiving assistance			
13 fu	ıll-tim	e or Equivale	ent		\$4.	.75	_
19. Actual job	s created si	ince business receive	d assistance			y wage paid to emple	oyees hired since
16 ft	ıll-tim	e		business r	eceived ass \$6.		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)					er of emplo	project placed in se byces at each wage le t level.)	
21. Job Creati	on	Houriy Wage Level	22. Hourly Value of Voluntary	23. Job Creati	ion	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (\$)		Part-time	(excl. benefits)	Benefits (\$)
13		less than \$7.00		13		less than \$7.00	
		\$7.00 to \$7.99		3		\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
\$12.00 and higher						\$12.00 and higher	
If necessary, please artach additional documentation.			If necessary, p	olease attac	n additional docume	ntation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
3/30/01	3/30/01		
27. Have all wage and job goals been achieved? X Yes — C	d? Kl Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.		

Please complete lines 1 through 16 for all agreements.

00-0382

original received 4/2/01 & 4-4.

(Please return by April 1, 1999)

RECEIVED SEP 1 4 2001



2. Contact name Joe Vrchota 1. Funding government agency name City of Jackson Economic Development Coordinator 3. Agency street address 80 West Ashley Street Jackson, MN 5. Zip code 6. Phone number (area code) 8. Type of government agency 507) 847-4423 X City __County __Regional __State 56143 7. Fax number (area code) (507) 847-5586 Other (Please indicate) 9. Name of business receiving assistance 10. Industry of recipient (SIC code) 3523 -Ag Chem Equipment Co., Inc. 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) 12. Name of TIF district (if applicable) Expansion Loan (Revolving) I-90/US 71 Redevelopment District 13. Date of business 14. Date assistance first 15. Date project (building/ 16. Dollar value of business assistance agreement provided machinery/etc.) was assistance placed in service · 11/28/95 11/28/95 9/95 \$50,000

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

	17. Job creation goals for business receiving accistance				18. Average h		level goals for busin	ess receiving
	79 full-time or equivalent				esous lastice	\$9	•99	
	19. Actual jobs created since business received assistance 260					eceived ass	y wage paid to emplo istance •99	yees hired since
	Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				er of emplo	project placed in se byces at each wage lot t level.)		
should	21. Job Creation	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Lovel (excl. benefits)	24. Hondy Value of Voluntary Benefits (\$)
Con a	6.7.101 2 911101 2 5 54	3 17 46 24	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99		2 5 22 5	$\frac{3}{17}$ $\frac{13}{3}$	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	
	13 If necessary, p	0 please attach	\$10.00 to \$11.99 \$12.00 and higher a additional documen	ntation.	If necessary.	please attac	\$10.00 to \$11.99 \$12.00 and higher h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/9/99	3/30/01
27. Have all wage and job goals been achieved? X Yes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

Ociginal received 4/2/01 E.F.H. 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

RECEIVED SEP 1 4 2001



Please complete lines 1 through 16 for all agreements.

7 Ending resumment some		2. Contact name		
1. Funding government agency name		1		
City of Jackson		Joe Vrchota		
		Economic Developme	ent Coordinator	
3. Agency street address		4. City		
80 West Ashley Str	reet	Jackson, MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
•	(507) 847-4423			
56143	7. Fax number (area code)	X CityCounty	RegionalState	
	, , ,			
	(507) 847-5586	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Omnium Worldwide,	Inc. dba	6311		
Accent Insurance Recovery Solutions		POTT		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Environt Ican 4D	1t \	I-90/US 71 Redevelopment District		
Equipment Loan *Revolving)		1-30\02 \1 Kedevetc	pment District	
13. Date of business	14. Date assistance first	15. Date project (building/ machinery/etc.) was	16. Dollar value of business	
assistance agreement	assistance agreement provided		assistance	
· 7/2/97	7/2/97	placed in service	\$75 MM	
•••••		1/3/	\$75,000	

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

17. Job creation goals for business receiving assistance 50 full-time or equivalent			18. Average hassistance	_	level goals for busing	ness receiving
					0 - \$8.00	
19. Actual jobs created since business received assistance 26 full-time, 8 part-time				erage hourly excived ass	y wage paid to emple istance • 50	oyees hired since
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
less than \$7.00		8 11 4 3	<u>2</u> 6	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		
If necessary, please attach	additional docume	ntation.	If necessary, p	lease attaci	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/25/99	3/30/01
27. Have all wage and job goals been achieved? 超Yes—do 上孔出 図No—ple	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

N6/01/2001 13:52

00-1054

RECEIVED JUN

1 2001

1999 Minnesota Business Assistance Form

(Please rature by April 2, 1999)

ach 16 for all money	(2 2) 3)	Trade 4	
cy mane		Developmen	
,	App. Flad	Developmen	
	Economic Development Coordinator 4. Cay Lakeville, MN		
lie			
612-985-4425	•		
7. Fax number (area code)	Z Clo _Coenty _	Perional State	
9. Name of business receiving assistance			
Market	10. Industry of recipions /CIC		
IIF, prot. infrastructure, etc.)			
Tax Increment Financing (TIF) 12. Date of business 14. Date assurance first		lO (Fairfield Capa)	
14. Data assistance first provided	15. Dam project (building) machinery/ex.) was	16. Dollar value of business	
March 16, 1998	placed in acrosc March 10, 1999	\$`323,738.00	
	7. Fax number (area code) 612-985-4499 Assistance 1. Inc. 1. Iff, great infrastructure, etc.) 1. Cing (TIF) 14. Dam anistance first provided	2 Contact same Ann Flad Economic Developm 4 Cay Lakeville, MN 6 Proce number (area code) 612-985-4425 7. Fax number (area code) 612-985-4499 Const (Fear number (Sic Jay) Assistance 10. Industry of recipient (Sic Jay) 11. Inc. 12. Name of TIF district (if applicing (TIF)) 13. Date project (building) machinery/sec.) was placed in activity	

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

17. Job creation goals for business receiving assistance 20 by December 31, 2000		and acceptance	;	level goals for busin	_	
		\$25,000 per year \$12.00 avg./hr.				
19. Actual jobs creamed since business menived assistance		20. Actual everage hourly wage paid to employees hired since business received excistance			nyees bired since	
9 jobs			Please see below			
Goals of business receiving assistance: (Please indicate pumber of employees at each wage love) and indicate the corresponding banefit level.)		Actual perior indicate august the correspond	er of emplo	s project placed in se syces at each wage h	rvice: (Please evel and indicate	
21. Job Creation Full-time Part-time	Hourly Wage Level (mel benefit)	22. Hourly Value of Voluntary Benefits (5)		Part-time	Hourly Wage Level (exel benefits)	24. Hourly Value of Voluntary Benefits (5)
	less than \$7.00				lass than \$7.00	
	\$7.00 to \$7.99 \$2.00 to \$9.99				57.00 to 57.99 58.00 to 59.99	
	510.00 to \$11.99		_6_		510.00 to \$11.99	\$2.86
20	\$1200 and higher		26		\$12.00 and higher	\$ 2.86
If nocessary, please strack	sudditional documen	nlation.	If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last dam actual wage and job creation levels documented	26. Date this Minneson Business Assistance Form completed
June 1, 2001	June 1, 2001
27. Have all wage and job goals been achieved? Uyes — do	not submit future forms for this project.

jobs

00-1055



RECEIVED JUN

1998 Minnesota Business Assistance Form* (Please return by April 15, 1996)

Please type or print in dark lok.

97-299

I. Funding government agenc	у папас	Ann Flad		
City of Lakeville		Economic Development Coordinator		
3. Agency street address		4. City		
20195 Holyoke Aven	i ue .	Lakeville, MN		
s. Zip code	6. Phone number (area code)	8. Type of government age	r⊏y	
55044	(612) 985-4425 7. Fax number (area code)	_X CityCounty	RegionalSuc	
	(612) 985-4499	Other (Please indicat		
. Name of business receiving	SESTEDICA.	10. Industry of recipient (S	IC code)	
Di-Hed Yokes, Inc.	(DHY)	3545 (Machining)	and 3364 (Die-casting	
I. Type of assistance (e.g. ica	n. TIF. grant infratructure, esc.)	12 Name of IIF district (if		
Tex increment fina	ncing (IIF)	TIF District No.	17 - Di-Hed Yokes	
3. Day of business	14. Data assistance first	13. Data project (building/ machinery/est.) was	1d. Dollar value of business	
assistance agreement	provided 4/7/97	placed in service		
• •	and between July 1, 1995 and Dec	11/3/97	\$433,644.00	
brough 24. For all agreements	signed during 1998 and fittile ye	ears, the information in boxes	121 through 24 will be required.	
7. Job creation goals for bush 12 Jobs by October	ness receiving assistance.	II. Average hourly wage k	21 through 24 will be required. Evel goals for business receiving. \$10.50 average hourly	
7. Job creation goals for bush 12 jobs by October 9. Actual jobs created since b	ness receiving assistance.	18. Average hourly wage k assistance \$22,000/year	s 21 through 24 will be required. Evel goals for business receiving \$10.50 average hourly wage paid to employees hired since maner	
17. Jub creation goals for bush	ness receiving assistance 1, 1999 sustiness received assistance sistance: (Please indicate	18 Average hourly wage is assistance \$22,000/year 20. Acrual average hourly business received assist Please see bel Acrual performance since p	\$10.50 average hourly wage paid to employees hind since since ow project placed in service: (Please eas at each wage level and indicate	
7. Job creation goals for bush 12 jobs by October 9. Actual jobs created since to 34 jobs iouls of business receiving as umber of employees at each corresponding benefit level.) 1. Job Creation Ho	ness receiving assistance 1, 1999 usiness received assistance sistance: (Please indicate wage level and indicate the unty Wage 22 Hourly Value	18 Average hourly wage is assistance \$22,000/year 20. Actual average hourly business received assist Please see bel Actual performance since pindicate number of employs the corresponding benefit is	\$10.50 average hourly \$10.50 average hourly wage paid to employees hired since since ow project placed in service: (Please eas at each wage level and indicate evel.) Hourly Wage 24. Hourly Value	
7. Job creation goals for bush 12 jobs by October 9. Actual jobs created since h 34 jobs iouls of business receiving as umber of employees at each v orresponding benefit level.) 1. Job Creation Ho Full-time Part-time (exc	ness receiving assistance 1, 1999 Austiness received assistance asstance: (Please indicate wage level and indicate the unity Wage 27 Hourly Value Level of Volumery it benefits) Benefits (S)	18 Average hourly wage is assistance \$22,000/year 20. Actual average hourly business received assist Please see bel Actual performance since pindicate number of employ the corresponding benefit is 23. Job Creation	\$10.50 average hourly \$10.50 average hourly wage paid to employees hind since sence ov project placed in service; (Please eas at each wage level and indicate evel.) Hourly Wage Level of Voluntary (excl. benefits) Benefits (5)	
7. Job creation goals for bush 12 jobs by October 9. Actual jobs created since h 34 jobs Joals of business receiving assumber of employees at each corresponding benefit level.) 11. Job Creation Horizonte (exc.) 12. Job Creation (exc.)	ness receiving assistance 1, 1999 usiness received assistance sistance: (Please indicate wage level and indicate the urity Wage 22 Hourly Value of Voluntary it benefits) Benefits (5) than \$7.00	18 Average hourly wage keaststance \$22,000/year 20. Actual average hourly to business received assist Please see bel Actual performance since pindicate number of employ the corresponding benefit is 23. Job Creation Full-time Part-time (\$10.50 average hourly \$10.50 average hourly wage paid to employees hired since cov project placed in service: (Please eas at each wage level and indicate evel.) Hourly Wage 24. Hourly Value Level of Voluntary (exel. benefits) Benefits (5)	
7. Job creation goals for bush 12 jobs by October 9. Actual jobs created since h 34 jobs iouls of business requiring assumber of employees at each womesponding benefit level.) 11. Job Creation Ho Full-time Part-time (exc.) 12. Solution less 13. Solution less 15. S	ness receiving assistance 1, 1999 susiness received assistance sistance: (Please indicate wage level and indicate the unity Wage 22. Hourly Value Level of Voluntary it benefits) Benefits (S) than \$7.00 00 to \$7.99	18 Average hourly wage is assistance \$22,000/year 20. Actual average hourly to business received assists Please see bel Actual performance since pindicate number of employ the corresponding benefit is 23. Jeb Creation Full-time Part-time	\$10.50 average hourly \$10.50 average hourly wage paid to employees hired since since ow project placed in service; (Please eas at each wage level and indicate evel.) Hourly Wage Level of Voluntary (exel. benefits) East than \$7.00 \$7.00 to \$7.99 \$0.756	
7. Job creation goals for bush 12 jobs by October 9. Actual jobs created since h 34 jobs 508ls of business requiring assumber of employees at each corresponding benefit level.) 11. Job Creation Hotels 12. Job Creation (exc.) 12. Solution (exc.) 13.	ness receiving assistance 1, 1999 usiness received assistance sistance: (Please indicate wage level and indicate the unity Wage 22 Hourly Value of Voluntary it benefits) Benefits (S) than \$7.00 00 to \$7.99 00 to \$9.99	18 Average hourly wage is assistance \$22,000/year 20. Acrual average hourly business received assist Please see bel Acrual performance since pindicate number of employ the corresponding benefit is 23. Job Creation Full-time Part-time (\$10.50 average hourly \$10.50 average hourly wage paid to employees hired since gence GW project placed in service: (Please eas at each wage level and indicate evel.) Hourly Wage Level of Voluntary (excl. benefits) eas than \$7.00 \$7.00 to \$7.99 \$0.756 \$0.756	
7. Job creation goals for bush 12 jobs by October 9. Actual jobs created since h 34 jobs Joals of business receiving assumber of employees at each womesponding benefit level.) 11. Job Creation Harriage (exc. Society Society Society Society	ness receiving assistance 1, 1999 susiness received assistance sistance: (Please indicate wage level and indicate the unity Wage 22. Hourly Value Level of Voluntary it benefits) Benefits (S) than \$7.00 00 to \$7.99	18 Average hourly wage is assistance \$22,000/year 20. Acrual average hourly business received assist Please see bel Acrual performance since pindicate number of employ the corresponding benefit is 23. Job Creation Full-time Partitime 1 B 1 9	\$10.50 average hourly \$10.50 average hourly wage paid to employees hired since cov project placed in service: (Please eas at each wage level and indicate evel.) Hourly Wage Level of Voluntary Benefits (S) \$10.00 to \$1.99 \$10.00 and higher \$0.756	
7. Job creation goals for bush 12 jobs by October 9. Actual jobs created since h 34 jobs iouls of business receiving assumber of employees at each corresponding benefit level.) 1. Job Creation Hotels Full-time Part-time (exc.) \$5.0 \$5.0 \$5.0 \$5.0	ness receiving assistance 1, 1999 Assiness received assistance asstance: (Please indicate wage level and indicate the unity Wage 27 Hourly Value Level of Voluntary it benefits) Benefits (S) than \$7.00 00 to \$7.99 U to \$9.99 .00 to \$11.99	18 Average hourly wage is assistance \$22,000/year 20. Acrual average hourly business received assist Please see bel Acrual performance since pindicate number of employ the corresponding benefit is 23. Job Creation Full-time Partitime 1 B 1 9	\$10.50 average hourly \$10.50 average hourly wage paid to employes hired since genee GW project placed in service: (Please eas at each wage level and indicate evel.) Hourly Wage Level of Voluntary (exel. benefits) Benefits (\$) 14. Hearly Value (exel. benefits) 15.00 to \$7.99 \$0.756 \$0.756 \$0.756 \$0.756 \$0.756	
12 Jobs by October 12 Jobs by October 13 Jobs by October 34 Jobs Soals of business receiving assumber of employees at each womesponding benefit level.) 21. Job Creation Ho Full-time Part-time (exc.) \$5.0 12 \$10 512 I necessary, please attach add	ness receiving assistance 1, 1999 Assiness received assistance asstance: (Please indicate wage level and indicate the unity Wage 27 Hourly Value Level of Voluntary it benefits) Benefits (S) than \$7.00 00 to \$7.99 U to \$9.99 .00 to \$11.99	18 Average hourly wage is assistance \$22,000/year 20. Acrual average hourly business received assist Please see bel Acrual performance since pindicate number of employ the corresponding benefit is 23. Job Creation Full-time Part-time (1997) 1 9 12 11 mecessary, please attach assistance is assistance in the property of the prope	\$10.50 average hourly \$10.50 average hourly wage paid to employes hired since genee GW project placed in service: (Please eas at each wage level and indicate evel.) Hourly Wage Level of Voluntary (exel. benefits) Benefits (\$) 14. Hearly Value (exel. benefits) 15.00 to \$7.99 \$0.756 \$0.756 \$0.756 \$0.756 \$0.756	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1997 which provided \$25,000 or more in public funds. A form should be submitted annually for each assistance agreement until a submitted form Indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not according

1999

RECEIVED JUN

1 2001

1998 Minnesota Business Assistance Form

Please type or print in dark ink.

97-300

1. Funding government agency	y name	2. Contact Asins		
City of Lakeville		Ann Flad Economic Development Coordinator		
3. Agency street address 20195 Holyoka Avenue		4. City		
		Lakevilla, MN .	1	
5. Zip code	6. Phone number (area code) (612) 985-4425	8. Type of government agency	٦	
35044	7. Fax number (area code)	* CityCourtyRegionalState	1	
	(612) 985-4499	Other (Please indicate)	_]	
9. Name of business receiving	artistance.	10. Industry of recipions (SIC code)	٦	
Itron		3571		
11. Type of assistance (e.g. los	n. T.F. gan. infrastructure. CC.)	12 Name of TIP district (if applicable)	ヿ	
Tax increment fi	nancing (TIF)	IIF District No. 10 - Fairfield Ind.	2	
13. Date of business	14. Date assistance first provided	15. Date project (building) 16. Dollar value of business machinery/etc.) was assistance		
5/28/96	5/28/96	11/18/96 \$200.000-00		
through 24. For all agreements 17. Job creation goals for busin 10 Jobs by Janua	signed during 1998 and future ye	ember 31, 1997, complete boxes 17 through 20 or boxes 21 ars, the information in boxes 21 through 24 will be required. 18. Average bourly wage level goals for business receiving assistance \$40,000/year or approx. \$19.00 per	ho	
19. Actual jobs created since business received assistance 16 Jobs		20. Acoust average hourly wage paid to employees hired sind but been received assistance \$19,54 per bour	7	
Goals of business receiving as number of employees at each v corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicat the corresponding benefit level.)	5	
	urly Wage 22, Hourly Value Level of Voluntary L benefits (5)	23, Job Creation Hourly Wage 24, Hourly Val Level of Volunts Full-time Part-time (excl. benefits) Benefits (עש	
Action (Contraction)	than \$7.00	less than \$7.00		
\$7.00 to \$7.99 \$8.00 to \$9.99		57.00 to \$7,99 58.00 to \$9,99 \$1.60	•	
\$10.00 to \$11.99		3 \$10.00 to \$11.99 \$2.00	1	
14	.00 and higher	12 \$12.00 and higher \$2.40		
If necessary, please attach additional documents,		If necessary, please attach additional documents.		
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Business Assistance Form complete	Ħ	
4/15/98		4/15/98		
27. Have all wage and job gos		not submit future forms for this project. Lec submit this form in 1999.	ᅦ	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1997 which provided \$25,000 or more in public funds. A form should be submated annually for each assistance agreement until a submitted form indicates that all provide assistance to a business since July 1, 1995.

1999

00-1058



RECEIVED JUN

1998 Minnesota Business Assistance Form*

2. Contact name

Please type or print in dark ink.

97-298

t. February Borenans -			•	
City of Lakeville		Economic Developme	nt Coordinator	
1. Agency street address	1. Agency super address			
20195 Holyoke Avenue.		Lakeville, Minnesota		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
55044	(612) 985-4425	CityCounty	Repines Shie	
	7. Par number (area code)			
	(612) 985-44 99	Other (Please indicate)		
9. Name of business receiving	atsistance	10. Industry of recipient (SIC o	ede)	
Verified Credenti		Not applicable (
11. Type of assistance (c.g. loan		12. Name of TIF district (if app	· · · · · · · · · · · · · · · · · · ·	
Tax increment fir	encing (TIF)		(Fairfield Ind. Pk.	
13. Date of business	14. Date assistance first	15. Date project (building)	16. Dollar value of business	
amistance agreement	provided	machinery/etc.) was placed in service	Assistance	
8/14/96	8/14/95	1/2/97	\$150,000.00	
For assistance agreements sign	ed between July 1, 1995 and Dag	umber 31, 1997, complete boxes	17 through 20 or boxes 21	
	signed during 1998 and future ye			
17. Job creation goals for busin		is. Average hourly wage level	Boars to premer sectiving	
10 Jobs by January 1, 1999		\$7.00 ave	rage hourly wage	
19. Actual jobs created since business received assistance			paid to amployees hired since	
18 Jobs		business received essistance	hourly wage	
Goals of business receiving acc	istance: (Pirase indicate	Actual performance since proje		
number of employees at each w	rage level and indicate the	indicate number of employees	at each wage level and indicate	
corresponding benefit level.)	4.44	the conesponding benefit level		
	rly Wage 22. Hourly Value Level of Volumery		irly Wage 24. Hourly Value Level 'of Voluntary	
1	benefits (5)	•	L benefits). Benefits (\$)	
· ·	than 57.00	less	than \$7.00	
57,00	0 to \$7.99	57.0	0 to \$7.99	
\$8,Q	\$8,00 to \$9,99		0 to \$9.99 \$1.50	
	\$10.00 to \$11.99		00 to 511.99	
S12.00 and higher			00 and higher	
	If necessary, please anach additional documents.		tional documents.	
25. Last date actual wage and je	ob creation lavels documented	26. Date this Minneson Busine	se Assistance Form completed	
3/24/98		3/24/98	·	
27. Have all wage and job goals	boen achieved? Yes — do		Arojetl	
		se submit this form in 1999.	•	
This form replaces all provinces forms. Please complete and form for each business and a				

rm for each business essistance agreement your agency signed between July 1, 1995 and December 31, 1997 which provided \$25,000 or more in public funds. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

RECEIVED JUN

1 2001

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Footomic Development

Please complete these I through 16 for all agreement.

1. Pending Envertment stemes made		2 Contact name		
City of Lakeville		Ann Flad Recommic Development Coordinator		
1. Agency stress address		4. City		
20195 Holyoke Aven	40	Lakeville, MN		
1. Zip code	6. Phone tramber (area code)	L Type of government agency		
	612-985-4425	Y 55-1		
55044	7. Fax number (area code)	X_CityCountyRegionalState		
612-985-4499		Other (Please indicate)		
9. Name of business receiving	Riddet	10. Industry of recipient (SIC code)		
Technical Methods,		3543 - Prototypes & Patterns		
11. Type of endance (e.g. los	n. MF., grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Tax Increment Financing (TIF)		TIF District No. 10 (Fairfield Pk.)		
13. Det of business	14. Date assistance first	15. Date project (building) 16. Dollar value of brances		
assimance agreement provided		machinery/osc.) was gusistance placed in service		
March 16, 1998	March 16, 1998	October 26, 1998 \$ 142.000		

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

17. lob creation goals for business receiving and more			18. VACLARE P	outly was	level goals for busin	DESS TOCKIVING
10 tobs by December 31, 2003			\$25,000	per ye	er \$12.00	avg./hr.
19. Actual jobs grammed aloca hastiness rescived assistance		20. Actual average housely wage paid to employees bired since business received estimance			your bired since	
13 jobs			Please	see bel	,o v	1
Coals of business newiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			er of emple	project placed in se systs at each wage is i level.)		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Volumery	•		Hourly Wage	24. Hourly Value of Voluntary
Full-time Part-time	(czel bezeliu)	Benefitz (5)	Lamenta	Put-time	(excl. benefits)	Benefits (3)
	iest then 57.00				less than \$7.00	
	\$7.00 to \$7.99				87.00 to 87.59	
	\$8.00 to 59.99				\$3.00 to \$9.99	
	\$10.00 to \$11.99		1		\$10.00 m \$11.99	\$ 5.91
10	\$12.00 and higher		12		512.00 and higher	\$ 5.91
If necessary, please arrac	h additional docume	HATOL.	If necessary,	please anac	additional docume	entica.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job excation levels documented	26. Daze this Minnesota Businesa Assistance Form completed
March 29, 1999	March 31, 1999
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project. submit the 2000 Mignesone Business Assistance Form.

original received 3/30/9

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

WHESOL

00-0224

nfäu to iot su så	reements.			1	xevelopment
1. Funding government agency name		2, Contact nar	ne		
CITY OFLE CENTER		DON	HA	YDEN	
3. Agency street address		4. City	^		
RUNS ST	_				·
6. Phone nu		8. Type of go	vernment ag	gency	
		Cirv	County	Regional	State
			-	•	
_	1-6828				
ng assistance		10. Industry o	f recipient (SIC code)	
loan, TIF, grant, ir	ifizstructure, etc.)	12. Name of 7	(IF disprict ((if applicable)	
DO L	OAN	<i></i>	V/.A		
				' 1	alue of business
i	ı				
16-1-	-79	- //	_	760	ND -
				te lines 17 through	20. For
isiness receiving	assistance	 Average h assistance 	ourly wage	level goals for busi	ness receiving
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
assistance: (Pleas	se indicate	Actual perfer	nance since	project placed in so	mice: (Please
number of employees at each wage level and indicate the corresponding benefit level.)		indicate number of employees at each wage level and indicate			
Hourly Wage	22. Hourly Value	23. Job Creati	οπ	Hourly Wage	24. Hourly Value
Level	of Voluntary	** ** *		Level	of Voluntary
•	Benefits (\$)	1-ull-time	Part-time	,	Benefits (\$)
		-			
	 :				
_	 ;	·		_	
dditional docume	ntation.	If necessary, p	lease attact	additional docume	nkahon.
ough 27 for all a	greements.				
d job creation lev	rels documented	26. Date this I	Minnesota E	Business Assistance	Form completed
	.				
onle been achieve	nd? Vas - da	not submit 6.5.	m forms for	this project	··-
own need weineac					stance Form.
	concy name CE CENT 6. Phone number 1507 – 39 7. Fax number 14. Date assistance 14. Date assistance 14. Date assistance 14. Date assistance: (Please the wage level and the wage lev	6. Phone number (area code) 507-357-4450 7. Fax number (area code) 507-357-6888 Ing assistance TRUEKING loan, TIF, grant, infrastructure, etc.) 14. Date assistance first provided B-1-99 signed between July 1, 1995 and De 1998 and future years, please complusiness receiving assistance assistance: (Please indicate the wage level and indicate the loan) Hourly Wage Level of Voluntary excl. benefits) Benefits (\$) cess than \$7.00 17.00 to \$7.99 10.00 to \$11.99 112.00 and higher diditional documentation. ough 27 for all agreements. and job creation levels documented coals been achieved? Yes — do	A. City Consistence Consisten	2. Contact name LE CENTER 4. City LE CENT 6. Phone number (area code) 507-357-4450 7. Fax number (area code) 507-357-6888 Ing assistance 10. Industry of recipient (ON STIZE loan, TIF, grant, infrastructure, etc.) 14. Date assistance first provided 15. Date project (building machinery/etc.) was placed in service 17. Average hourly wage assistance 18. Average hourly wage assistance 18. Average hourly wage assistance 18. Average hourly wage assistance 20. Actual average hourly business received assistance: 18. Average hourly wage assistance 20. Actual performance since indicate indicate number of emplote the corresponding benefit the corresponding benefit the corresponding benefits 3. Type of government age of the control of the corresponding benefit the corresponding	2. Contact name 2. Contact

ociginal received 3/30/0| 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name	2. Contact name				
CITY OF LE CENTER	DON HAYDEN				
3. Agency street address	4. City				
10 W. TYRONE ST	LECENTER				
5. Zin code 6. Phone number (area code)	8. Type of government agency				
507-357-4450	CityCountyRegionalState				
56057 7. Fax number (area code)					
501-351-60888	Other (Please indicate)				
9. Name of business receiving assistance	10. Industry of recipient (SIC code)				
HOUSE OF INSURANCE	INSURANCE / REAL ESTATE				
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
TORNADO CAN 13. Date of business 14. Date assistance first	N/A				
13. Date of business 14. Date assistance first assistance agreement provided	15. Date project (building/ machinery/etc.) was assistance				
	placed in service				
5-25-99 6-1-99	PULLING \$55,000				
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.					
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance				
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
• • •	ne 23. Job Creation Hourly Wage 24. Hourly Value				
Level of Voluntar Full-time Part-time (excl. benefits) Benefits (\$	· · · · · · · · · · · · · · · · · · ·				
less than \$7.00	less than \$7.00				
\$7.00 to \$7.99	\$7.00 to \$7.99				
\$8.00 to \$9.99	\$8.00 to \$9.99				
\$10.00 to \$11,99	\$10.00 to \$11.99				
\$12.00 and higher	\$12.00 and higher				
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.				
	I heessary, prease attach additional developments.				
Please complete lines 25 through 27 for all agreements.					
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed				
	o not submit future forms for this project. ease submit the 2000 Minnesola Business Assistance Form.				
This form replaces all previous forms. Please complete one form for each business assistance agreement your					

ociasinal received 3/30/0/ 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Tiesse complete nues I milonant to ior an abrequence	Developmen				
1. Funding government agency name	2, Contact name				
CITY OF LE CENTER	1 ON HAYDEN				
3. Agency street address	4. City				
10 W TYRONE ST	LECENTER				
5. Zip code 6. Phone number (arca code)	8. Type of government agency				
507-357-4450	CityCountyRegionalState				
7. Fax number (area code)	Citycountystate				
507-357-6888	Other (Please indicate)				
9. Name of business receiving assistance	10. Industry of recipient (SIC code)				
MR GARAGE	TRUCIC REPAR 12. Name of TIF disprict (if applicable)				
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
TORNADO LOAN	NA				
13. Date of business 14. Date assistance first assistance agreement provided	15. Date project (building/ 16. Dollar value of business rnachinery/etc.) was assistance				
12.11000 1-1 09	placed in service				
12-1-1998 1-1-99	BUILDING 50,000				
For assistance agreements signed between July 1, 1995 and I	December 31, 1997, complete lines 17 through 20. For				
agreements signed during 1998 and future years, please com	·				
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving				
	assistance				
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since				
17. Actual jobs credicte since business received assistance	business received assistance				
Goals of business receiving assistance: (Please indicate	Actual performance since project placed in service: (Please				
number of employees at each wage level and indicate the	indicate number of employees at each wage level and indicate				
corresponding benefit level.)	the corresponding benefit level.)				
21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary	· ·				
Full-time Part-time (excl. benefits) Benefits (\$)					
less than \$7.00	less than \$7.00				
\$7.00 to \$7.99	\$7,00 to \$7.99				
\$8.00 to \$9.99	\$8.00 to \$9.99				
\$10.00 to \$11.99	\$10.00 to \$11.99				
\$12.00 and higher	S12.00 and higher				
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.				
ir necessary, please attach additional documentation.					
Please complete lines 25 through 27 for all agreements.					
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed				
27. Have all wage and job goals been achieved? Yes — d	o not submit future forms for this project.				
No — please submit the 2000 Minnesota Business Assistance Form.					

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name	2, Contact name				
CITY OF LE CENTER	DON HAYDEN				
3. Agency street address	4. City				
10 WTYRONS ST	LE CENTER				
5. Zip code 6. Phone number (arca code	e) 8. Type of government agency				
507-357-445 7. Fax number (area code)	CityCountyRegionalState				
56057 7. Fax number (area code) 501-357-688					
9. Name of business receiving assistance	10. Industry of recipient (SIC code)				
FACTOR MOTORS	AUTO DEALERSIND				
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.					
TORNADO LOAN 13. Date of business 14. Date assistance first	N/A				
13. Date of business assistance agreement provided	15. Date project (building/ 16. Dollar value of business rnachinery/etc.) was assistance				
6-22-99 7-1-99	placed in service				
6-02-91 1-1-99	BUILDING 130,000				
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.					
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance				
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
, ,	alue 23. Job Creation Hourly Wage 24. Hourly Value				
Level of Volunt Full-time Part-time (excl. benefits) Benefits	- 1				
less than \$7.00	less than \$7.00				
\$7.00 to \$7.99	\$7.00 to \$7.99				
\$8.00 to \$9.99	\$8.00 to \$9.99				
\$10,00 to \$11.99	\$10.00 to \$11.99				
\$12,00 and higher	S12.00 and higher				
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.				
Please complete lines 25 through 27 for all agreements. 25. Last date actual wage and job creation levels documented.	d 26. Date this Minnesota Business Assistance Form completed				
25. 2020 etter sterrer safe min lop er etter te ter doeniitiin					
	- do not submit future forms for this project. please submit the 2000 Minnesota Business Assistance Form.				
This form replaces all previous forms. Please complete one form for each business assistance agreement your					

00-0132

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agenc	• /	2, Contact name	
CITY OF	L9 (SNTSR	DON HA	40 5N
3. Agency street address		4. City	
	PONE ST	LE CENTE	
5. Zi p code	6. Phone number (arca code)	8. Type of government ages	ncy
	507-357-4450	City County	RegionalState
66057	7. Fax number (area code)	•	-
	507-357-6888	Other (Please indicate	
9. Name of business receiving	g assistance	10. Industry of recipient (SI	IC code)
GOLDSNEYE	PRODUCTS an, TIF, grant, infrastructure, etc.)	MARINS F. 12. Name of TIF district (if	RODUCTS
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)
TORNA	DO LOAN	N/A	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance
6-1-99	7-1-99	placed in service	200,000
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving			
17. Job creation goals for ous	mess receiving assistance	assistance	ver goars for ousiness receiving
19. Actual jobs created since	business received assistance	20. Actual average hourly w business received assists	vage paid to employees hired since ance
Goals of business receiving as number of employees at each corresponding benefit level.)			roject placed in service: (Please ces at each wage level and indicate evel.)
21. Job Creation Ho	ourly Wage 22. Hourly Value of Voluntary	23. Job Creation	Hourly Wage 24. Hourly Value of Voluntary
Full-time Part-time (ex	cl. benefits) Bonefits (\$)	Full-time Part-time (excl. benefits) Benefits (\$)
lcs	s than \$7.00	l	ess than \$7.00
\$7.	00 to \$7.99	S	57.00 to \$7.99
\$8.	00 to \$9.99	\$	8.00 to \$9.99
\$10	0.00 to \$11.99	\$	310.00 to \$11.99
\$12	2.00 and higher	S	12.00 and higher
If necessary, please attach add	ditional documentation.	If necessary, please attach a	dditional documentation.
Please complete lines 25 throu	igh 27 for all agreements.		
	job creation levels documented	26. Date this Minnesota Bu	sincss Assistance Form completed
27. Have all wage and job gos		not submit future forms for the	his project.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
City of Lindstro	m	Mark Karnowski		
3. Agency street address		4. City		
13292 Sylvan Ave,	PO Box 703	Lindstrom, MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55045	651-257-0620	XX CityCounty	Regional State	
33043	7. Fax number (area code)			
0.31	651-257-0623	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC c	ode)	
Nyborg Enterpri				
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)	
TIF		Redevelopment Dist		
13. Date of business assistance agreement	14. Date assistance first provided	 Date project (building/ machinery/etc.) was 	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
5/23/1996	7/23/1998	11/18/1996	\$50,000.00	
	ned between July 1, 1995 and Do B and future years, please comp ness receiving assistance		-	
42 Fu11 Tiπ	ue Jobs or Equivale	assistance nt \$10.00		
19. Actual jobs created since b			e paid to employees hired since	
,		business received assistanc		
	ne Jobs or Equivale			
Goals of business receiving as number of employees at each v corresponding benefit level.)		Actual performance since projection indicate number of employees the corresponding benefit level	at each wage level and indicate	
21. Job Creation Ho	urly Wage 22. Hourly Value	23. Job Creation Hot	ırly Wage 24. Hourly Value	
Full-time Part-time (exc	Level of Voluntary Benefits (\$)		Level of Voluntary 1. benefits) Benefits (\$)	
less	than \$7.00	less	than \$7.00	
\$7.0	00 to \$7.99	\$7.0	0 to \$7.99	
\$8.0	00 to \$9.99	\$8.0	00 to \$9.99	
\$10	.00 to \$11.99	\$10	.00 to \$11.99	
\$12	.00 and higher	\$12	.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach add	itional documentation.	
Please complete lines 25 throu	_			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
3/29/2001		03/30/01		
27. Have all wage and job goals been achieved? X Yes — do not submit future forms for this project.				

(Please return by April 1, 1999)

Economic
Development

	- 7	CEN	-
Please complete lines 1 through 16 for all agreements.		، دست س	٠

lease complete lines 1 infoug	To for an afteements	<u> </u>	z i zoo. Development
. Funding government agenc	у пагпе	2. Contact name	00.0
LINO LAKES	EDA	MARY AUCE	DIVINE 00-0
. Agency street address		4. City	
600 TOWN C	ENTER PLWY	LINO LAKE	ک
Zip code	6. Phone number (area code)	8. Type of government age	ency
55014	7. Fax number (area code)	CityCounty	RegionalState
53014	651/982.2499	Other (Please indicat	;
. Name of business receiving	nesistance	10. Industry of recipient (S	
LINO LAHES B	USINESS CENTER	LEASABLE ST	
PHASES V. VI.	VII. VIII	MANUFACTURING	G, DISTRIBUTION
1. Type of assistance (e.g. los	an, TIF, grant, infrastructure, ctc.)	12. Name of TIF district (in	f applicable)
TIF		TIF DIS	TRICT 1-9
3. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was	assistance
4/12/99	5/22/00	placed in service	532, 720.00
77,977	3/24	7/22/99	336,720.
7. Job creation goals for busi	incis receiving assistance	18. Average hourly wage landstance	evel goals for business receiving
19. Actual jobs created since	business received assistance	20. Actual average hourly business received assist	wage paid to employees hired since
Goals of business receiving as number of employees at each corresponding benefit level.)			project placed in service: (Please vees at each wage level and indicate level.)
21. Job Creation Ho	ourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation	Hourly Wage 24. Hourly Value Level of Voluntary
Full-time Part-time (ex	cl. benefits) Benefits (\$)	Full-time Part-time	(excl. benefits) Benefits (\$)
less	than \$7.00		less than \$7.00
\$7.	00 to \$7.99		\$7.00 to \$7.99
S 8.	00 to \$9.99		\$8.00 to \$9.99
\$10	0.00 to \$11.99	6 1	\$10,00 to \$11.99 <u>2.60</u>
S12	2.00 and higher	13 2	\$12.00 and higher 4.50
f necessary, please attach add		-	additional documentation.
ease complete lines 25 throu			
5. Last date actual wage and	job creation levels documented	26. Date this Minnesota Bu	usiness Assistance Form completed
3/29/0	o C		6/0/
7. Have all wage and job gos		not submit future forms for	
	No — piec	ise sudmit the Zund (vilabes)	ota Business Assistance Form.

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

(over)

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

HOR ZITZUUL

RECEIVED MAR 2 7 2001

1. Funding government agency	pame	2. Contact name		00-0004	
LINO LAHE 3. Agency street address	IS EDA	MARY ALI	CE DIVINE		
3. Agency street address		4. City			
600 TOWN (CENTER PLWY	LINO LAKE			
5. Zip code	6. Phone number (area code)	8. Type of government agency	У		
55014	051/982.2423 7. Fax number (area code)	City County _	_RegionalState		
	451/982.2499	Other (Please indicate)_			
9. Name of business receiving		10. Industry of recipient (SIC code)			
NOL-TEC, L		MONIFACTURING			
11. Type of assistance (e.g. loan	. TIF, grant infrastructure, etc.)	12. Name of TIF district (if ag	plicable)		
+	1F	TIF DIS	TRICT 1-7		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of bu assistance	1	
3/9/98	12/20/99	placed in service	\$ 54,000		
For assistance agreements sign agreements signed during 1998			nes 17 through 20. For		

17. Job creation goals for business receiving assistance			18. Average hor assistance	urly wage	level goals for busing	ess receiving	
19. Actual jobs	created si	nce business receive	d assistance	20. Actual averabusiness rec		wage paid to emplo stance	yees hired since
	loyees at	ng assistance: (Pleas with wage level and (c)			r of emplo	project placed in se yees at each wage le level.)	
21. Job Creatio	n Part-tirne	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation Full-time I		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	4:37
If necessary, pl	ease anacl	h additional docume	ntation.		ease attach	additional documen	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/29/00	3/26/01
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.
☐ No — pla	ase submit the 2000 Minnesota Business Assistance Form.

1999 Minnesota Business Assistance Form (Please return by April 1, 1999) EECEIVED MAR 2 7 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		00 0065
LINO LAMES EDA		MARLA ALIC	MARLY ALICE DIVINE	
3. Agency street address		4. City		1
600 TOWN (ENTER PKWY	LINO LAKES		
5. Zip code	6. Phone number (area code)	8. Type of government agency	1	
55014	U51/982. 2423 7. Fax number (area code)	City _County _	RegionalState	;
	651/982.2499	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
MCLAD LLP		MANUFACTURING		
11. Type of assistance (e.g. loa	n. TIF, grant infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF	e.	TIF DIST,	eict 1-9	
13. Date of business assistance agreement 3/22/99	14. Date assistance first provided j Z/13/99	15. Date project (building/ machinery/etc.) was placed in service 7/6/99	16. Dollar value of buse assistance \$ 126,076.	
	ned between July 1, 1995 and D 8 and future years, please comp	•	es 17 through 20. For	
17. Job creation goals for business receiving assistance		18. Average hourly wage leve assistance	l goals for business recei	ving

17. Job creation	on goals for	r business receiving	assistance	18. Average h assistance		level goals for busi	ness receiving
19. Actual job	os created s	ince business receiv	ed assistance		erage hourly	y wage paid to emplistance	oyees hired since
	ployees at	ing assistance: (Plea each wage level and vel.)	1		er of emplo	e project placed in so byees at each wage l t level.)	
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (S)		on Part-time	Hourly Wage Level (excl benefits)	24. Hourly Value of Voluntary Benefits (S)
_ <u>_</u>		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	.89
If necessary, p	lease attac	312.00 and nigher h additional docume		If necessary, p	elease attacl	312.00 and nigher h additional docume	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/29/00	3/26/01
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED MAY 2 1 2001

Funding government agency name		2. Contact name
1 10 5 10 11 15 10 10	Dor Anth	Jony Chlack K
Luverne teun 3. Agency street address	· Det · Motte	4. City
• •	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
203 E. Main	PC KOX 607	de) 8. Type of government agency
5. Zip code	0. Fholie number (area ee	
C / 1C /	507-449-503 7. Fax number (area code	CityCountyRegionalState
56154	5P7-449-503	
9. Name of business receiving		10. Industry of recipient (SIC code)
		~~~
Excito Fred		tc.) 12. Name of TIF district (if applicable)
11. Type of assistance (e.g. los		12. Name of 11r district (if applicable)
Loan and 6	warantee	
13. Date of business	14. Date assistance first	15. Date project (building/ 16. Dollar value of business
assistance agreement	provided	machinery/etc.) was assistance placed in service
May 26, 1999	//	11 50,000
	ned between July 1 1995 a	nd December 31, 1997, complete lines 17 through 20. For
agreements signed during 199		
17. Job creation goals for bus	iness receiving assistance	18. Average hourly wage level goals for business receiving
5		assistance E. O. 50 / (11) To a
19. Actual jobs created since	husiness received assistance	20. Actual average hourly wage paid to employees hired since
		business received assistance
Bisiness wer	of under 14/2	Actual performance since project placed in service: (Please
Goals of business receiving as	ssistance: (Please indicate	Actual performance since project placed in service: (Please
number of employees at each corresponding benefit level.)	wage level and indicate the	indicate number of employees at each wage level and indicate the corresponding benefit level.)
-	ourly Wage 22. Hourly	
<b>5 1 1 1</b>	Level of Volu	ntary Level of Voluntar
•	cl. benefits) Benefit	
	s than \$7.00	less than \$7.00
	.00 to \$7.99	\$7.00 to \$7.99
	.00 to \$9.99	\$8.00 to \$9.99
\$10	0.00 to \$11.99	\$10.00 to \$11.99
\$12	2.00 and higher	\$12.00 and higher
If necessary, please attach add	ditional documentation.	If necessary, please attach additional documentation.
Please complete lines 25 thro	ugh 27 for all agreements.	
25. Last date actual wage and	job creation levels documen	ted 26. Date this Minnesota Business Assistance Form completed
1.4	. ,	5.18.01
27. Have all wage and job go.	als been achieved? 12 XXs	do not submit future forms for this project.
2 Have all wage and job go.	Z No.2	— please submit the 2000 Minnesota Business Assistance Form.
This form replaces all pr	revious forms. Please con	plete one form for each business assistance agreement your
agency signed between J	luly 1, 1995 and Decembe	er 31, 1998 which provided \$25,000 or more in public funds
or usea tax increment ju	nancing. A jorm snould t	e submitted annually for each assistance agreement until a

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

#### 00-0892

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 2 1 2001

1. Funding government agency name	2. Contact name		
Luverne Fron. Der. Auth	Tuny Chladek		
3. Agency street address	4. City		
5. Zip code 6. Phone number (area code)	8. Type of government agency		
	6. Type of government agency		
7. Fax number (area code)	CityCountyRegionalState		
30134 11 11 SO34	Other (Please indicate)		
9. Name of business receiving assistance	10. Industry of recipient (SIC code)		
Cor-Tech Manufacturihig 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	3523		
11. Type of assistance (e.g. loan, TTF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
(-svarantee			
13. Date of business assistance agreement provided	15. Date project (building)  16. Dollar value of business assistance  assistance		
14,1998	placed in service \$\frac{\pi}{40},000		
For assistance agreements signed between July 1, 1995 and D	ecember 31, 1997, complete lines 17 through 20. For		
agreements signed during 1998 and future years, please com			
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance		
	assistance		
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
LEDA boursaled a private from In	The evansion of Contain Facility		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hourly Wage 22. Hourly Value	23. Job Creation Hourly Wage 24. Hourly Value		
Level of Voluntary Full-time Part-time (excl. benefits)  Benefits (\$)	Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)		
less than \$7.00	less than \$7.00		
\$7.00 to \$7.99	\$7.00 to \$7.99		
\$8.00 to \$9.99	\$8.00 to \$9.99		
\$10.00 to \$11.99	\$10.00 to \$11.99		
\$12.00 and higher	\$12.00 and higher		
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements.			
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
NA /	5.18.01		
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project. To Danish Glorah) ase submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.	RECEIVED MAY 2 1 2001 Development		
1. Funding government agency name	2. Contact name		
Luverne Econ. Dev. Auth  3. Agency street address	Tony Chladek		
203 F. Muin PO Box LeSq 5. Zip code 6. Phone number (area code)	8. Type of government agency		
567. THUS 5053 7. Fax number (area code)	· •		
5634	Other (Please indicate)		
9. Name of business receiving assistance	10. Industry of recipient (SIC code)		
Fulda Electric	4911		
11. Type of assistance (e.g. loan, TTF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Luan			
13. Date of business 14. Date assistance first	15. Date project (building) 16. Dollar value of business		
assistance agreement provided	machinery/etc.) was assistance		
Nov 19, 1997	placed in service 9177,000		
For assistance agreements signed between July 1, 1995 and I agreements signed during 1998 and future years, please com			
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance		
	assistance		
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
This arnthemen to over a lan take	Actual performance since project placed in service: (Please		
number of employees at each wage level and indicate the corresponding benefit level.)	indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hourly Wage 22. Hourly Valu Level of Voluntary	• •		
Full-time Part-time (excl. benefits) Benefits (\$)	1		
less than \$7.00	less than \$7.00		
\$7.00 to \$7.99	\$7.00 to \$7.99		
\$8.00 to \$9.99	\$8.00 to \$9.99		
\$10.00 to \$11.99	\$10.00 to \$11.99		
\$12.00 and higher	\$12.00 and higher		
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements.			
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
A/#\	5.18.01		
27. Have all wage and job goals been achieved? Yes — d	o not submit future forms for this project.		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED 1987 2 1 2001

1. Funding government agence	y name	2. Contact name			
Ludoch Elim	Day. Aith	Tony Chladek			
Luverne Elun. 3. Agency street address	The vitte in the second	4. City			
402 C. MM	6. Phone number (area code)	8. Type of government ager			
5. Zip code		6. Type of government ager	ncy		
	507.449.5033 7. Fax number (area code)	CityCounty	RegionalState		
56156	1. Fax number (area code)	Other (Please indicate			
9. Name of business receiving		10. Industry of recipient (SI			
•	,		ic code)		
Kenn Aaker	an, TIF, grant, infrastructure, etc.)	3711	· ·		
11. Type of assistance (e.g. loa	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)		
Land la Ann	the Dead				
13. Date of business	14. Date assistance first	15. Date project (building)	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
	1 ,	placed in service	1,77 ,007		
J	1 1/	i -			
June 1, 1997	1)	11	153,00C)		
June 1, 1997  For assistance agreements sign	ned between July 1, 1995 and D	ecember 31, 1997, complete			
June 1, 1797 For assistance agreements signerements signed during 199	ned between July 1, 1995 and D 8 and future years, please comp	ecember 31, 1997, complete elețe lines 21 through 24.	lines 17 through 20. For		
June 1, 1797 For assistance agreements sign	ned between July 1, 1995 and D 8 and future years, please comp	ecember 31, 1997, complete slete lines 21 through 24.			
June 1, 1997  For assistance agreements signagreements signed during 199	ned between July 1, 1995 and D 8 and future years, please comp	ecember 31, 1997, complete elețe lines 21 through 24.	lines 17 through 20. For		
Jone 1, 1797 For assistance agreements signerements signed during 199	ned between July 1, 1995 and D 8 and future years, please comp ness receiving assistance	ecember 31, 1997, complete elete lines 21 through 24.  18. Average hourly wage le assistance	lines 17 through 20. For		
For assistance agreements signed during 199 17. Job creation goals for busi	ned between July 1, 1995 and D 8 and future years, please comp ness receiving assistance	ecember 31, 1997, complete elete lines 21 through 24.  18. Average hourly wage le assistance	lines 17 through 20. For evel goals for business receiving evage paid to employees hired since		
For assistance agreements signagreements signed during 199 17. Job creation goals for busi  19. Actual jobs created since to	ned between July 1, 1995 and D 18 and future years, please comp ness receiving assistance business received assistance	ecember 31, 1997, complete slete lines 21 through 24.  18. Average hourly wage le assistance  20. Actual average hourly was business received assistance	lines 17 through 20. For evel goals for business receiving evage paid to employees hired since ance		
For assistance agreements signagreements signed during 199 17. Job creation goals for busing 19. Actual jobs created since to Goals of business receiving as	ned between July 1, 1995 and D 8 and future years, please comp ness receiving assistance business received assistance ssistance: (Please indicate	ecember 31, 1997, complete slete lines 21 through 24.  18. Average hourly wage le assistance  20. Actual average hourly was business received assistance  Actual performance since processes and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	lines 17 through 20. For  evel goals for business receiving  evage paid to employees hired since ance  roject placed in service: (Please		
For assistance agreements signagreements signed during 199 17. Job creation goals for busi  19. Actual jobs created since to	ned between July 1, 1995 and D 8 and future years, please comp ness receiving assistance business received assistance ssistance: (Please indicate	ecember 31, 1997, complete slete lines 21 through 24.  18. Average hourly wage le assistance  20. Actual average hourly was business received assistance  Actual performance since processes and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	lines 17 through 20. For  evel goals for business receiving  evage paid to employees hired since ance  roject placed in service: (Please ees at each wage level and indicate		
For assistance agreements signagreements signed during 199 17. Job creation goals for busing 19. Actual jobs created since to Goals of business receiving as number of employees at each corresponding benefit level.)	ned between July 1, 1995 and D 8 and future years, please comp ness receiving assistance business received assistance ssistance: (Please indicate	ecember 31, 1997, complete elete lines 21 through 24.  18. Average hourly wage le assistance  20. Actual average hourly was business received assistance  Actual performance since prindicate number of employe the corresponding benefit le	lines 17 through 20. For  evel goals for business receiving  evage paid to employees hired since ance  roject placed in service: (Please ees at each wage level and indicate		
For assistance agreements signagreements signed during 199 17. Job creation goals for busing 199. Actual jobs created since to the signagreements of employees at each of corresponding benefit level.) 21. Job Creation Ho	ned between July 1, 1995 and D 8 and future years, please components receiving assistance  business received assistance  sistance: (Please indicate wage level and indicate the  burly Wage 22. Hourly Value Level of Voluntary	ecember 31, 1997, complete elete lines 21 through 24.  18. Average hourly wage le assistance  20. Actual average hourly was business received assistance  Actual performance since prindicate number of employe the corresponding benefit le 23. Job Creation	lines 17 through 20. For  evel goals for business receiving  evage paid to employees hired since ance  roject placed in service: (Please eses at each wage level and indicate evel.)  Hourly Wage 24. Hourly Value Level of Voluntary		
For assistance agreements signagreements signed during 199  17. Job creation goals for busing 19. Actual jobs created since to the sumber of employees at each corresponding benefit level.)  21. Job Creation Horizonte Part-time (exception)	ned between July 1, 1995 and D 88 and future years, please comp ness receiving assistance  business received assistance  sistance: (Please indicate wage level and indicate the  ourly Wage Level of Voluntary benefits) Benefits (\$)	ecember 31, 1997, complete elete lines 21 through 24.  18. Average hourly wage le assistance  20. Actual average hourly we business received assistance  Actual performance since prindicate number of employe the corresponding benefit le 23. Job Creation  Full-time Part-time (explored assistance)	lines 17 through 20. For  Evel goals for business receiving  Evage paid to employees hired since ance  Froject placed in service: (Please exes at each wage level and indicate evel.)  Hourly Wage 24. Hourly Value Level of Voluntary excl. benefits)  Benefits (\$)		
For assistance agreements signifferements signed during 199  17. Job creation goals for busing 199. Actual jobs created since to the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant o	ned between July 1, 1995 and D 8 and future years, please comp ness receiving assistance  business received assistance  sistance: (Please indicate wage level and indicate the  burly Wage Level of Voluntary cl. benefits)  sthan \$7.00	ecember 31, 1997, complete elete lines 21 through 24.  18. Average hourly wage le assistance  20. Actual average hourly we business received assistance  Actual performance since prindicate number of employee the corresponding benefit le 23. Job Creation  Full-time Part-time (english performance (english performance)	lines 17 through 20. For  Evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for business receiving  For evel goals for evel goals for business receiving  For evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel goals for evel		
For assistance agreements signing reements signed during 199  17. Job creation goals for busing 199. Actual jobs created since to the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant of the significant	ned between July 1, 1995 and D 8 and future years, please components receiving assistance  business received assistance  sistance: (Please indicate wage level and indicate the purly Wage Level of Voluntary Benefits)  sithan \$7.00  Outo \$7.99	ecember 31, 1997, complete elete lines 21 through 24.  18. Average hourly wage le assistance  20. Actual average hourly we business received assistance  Actual performance since prindicate number of employee the corresponding benefit le 23. Job Creation  Full-time Part-time (e	lines 17 through 20. For  Evel goals for business receiving  Evage paid to employees hired since ance  Froject placed in service: (Please exes at each wage level and indicate evel.)  Hourly Wage 24. Hourly Value Level of Voluntary excl. benefits)  Evel Benefits (\$)  Evel 97.00 to \$7.99		
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For assistance agreements signagreements signed during 199  17. Job creation goals for busing 19. Actual jobs created since to the signagreements of employees at each corresponding benefit level.)  21. Job Creation Horizontal Full-time Part-time (exceeding 1998)  Full-time Part-time (exceeding 1998)  \$8.6	ned between July 1, 1995 and D 88 and future years, please comp ness receiving assistance  business received assistance  sistance: (Please indicate wage level and indicate the  ourly Wage Level of Voluntary benefits)  sthan \$7.00  than \$7.00  than \$7.99  than \$7.99  than \$9.99	ecember 31, 1997, complete plete lines 21 through 24.  18. Average hourly wage le assistance  20. Actual average hourly we business received assistance  Actual performance since prindicate number of employee the corresponding benefit le 23. Job Creation  Full-time Part-time (e	lines 17 through 20. For  Evel goals for business receiving  Evage paid to employees hired since ance  Froject placed in service: (Please exes at each wage level and indicate evel.)  Hourly Wage 24. Hourly Value Level of Voluntary excl. benefits)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)  Even Benefits (\$)		

25. Last date actual wage and job creation levels d	ocumented 26. Date this Minnesota Business Assistance Form completed
N/A	5.18.01
27. Have all wage and job goals been achieved?	Yes — do not submit future forms for this project. Bu 1/1/19 So le ca Contract
	No — please submit the 2000 Minnesota Business Assistance/Form.
milia i i i i	

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agree	ements. RE(	CEIVED MAY 2	1 2001	Development	
1. Funding government agency name		2. Contact name			
Luverne Lun, Dev. A 3. Agency street address	(th. )	Tony Chlade	l.K		
203 F. Muin POBOX 5. Zip code 6. Phone number	_	Luveing  B. Type of government age	encv		
5t ² 7. 44 7. Fax number	(area code)	YCityCounty		State	
9. Name of business receiving assistance	5034	Other (Please indicate) O. Industry of recipient (S			
11. Type of assistance (e.g. loan, TIF, grant, infr		6331	·		
	astructure, etc.) 1	2. Name of TIF district (i	if applicable)		
13. Date of business 14. Date assist assistance agreement provided	ance first 1	5. Date project (building/ machinery/etc.) was	/ 16. Dollar	r value of business	
assistance agreement provided  Feb 4, 1994		placed in service	1	,DUD	
For assistance agreements signed between Jul agreements signed during 1998 and future yea				,	•
17. Job creation goals for business receiving as		8. Average hourly wage assistance	level goals for b	usiness receiving	
19. Actual jobs created since business received	assistance 2	20. Actual average hourly business received assis	stance		<b>\</b>
Goals of business receiving assistance: (Please number of employees at each wage level and in corresponding benefit level.)	indicate A dicate the in	Actual performance since ndicate number of employ the corresponding benefit	project placed in yees at each wag	n service: (Please	"Status
21. Job Creation Hourly Wage Level Full-time Part-time (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation  Full-time Part-time	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)	6
less than \$7.00	——————————————————————————————————————		less than \$7.00	` ` (	-
\$7.00 to \$7.99 \$8.00 to \$9.99			\$7.00 to \$7.99 \$8.00 to \$9.99		
\$10.00 to \$11.99 \$12.00 and higher			\$10.00 to \$11.9 \$12.00 and high		
If necessary, please attach additional document	ation.	f necessary, please attach	_		
Please complete lines 25 through 27 for all ag	reements.				-
25. Last date actual wage and job creation leve	ls documented 2	26. Date this Minnesota B	Business Assistar	nce Form completed	]
1999		5.18.0	1		,
27. Have all wage and job goals been achieved	? Yes — do no ☐ No — please	ot submit future forms for submit the 2000 Minnes	this project. 🔄	ssistance Form.	hove ou
This form replaces all previous forms. H					

For period 01/01/00 - 12/31/00

Final

#### 00-0797

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 2

1. Funding government agency name		2. Contact name		
Mclrose Area Development Authority		Gary Walz		
3. Agency street address		4. City		
225 E First St N PO Box 216		Melrose MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
56352	320-256-4278	X City County Regional State		
30332	7. Fax number (area code)		state	
	320-256-7766	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Funky's Restaura	at & Tourge	5812 - Eating Places		
		722110-Full Service Restaurants		
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Loan.		NA		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
03-29-99	03-29-99	placed in service 04–28–99	Loan \$150,000	

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

17. Job creation goals for business receiving assistance NA	18. Average hourly wage level goals for business receiving assistance  NA		
19. Actual jobs created since business received assistance  NA	20. Actual average hourly wage paid to employees hired since business received assistance  NA		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21, Job Creation	23. Job Creation Hourly Wage Level of Voluntary  Full-time Part-time (excl. benefits) Benefits (S)  2 8 less than \$7.00  - 4 \$7.00 to \$7.99  1 - \$8.00 to \$9.99  1 - \$10.00 to \$11.99  - 512.00 and higher  If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
12-31-00	04-30-01
27. Have all wage and job goals been achieved? X Yes do	not submit future forms for this project. asc submit the 2000 Minnesota Business Assistance Form.

For period 01/01/00 - 12/31/00 Final

#### 00-0798

#### 1999 Minnesota Business Assistance Form

Please return by April L 1999)
RECEIVED MAY 2

Trade & Economic Development

Please complete lines I through 16 for all agreements.

1 (e210 complete fines 1 timough			,	Development		
1. Funding government agency	2. Contact name		Wa			
Melrose Area Development Authority		y Gary Walz				
3. Agency street address		4. City				
225 E First St N PO Box 216		Melrose MN				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
56352 320-256-4278 7. Fax number (area code)		X CityCountyRegionalState				
	320-256-7766	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Melrose Marine &	Sports. Inc.	5551 - Boat Dealers				
		441222 - Boat Dea	lers			
11. Type of assistance (e.g. load	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
Loan and TIF	:	Melrose Marine & Sports, Inc.				
		TIF Distrcit No. 4				
13. Date of business	14. Date assistance first	15. Date project (building/		ur value of business		
assistance agreement	provided	machinery/cta.) was	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
04-05-99	07-21-99	placed in service 08-31-99	Loan			
04-05-77	07-21-33	00-31-33	TIF	\$105,600		

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

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance					
NA				NA			
19. Actual job	bbs created since business received assistance NA  20. Actual average hourly wage paid to employed business received assistance NA  NA			yees hired since			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Valu of Voluntary Benefits (\$)
1 1 2		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	vac vac	- - 2 - 2	- 3 - - -	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	Vac
If necessary, p	lense attac	h additional docume	ntation.	If necessary,	please attac	h additional docume	nution.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 12-31-00	26. Date this Minnesota Business Assistance Form complete 04-30-01		
27. Have all wage and job goals been achieved?   Yes — do  No — ple	not submit future forms for this project, ase submit the 2000 Minnesota Business Assistance Form.		

## RECEIVED MAR 2 3 2001

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 throug	h 16 for all agreements.		Development		
1. Funding government agency	name	2. Contact name			
Minneapolis Community Development Agency 3. Agency street address		Kent Robbins			
- '		4. City			
105 5th Ave. S.,	Suite 200	Minneapolis			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55401	612-673-5187 7. Fax number (area code)	X CityCounty	_RegionalState		
	612-673-5111	Other (Please indicate)_			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Malcolm Propertie	s, LLC	Various (Spec. Building)			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF Note		SEMI Phase IV			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
6-2-97	Not yet provided	placed in service 01/98	Up to \$1,000,000		
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			es 17 through 20. For		
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving			
70 Total		assistance \$8.25			

<ul><li>17. Job creation goals for business receiving assistance</li><li>70 Total</li></ul>			18. Average hourly wage level goals for business receiving assistance \$8.25			
<ul><li>19. Actual jobs created since business received assistance</li><li>172 Full-time</li></ul>			20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation  Full-time Part-t	Hourly Wage Level ime (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	-
	\$8.00 to \$9.99 \$10.00 to \$11.99		43 \$10.0		\$8.00 to \$9.99 \$10.00 to \$11.99	
\$12.00 and higher If necessary, please attach additional documentation.			43 If necessary, p	olease attacl	\$12.00 and higher hadditional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
March 26, 2001	March 28, 2001		
27. Have all wage and job goals been achieved?	<ul> <li>Yes — do not submit future forms for this project.</li> <li>No — please submit the 2000 Minnesota Business Assistance Form.</li> </ul>		

## RECEIVED 1107 2 8 2011

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



•	hrough 16 for all agreements.	,,	Economic Development		
1. Funding government agency name Agency Minneapois Community Development		2. Contact name	2. Contact name		
		Kent Robbins			
3. Agency street address	3	4. City			
105 5th Ave.	S., Suite 200	Minneapolis			
5. Zip code	6. Phone number (area code)	8. Type of government agency	у		
55401	612-673-5187 7. Fax number (area code)	X CityCounty	_RegionalState		
	612-673-5111	Other (Please indicate)_	· .		
9. Name of business receiving assistance  Baker Bearing		10. Industry of recipient (SIC <b>3562</b>	code)		
11. Type of assistance (	e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	pplicable)		
Loan		N/A			
13. Date of business assistance agreemen	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance		
5/1/97	5/1/97	11/97	\$75,000		
	nts signed between July 1, 1995 and l ng 1998 and future years, please com		nes 17 through 20. For		
	or business receiving assistance	18. Average hourly wage leve	el goals for business receiving		
5		\$13.00			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of husiness receiv	ving assistance: (Please indicate	\$8.25 Actual performance since pro	iect placed in service: (Please		
	t each wage level and indicate the		s at each wage level and indicate		
21. Job Creation Full-time Part-time	Level of Voluntary	y	ourly Wage 24. Hourly Value Level of Voluntary (cl. benefits) Benefits (\$)		
run-tune ratt-tune	less than \$7.00	`	s than \$7.00		
	\$7.00 to \$7.99		.00 to \$7.99		
	\$8.00 to \$9.99		.00 to \$9.99		
	\$10.00 to \$11.99	•	0.00 to \$11.99		

Please complete lines 25 through 27 for all agreements.

If necessary, please attach additional documentation.

\$12.00 and higher

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
3/27/01	3/21/01		
27. Have all wage and job goals been achieved? XYes — do	?   ✓ Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.		

\$12.00 and higher

If necessary, please attach additional documentation.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency	name Agency	2. Contact name			
Minneapolis Community Development		Kent Robbins			
3. Agency street address		4. City			
105 5th Ave. S., Suite 200		Minneapolis			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55401 612-673-5187 7. Fax number (area code)		X CityCounty	RegionalState		
612-673-5111		Other (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
Siewert Cabinet & Fixture		2434			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Loan		N/A			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
5/197 5/1/97		placed in service \$75,000			

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

17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance \$14.00/hr.
3	\$14.00/ Nr.
19. Actual jobs created since business received assistance	Actual average hourly wage paid to employees hired since business received assistance
15	\$11.63/hr.
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
21. Job Creation Hourly Wage 22. Hourly Level of Volu	intary Level of Voluntary
Full-time Part-time (excl. benefits) Benefit	
less than \$7.00	less than \$7.00
\$7.00 to \$7.99	\$7.00 to \$7.99
\$8.00 to \$9.99	\$8.00 to \$9.99
\$10.00 to \$11.99	\$10.00 to \$11.99
\$12.00 and higher	\$12.00 and higher
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels docume	nted	26. Date this Minnesota Business Assistance Form completed	
3/27/01		3/26/01	
27. Have all wage and job goals been achieved? Yes	1? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.		

## RECEIVED MAR 2 : 238

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through	16 for all agreements.		Development		
1. Funding government agency	name Agency	2. Contact name			
Minneapolis Commu		Kent Robbins			
3. Agency street address		4. City			
105 5th Avenue S.	, Suite 200	Minneapolis			
5. Zip code	6. Phone number (area code)	8. Type of government agency	,		
55401	612-673-5187	X CityCounty	Regional State		
33401	7. Fax number (area code)				
•	612-673-5111	Other (Please indicate)_			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
New French Bakery		5461			
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)			
Loan		Ń/A			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
7/11/97	7/11/97	placed in service <b>7/11/97</b>	\$75,000		
	ed between July 1, 1995 and D B and future years, please comp		nes 17 through 20. For		
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving			
18		assistance \$9.00/hr.			
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly was business received assistan-	ge paid to employees hired since		

17. Job creation goals for business receiving assistance  18		18. Average h assistance \$9.00/h		level goals for busing	ness receiving	
19. Actual jobs created since business received assistance  53			eceived assi	wage paid to emplostance	oyees hired since	
Goals of business receivi number of employees at corresponding benefit lev	each wage level and	į.	•	er of emplo	project placed in se yees at each wage lo level.)	
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		14 13 26		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, please attac	h additional docume	ntation.	If necessary, p	olease attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
12/31/01	3/26/01		
27. Have all wage and job goals been achieved? Yes — do no No — plea	d? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.		

## RECEIVED MAR 2 8 2001

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Agency		2. Contact name			
Minneapolis Community Development		Kent Robbins			
3. Agency street address		4. City			
105 5th Avenue S., Suite 200		Minneapolis			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55401	55401 612-673-5187 7. Fax number (area code) 612-673-5111		RegionalState		
		Other (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
Harbinger Industries		2434			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Loan		N/A			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
2/16/99 2/16/99		placed in service N/A Working Cap.	\$40,000		

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

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance				
21 within 5 y	ears		\$13.00/hr.			
19. Actual jobs created s	ince business receive	ed assistance			y wage paid to empl	oyees hired since
24 jobs created		N/A				
Goals of business receivi number of employees at corresponding benefit lev	each wage level and		•	er of emplo	e project placed in so byees at each wage l t level.)	,
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	
21	\$10.00 to \$11.99 \$12.00 and higher	2.40	<u>6</u> 18		\$10.00 to \$11.99 \$12.00 and higher	
If necessary, please attac	h additional docume	ntation.	If necessary, p	olease attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
12/31/01	3/26/01
,	0, 20, 02
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.
□ No — ple	ase submit the 2000 Minnesota Business Assistance Form.

# RECEIVED MAR 2 8 2301

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through	h 16 for all agreements.		Development	
1. Funding government agency Minneapolis Comm Development Agen	unity	2. Contact name Kent Robbins		
3. Agency street address		4. City		
105 5th Ave. S.,	Suite 200	Minneapolis, MN		
		, , , , , , , , , , , , , , , , , , , ,		
5. Zip code	1 Building 6. Phone number (area code)	8. Type of government agency	y	
55401	612-673-5187	Y a		
	7. Fax number (area code)	CityCounty	_RegionalState	
	612-673-5111	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
As Soon As Possible, Inc.		2752		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)		
Loan				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
12/16/97	12/16/97	placed in service	\$550,000.00	
12/10/3/	12, 10, 3,		<b>\$330,000.00</b>	
	ned between July 1, 1995 and D 8 and future years, please comp		nes 17 through 20. For	
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage level goals for business receiving		
10		assistance \$12.80/hr.		
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since		
10		business received assistance		
13		\$11.35/hr.		
Goals of business receiving as		Actual performance since project placed in service: (Please		
number of employees at each v	wage level and indicate the	indicate number of employees at each wage level and indicate		
corresponding benefit level.)		the corresponding benefit level.)		

If necessary, please attach additional documentation. Please complete lines 25 through 27 for all agreements.

Hourly Wage

Level

(excl. benefits)

less than \$7.00

\$7.00 to \$7.99

\$8.00 to \$9.99

\$10.00 to \$11.99

\$12.00 and higher

21. Job Creation

Full-time Part-time

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
12/31/01	3/29/01		
27. Have all wage and job goals been achieved? Yes — d	ed? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form		

22. Hourly Value 23. Job Creation

Full-time Part-time

of Voluntary

Benefits (\$)

Hourly Wage

Level

(excl. benefits)

less than \$7.00

\$7.00 to \$7.99

\$8.00 to \$9.99 \$10.00 to \$11.99

If necessary, please attach additional documentation.

\$12.00 and higher

24. Hourly Value

of Voluntary Benefits (\$)

#### RECEIVED MAD 2 3 2001

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Agency Minneapolis Community Development		2. Contact name Kent Robbins		
3. Agency street address		4. City		
105 5th Ave. S., Suite 200		Minneapolis		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55401 612-673-5187		Y City County	Pagianal State	
	7. Fax number (area code)	CityCountyRegionalState		
612-673-5111		Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Clean X Dry Clean	ing Service	7216		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Loan		N/A		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
8/17/98 8/17/98		placed in service 10/98	\$75,000	

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

<ul><li>17. Job creation goals for business receiving assistance</li><li>7 within 5 years</li></ul>		18. Average hourly wage level goals for business receiving assistance \$10.35/hr.				
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance N/A				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation Full-time		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
3	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	2.00	4		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	2.00
If necessary, please attack	\$12.00 and higher h additional docume	ntation.	If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed	
3/27/01	3/27/01	
27. Have all wage and job goals been achieved? Yes—do	1 3	
No — ple	ase submit the 2000 Minnesota Business Assistance Form.	

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name  Minneapolis Community		2. Contact name		
Development Agency		Kent Robbins		
3. Agency street address		4. City		
105 5th Ave. S.		Minneapolis		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
55401-2534 612-673-5187		X CityCounty	_RegionalState	
	7. Fax number (area code) 612-673-5111	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Ambassador Press		Commercial Printer (2759)		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
below market land sale		North Washington Industrial Park		
13. Date of business assistance agreement	<ol> <li>Date assistance first provided</li> </ol>	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
April 28, 1997 April 28, 1997		placed in service 11/14/1997	\$149,123	

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

	•	•	•		U		
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving					
Retain 54		assistance	h 1				
Create	33			\$9.00/			
19. Actual job	s created si	nce business receive	d assistance			wage paid to emplo	yees hired since
24				business re	eceived assi	istance	
34	11. 100 A. 101 A. 100 A. A. A. 100 B.						
		ng assistance: (Pleas		•		project placed in se	•
number of employees at each wage level and indicate the corresponding benefit level.)			•	yees at each wage le	evel and indicate		
		•		the corresponding benefit level.)			
21. Job Creati	on	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
Full-time	Dant times	Level	of Voluntary	Eull sime	Dant times	Level	of Voluntary Benefits (\$)
run-ume	Part-time	(excl. benefits)	Benefits (\$)	ruii-iiine	Part-time	(excl. benefits)	Benefits (3)
		less than \$7.00			*************	less than \$7.00	
		\$7.00 to \$7.99				\$7.00 to \$7.99	
		\$8.00 to \$9.99		_23		\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher		11		\$12.00 and higher	
If necessary, p	olease attac	h additional docume	ntation.	If necessary,	olease attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented		26. Date this Minnesota Business Assistance Form completed
3/28/01		3/29/2001
27. Have all wage and job goals been achieved?		not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
1		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code)			
	651-296-5287			
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
AIRTEC ACQUISITION		3654		
1	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
	EVELOPMENT LOAN			
13. Date of business assistance agreement	14. Date assistance first provided	<ol> <li>Date project (building/ machinery/etc.) was</li> </ol>	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
02/14/97	02/14/97	•	\$50,000.00	
agreements signed during 1998	ed between July 1, 1995 and De 3 and future years, please comp	lete lines 21 through 24.		
17. Job creation goals for busir	ness receiving assistance	18. Average hourly wage level goals for business receiving		
2	5	assistance \$10	0.88	
19. Actual jobs created since b	usiness received assistance		e paid to employees hired since	
2	1	business received assistance \$13	.e 8.30	
Goals of business receiving ass	istance: (Please indicate	Actual performance since proj	ect placed in service: (Please	
number of employees at each v corresponding benefit level.)	vage level and indicate the	indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hou	ırly Wage 22. Hourly Value	23. Job Creation Ho	urly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
`	benefits) Benefits (\$) than \$7.00	•	cl. benefits)  Benefits (\$) than \$7.00	
	0 to \$7.99		00 to \$7.99	
	0 to \$9.99		00 to \$9.99	
	00 to \$11.99		.00 to \$11.99	
\$10.00 to \$11.99 \$12.00 and higher		<del></del>	.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		
Please complete lines 25 throug		,,,,		
25. Last date actual wage and jo		26. Date this Minnesota Busine	ess Assistance Form completed	
06/3		04/02/01		
27. Have all wage and job goal	s been achieved? Yes — do			
No — please submit the 2000 Minnesota Business Assistance Form.				

## £7. H. original racewal 50/9 MINNESOT

2. Contact name

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

Trade & —
Development

DTED (MN AG & ECON DEV BOARD)		PAUL A. MOE			
3. Agency street address		4. City			
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55101	651-297-1391 7. Fax number (area code)	City County	Regional State		
	651-296-5287	Other (Please indicate)_			
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)		
ENDRESS PROCESSIN	IG	2048			
11. Type of assistance (e.g. loa	ın, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	oplicable)		
SMALL BUSINESS D	EVELOPMENT LOAN				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
05/01/97	05/01/97	F	\$2,995,000.00		
For assistance agreements signed between July 1, 1995 and De agreements signed during 1998 and future years, please comp			nes 17 through 20. For		
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level goals for business receiving assistance			
3	39		\$10.00		
19. Actual jobs created since b	ousiness received assistance	20. Actual average hourly was	ge paid to employees hired since		
(	66	business received assistance \$14.20			
Goals of business receiving as number of employees at each		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate			
corresponding benefit level.)		the corresponding benefit level.)			
21. Job Creation Ho	urly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Ho	ourly Wage 24. Hourly Value Level of Voluntary		
Full-time Part-time (exc	cl. benefits)  Benefits (\$)	Full-time Part-time (ex	cl. benefits)  Benefits (\$)		
less	than \$7.00	less	s than \$7.00		
\$7.0	00 to \$7.99	\$7.	00 to \$7.99		
\$8.0	00 to \$9.99	\$8.	00 to \$9.99		
\$10	.00 to \$11.99	\$10	0.00 to \$11.99		
	.00 and higher		2.00 and higher		
If necessary, please attach add	itional documentation.	If necessary, please attach additional documentation.			
Please complete lines 25 throu	<u> </u>				
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
03/3	31/00	04/02/01			
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance					

## L.H. vicginal received 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agen-	су	
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)	)	
9. Name of business receiving	assistance	10. Industry of recipient (SIC	C code)	
EXCELSIOR-HENDERS		3751		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	applicable)	
SMALL BUSINESS DI	EVELOPMENT LOAN			
13. Date of business assistance agreement	14. Date assistance first provided	<ol> <li>Date project (building/ machinery/etc.) was</li> </ol>	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
12/17/97	12/17/97		\$7,145,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage level goals for business receiving		
1	75	assistance \$	10.00	
19. Actual jobs created since be	usiness received assistance	20. Actual average hourly w	age paid to employees hired since	
0 (BANI	<i>'</i>	business received assistance		
Goals of business receiving ass number of employees at each w corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
	urly Wage 22. Hourly Value	23. Job Creation H	lourly Wage 24. Hourly Value	
	Level of Voluntary benefits) Benefits (\$)	Full-time Part-time (e	Level of Voluntary xcl. benefits) Benefits (\$)	
,	than \$7.00	•	ss than \$7.00	
	0 to \$7.99		7.00 to \$7.99	
	0 to \$9.99		3.00 to \$9.99	
	00 to \$11.99		0.00 to \$11.99	
	00 and higher		2.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and jo	ob creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed	
12/3	1/00	04/02/01		
27. Have all wage and job goal		not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.		

## L.I.H. original sescenced 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MN AG & ECON DEV BOARD)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code)	P		
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving		10. Industry of recipient (SIC	code)	
FORMATIVE ENGINE		3089		
11. Type of assistance (e.g. loan		12. Name of TIF district (if ap	plicable)	
SMALL BUSINESS DI	EVELOPMENT LOAN			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
04/22/98	04/22/98		\$1,700,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for busin		18. Average hourly wage level	goals for business receiving	
1	5	assistance © 1.3	3.00	
19. Actual jobs created since business received assistance			ge paid to employees hired since	
		business received assistance 13		
1	6	13	.00	
Goals of business receiving ass		Actual performance since proj		
number of employees at each w corresponding benefit level.)	vage level and indicate the	the corresponding benefit leve	at each wage level and indicate	
	ırly Wage 22. Hourly Value		urly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
·	benefits) Benefits (\$)	•	cl. benefits)  Benefits (\$)	
	than \$7.00		than \$7.00	
	0 to \$7.99 0 to \$9.99		00 to \$7.99 00 to \$9.99	
	00 to \$11.99 \$1.50		.00 to \$11.99 \$1.60	
	00 and higher \$1.90		.00 to \$11.99	
If necessary, please attach addi	ŭ <del></del>	If necessary, please attach add	<u> </u>	
Please complete lines 25 throug	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
06/3	0/00	04/0	02/01	
27. Have all wage and job goal	s been achieved? Yes — do	not submit future forms for this use submit the 2000 Minnesota		
This form rankages all pro		one form for each husiness		

# 24th. original received 5/2/0| 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

			<u> </u>	
1. Funding government agency	y name	2. Contact name		
· 1		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 77	TH PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government ager	ncy	
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)	City County Regional State		
	651-296-5287	Other (Please indicate	e)	
9. Name of business receiving	assistance	10. Industry of recipient (SI	C code)	
IMPRESSIONS INCOR	PORATED	2752		
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)	
SMALL BUSINESS D	EVELOPMENT LOAN			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
		placed in service		
04/01/96	04/01/96		\$5,195,000.00	
	ned between July 1, 1995 and Do 8 and future years, please comp		lines 17 through 20. For	
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage le	vel goals for business receiving	
e	51	assistance	\$10.00	
19. Actual jobs created since business received assistance		20. Actual average hourly v	vage paid to employees hired since	
4	12	business received assistance 15.21		
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
	urly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value	
	Level of Voluntary ll. benefits) Benefits (\$)	Full-time Part-time (	Level of Voluntary excl. benefits)  Benefits (\$)	
•	than \$7.00	,	ess than \$7.00	
	00 to \$7.99		7.00 to \$7.99	
	00 to \$9.99		8.00 to \$9.99	
	.00 to \$11.99		10.00 to \$11.99	
\$12	.00 and higher		12.00 and higher	
If necessary, please attach add	itional documentation.	If necessary, please attach additional documentation.		
Please complete lines 25 throu	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Bu	siness Assistance Form completed	
12/3	1/00	04/02/01		
27. Have all wage and job goa	Is been achieved? Yes — do		nis project. ta Business Assistance Form.	
	Entre - pica	ST SAUMIN THE BOOK HAMMESO	- 2 23111003 1 ROSISTATION 1 OF IM.	

## 2.4. H. original received 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

	Funding government agency name		2. Contact name		
	DTED (MN AG & ECON DEV BOARD)		PAUL A. MOE		
	3. Agency street address		4. City		
	500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
	5. Zip code	6. Phone number (area code)	8. Type of government agency		
	55101	651-297-1391	City County	Pagional V State	
	33101	7. Fax number (area code)		Regional State	
		651-296-5287	Other (Please indicate)		
	9. Name of business receiving	assistance	10. Industry of recipient (SIC c	ode)	
	SPARTA FOODS		2038		
	11. Type of assistance (e.g. loa	un, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)	
		EVELOPMENT LOAN			
	13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
	assistance agreement	provided	placed in service	assistance	
	07/01/97	07/01/97	•	\$1,950,000.00	
		ned between July 1, 1995 and D 8 and future years, please comp		es 17 through 20. For	
	17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level	goals for business receiving	
	117 DETAINEI	D 15 CREATED	assistance \$10.00		
	19. Actual jobs created since b	ousiness received assistance	<ol> <li>Actual average hourly wage business received assistance</li> </ol>		
		D 20 CREATED	\$16	.55	
	Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since proje indicate number of employees the corresponding benefit level	at each wage level and indicate	
	21. Job Creation Ho	urly Wage 22. Hourly Value	23. Job Creation Hou	ırly Wage 24. Hourly Value	
	<b>T H</b> ( <b>T N</b> ( <b>C</b> )	Level of Voluntary	`	Level of Voluntary	
	,	cl. benefits)  Benefits (\$)	·	l. benefits) Benefits (\$)	
		than \$7.00		than \$7.00	
	\$7.0	00 to \$7.99		0 to \$7.99	
	All -	00 to \$9.99	011.4144	0 to \$9.99	
44.1	\$10	0.00 to \$11.99		00 to \$11.99	
		.00 and higher		00 and higher	
	If necessary, please attach add	itional documentation.	If necessary, please attach addi	tional documentation.	
	Please complete lines 25 throu	<u> </u>			
	25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
	12/3	31/98	04/02/01		
	27. Have all wage and job goa	Ils been achieved? Yes — do	not submit future forms for this ase submit the 2000 Minnesota I	project. Business Assistance Form	
	<b></b>				

## &. J. H. original received 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
· · · · · · · · · · · · · · · · · · ·		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 77		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
WAYMAR PROPERTII		2599		
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
	EVELOPMENT LOAN			
13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
02/01/96	02/01/96	•	\$4,965,000.00	
For assistance agreements sign	ned between July 1, 1995 and D	ecember 31, 1997, complete lin	es 17 through 20. For	
	8 and future years, please comp			
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level	goals for business receiving	
8	31	assistance \$12	2.00	
19. Actual jobs created since b	usiness received assistance		e paid to employees hired since	
-		business received assistance	e_	
	31		1.04	
Goals of business receiving as		Actual performance since proje		
number of employees at each v corresponding benefit level.)	wage level and indicate the	indicate number of employees at each wage level and indicate the corresponding benefit level.)		
· ·	urly Wage 22. Hourly Value			
	Level of Voluntary		Level of Voluntary	
Full-time Part-time (exc	l. benefits) Benefits (\$)	Full-time Part-time (exc	l. benefits) Benefits (\$)	
less	than \$7.00	less	than \$7.00	
\$7.0	00 to \$7.99	\$7.0	00 to \$7.99	
\$8.0	00 to \$9.99	\$8.0	00 to \$9.99	
\$10	.00 to \$11.99	\$10	.00 to \$11.99	
\$12	.00 and higher	\$12.	00 and higher	
If necessary, please attach add	itional documentation.	If necessary, please attach additional	tional documentation.	
Please complete lines 25 throu	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
	1/98		02/01	
27. Have all wage and job goal		not submit future forms for this use submit the 2000 Minnesota		
This form replaces all pro-	mious forms Plassa somplets			

## 24.11. original secured 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

2. Contact name



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

DTED (MN AG & ECON DEV BOARD)		PAUL A. MOE			
3. Agency street address		4. City			
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL			
5. Zip code 55101	6. Phone number (area code) 651-297-1391 7. Fax number (area code)	8. Type of government agency  City County Regional State			
9. Name of business receiving	651-296-5287	10. Industry of recipient (SI	C code)		
NEW MORNING WIN		2413	C code)		
	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	annliaghla)		
	DEVELOPMENT LOAN	12. Name of The district (if	аррисаоте)		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was assistance placed in service			
02/01/96	02/01/96		\$4,965,000.00		
	ned between July 1, 1995 and Do 88 and future years, please comp		lines 17 through 20. For		
17. Job creation goals for bus	iness receiving assistance	18. Average hourly wage le assistance	vel goals for business receiving		
•	40	\$8.31			
19. Actual jobs created since business received assistance 35		20. Actual average hourly w business received assist	20. Actual average hourly wage paid to employees hired since business received assistance \$9.70		
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation       Ho         Full-time       Part-time       (ex	burly Wage Level of Voluntary Benefits (\$) s than \$7.00 00 to \$7.99 00 to \$9.99 0.00 to \$11.99 2.00 and higher ditional documentation.	23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary			
Please complete lines 25 throu					
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Bu	siness Assistance Form completed		
	31/99		4/02/01		
27. Have all wage and job goo	27. Have all wage and job goals been achieved?				
This form replaces all pr			ess assistance agreement your		

Trade & —
Development

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements. RECEIVED APR 1 2 2001

1. Funding government agency	name	2. Contact name			
MNDept. 06 A	griculture	Gail Ryan			
3. Agency street address		4. City			
90 W Plato B	lud	St Paul			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55107	651/296-3378  7. Fax number (area code)	CityCounty	Regional State		
	651/297-5522	Other (Please indicate)			
9. Name of business receiving		10. Industry of recipient (SIC o	ode) g.F.H. 7/6/01		
Heartland Energy, Inc		Manufacturing 4939			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
grant					
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
7/21/95	7/25/95	on a oi na Orosect	\$50,000		

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

	•					
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving				
1 -		Į.	assistance	$\sim 1$	_	
n) d	<b>.</b>			1/	٩	
19. Actual jobs created si	nce business receive	d assistance			wage paid to emplo	yees hired since
. 1			business re	eceived assi	iştance	
n/ a				n	1a	
Goals of business receivi	ng assistance: (Please	e indicate	Actual perform	nance since	project placed in se	rvice: (Please
number of employees at e	each wage level and i	indicate the			yees at each wage le	vel and indicate
corresponding benefit lev	vel.)		the correspond	ding benefit	t level.)	ì
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
	Level	of Voluntary			Level	of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99				\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
\$12.00 and higher \$12.00 and higher						
If necessary, please attack	h additional documer	ntation.	If necessary, p	olease attacl	h additional documen	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed	
27. Have all wage and job goals been achieved?	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.	

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED APR 1 2 2001

lease complete lines i throug	Su to tot all agreements.		Development	
1. Funding government agence	y name	2. Contact name		
not. Of Agricultus.  3. Agency street address	re	Terry Dalbec		
3. Agency street address		4. City		
90 W. Pla	to Blud	St. Paul		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
.55107	6. Phone number (area code) 651-2/5-0368  7. Fax number (area code)	CityCounty	_RegionalState	
	651-296-6890	Other (Please indicate)_		
9. Name of business receiving	g assistance	10. Industry of recipient (SIC	code) G.F.H 7/6/01	
MN Valley Alt	an, TIF, grant, infrastructure, etc.)	Processing 12. Name of TIF district (if ap	0241	
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
a rant		NA		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided /2 6 4 8	machinery/etc.) was placed in service	assistance	
6/27/97	(/20/48	NA	\$29,000.00	
agreements signed during 1998 and future years, please comp 17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance		
NA		NA		
19. Actual jobs created since	business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
	N/A	No		
Goals of business receiving a number of employees at each corresponding benefit level.)	wage level and indicate the	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation H	lourly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
Full-time Part-time (e	Level of Voluntary xcl. benefits) Benefits (\$)	Full-time Part-time (ex	Level of Voluntary ccl. benefits) Benefits (\$)	
le	ss than \$7.00	les	s than \$7.00	
s7	7.00 to \$7.99	\$7.	.00 to \$7.99	
S8	3.00 to \$9.99	\$8.	.00 to \$9.99	
Si	10.00 to \$11.99	\$10	0.00 to \$11.99	
	12.00 and higher	\$1	2.00 and higher	
If necessary, please attach ac	<del>-</del>	If necessary, please attach add		
Please complete lines 25 thro	ough 27 for all agreements.			
25. Last date actual wage an	d job creation levels documented	26. Date this Minnesota Busi	ness Assistance Form completed	
NA		4/11/01		
27. Have all wage and job g		not submit future forms for thi		
This form replaces all p	orevious forms. Please complet			

Trade & —

Development

(Please return by April 1, 1999)
RECEIVED 400 1 2 2001
Please complete lines 1 through 16 for all agreements.

EFH. 714101 MN Dept. 9

1. Funding government agence	y name	2. Contact name		
Agricalture  3. Agency street address		Terry Dalb	ec	
3. Agency street address				
90 w Plato 5. Zip code	Blud	St. Paul		
5. Zip code	6. Phone number (area code)	8. Type of government agency	<i>'</i>	
55107	651-215-0368  7. Fax number (area code)	CityCountyRegional XState		
	651-291-6890	Other (Please indicate)_		
9. Name of business receiving	g assistance	10. Industry of recipient (SIC	code)	
Prairie Farm	ners Cooperative an, TIF, grant, infrastructure, etc.)	Processing 12. Name of TIF district (if ap	:	
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
arant 13. Date of business		NA		
	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided 5/26/18	machinery/etc.) was placed in service	assistance	
3/11/98	5/26/18	I/A	4 47,200.00	
	gned between July 1, 1995 and D 98 and future years, please comp		nes 17 through 20. For	
17. Job creation goals for bus	iness receiving assistance	18. Average hourly wage level goals for business receiving assistance		
19. Actual jobs created since	business received assistance	Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving a	ssistance: (Please indicate	Actual performance since pro	ject placed in service: (Please	
number of employees at each corresponding benefit level.)	<b>.</b>	indicate number of employees the corresponding benefit level	at each wage level and indicate el.)	
21. Job Creation H	ourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation NA Ho	ourly Wage 24. Hourly Value of Voluntary	
Full-time Part-time (ex	(cl. benefits) Benefits (\$)	Full-time Part-time (ex	cl. benefits) Benefits (\$)	
les	ss than \$7.00	less	s than \$7.00	
\$7	.00 to \$7.99	\$7.	00 to \$7.99	
\$8	.00 to \$9.99	\$8.	00 to \$9.99	
\$1	0.00 to \$11.99	\$10	0.00 to \$11.99	
\$1	2.00 and higher	\$12	2.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
NA	4/11/01
/**	
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.
<i>V</i> /∤ □ No — ple	ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Development Please complete lines 1 through 16 for all agreements. 1. Funding government agency name MN Dept. of Agriculture
3. Agency street address 90 W. Plato Blod 5. Zip code 8. Type of government agency 6. Phone number (area code) 651-297-2175 651-296-3820 __ City __County __Regional \( \subseteq \text{State} \) 7. Fax number (area code) _ Other (Please indicate)_ 9. Name of business receiving assistance 10. Industry of recipient (SIC code) Haubenschild Farm, Inc Dairy Farming 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) 12. Name of TIF district (if applicable) Loan 13. Date of business 14. Date assistance first 15. Date project (building/ 16. Dollar value of business provided machinery/etc.) was assistance assistance agreement placed in service 150,000 5-25-99 6-10-99 Sept., 1999 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance  Not Applicable			assistance		level goals for busing	ness receiving
19. Actual jobs created since business received assistance				rage hourly eceived assi	wage paid to emplostance	oyees hired since
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		•	er of emplo	project placed in se byees at each wage lo level.)	•	
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	Full-time	Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (S)
Not Applicable	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99		Not App	licable	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	<del></del> -
	\$10.00 to \$11.99 \$12.00 and higher				\$10.00 to \$11.99 \$12.00 and higher	
If necessary, please attach	additional docume	ntation.	If necessary, p	olease attacl	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
Not Applicable	4-10-01
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.
27. Have all wage and job goals been achieved? Yes—do	ease submit the 2000 Minnesota Business Assistance Form.

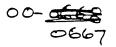
# original received 5/2/01 4.7.4. 1999 Minnesota Business Assistance Form

Trade &—
Development

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.	•
1 Funding government agency name	2 Contac

1. Funding government agency name		2. Contact name		
DTED (RURAL JOB CREATION GRANT)		PAUL A. MOE		
3. Agency street address		4. City		
	500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County Regional State		
	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)		
9. Name of business receiving		10. Industry of recipient (SIC code)		
FASTENAL COMPANY		5072		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	) 12. Name of TIF district (if applicable)		
RURAL JOB CR	EATION GRANT	_		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
06/30/98	06/30/98	·	\$80,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For				
<u> </u>	8 and future years, please comp	<u> </u>		
17. Job creation goals for business receiving assistance  18. Average hourly wage level goals for business receiving assistance  assistance		l goals for business receiving		
36		\$9.00		
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since		
3	6	business received assistance 9.00		
Goals of business receiving assistance: (Please indicate		Actual performance since proj		
number of employees at each wage level and indicate the corresponding benefit level.)		indicate number of employees at each wage level and indicate		
	urly Wage 22. Hourly Value	the corresponding benefit level.)  ge 22. Hourly Value 23. Job Creation Hourly Wage 24. Hourly Value		
	Level of Voluntary		Level of Voluntary	
Full-time Part-time (exc	l. benefits) Benefits (\$)	Full-time Part-time (exc	cl. benefits (\$) Benefits (\$)	
less	than \$7.00	less	than \$7.00	
\$7.0	0 to \$7.99	\$7.0	00 to \$7.99	
	0 to \$9.99	\$8.0	00 to \$9.99	
	.00 to \$11.99		.00 to \$11.99	
	00 and higher		.00 and higher	
If necessary, please attach addi	If necessary, please attach additional documentation.  If necessary, please attach additional documentation.			
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
06/30/98 04/02/01		02/01		
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				
			• .	



#### oziginal received 5/2/01 & 7.4 1999 Minnesota Business Assistance Form

2. Contact name

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

DTED (RURAL JOE	CREATION GRANT)	PAUL A. MOE		
3. Agency street address	3. Agency street address		4. City	
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391 7. Fax number (area code)	City County Regional State		
	651-296-5287	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
WILLMAR MANUFAC	VILLMAR MANUFACTURING 2500			
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)	
RURAL JOB CR	EATION GRANT			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance	
06/30/98	06/30/98	placed in service	\$110,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level goals for business receiving		
	75	assistance \$9.00		
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since		
	business received assistance \$9.00		.00	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Ho	urly Wage 22. Hourly Value Level of Voluntary		urly Wage 24. Hourly Value Level of Voluntary	
Full-time Part-time (exc	cl. benefits) Benefits (\$)	Full-time Part-time (exc	d. benefits)  Benefits (\$)	
less	than \$7.00	less	than \$7.00	
\$7.0	00 to \$7.99	\$7.0	00 to \$7.99	
\$8.0	00 to \$9.99	\$8.0	00 to \$9.99	
\$10	.00 to \$11.99	\$10	.00 to \$11.99	
\$12	.00 and higher	\$12	.00 and higher	
If necessary, please attach add	itional documentation.	If necessary, please attach add	itional documentation.	
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
	30/98	04/02/01		
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				
00116 1 11	c. Di	C C	• •	

# 2.7.4. original received 5/2/0\ 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name	
DTED (RURAL JOB CREATION GRANT)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55101	651-297-1391	City County Regional State	
	7. Fax number (area code)	<b>-</b>	
	651-296-5287	Other (Please indicate)	
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)	
PARTRIDGE RIVER		2499	
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	oplicable)
RURAL JOB CR	EATION GRANT		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
06/30/97	06/30/97	\$57,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance  18. Average hourly wage level goals for business receiving assistance  19  \$9.56		el goals for business receiving	
19. Actual jobs created since b	usiness received assistance		
	9	business received assistance \$9.56	
Goals of business receiving ass number of employees at each v corresponding benefit level.)			ject placed in service: (Please s at each wage level and indicate el.)
	urly Wage 22. Hourly Value Level of Voluntary		Durly Wage 24. Hourly Value of Voluntary
· ·	l. benefits) Benefits (\$)	·	ccl. benefits)  Benefits (\$)
	than \$7.00		s than \$7.00
	0 to \$7.99		00 to \$7.99
	0 to \$9.99		00 to \$9.99
<del></del>	00 to \$11.99	\$10.00 to \$11.99	
	00 and higher	\$12.00 and higher  If necessary, please attach additional documentation.	
If necessary, please attach addi	tional documentation.	if necessary, please attach add	iltional documentation.
Please complete lines 25 through	· · · · · · · · · · · · · · · · · · ·		
25. Last date actual wage and j	25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form completed		ness Assistance Form completed
06/30/97 04/02/01		02/01	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			
This form replaces all pre	vious forms. Please complete		

# 

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (RURAL JOB CREATION GRANT)		PAUL A. MOE		
3. Agency street address	3. Agency street address		4. City	
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County Regional State		
33101	7. Fax number (area code)	City County Regional State		
	651-296-5287	Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
DAVIDSON PRINTING		2752		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	licable)	
RURAL JOB CREATION GRANT				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
06/30/97	06/30/97	\$40,500.00		
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level assistance	goals for business receiving	
12		\$12.00		
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since		
. 1	12	business received assistance \$12.00		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Ho	urly Wage 22. Hourly Value		urly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
•	el. benefits)  Benefits (\$)	· ·	l. benefits)  Benefits (\$)	
	than \$7.00		than \$7.00	
	00 to \$7.99		0 to \$7.99	
	00 to \$9.99		0 to \$9.99	
	.00 to \$11.99		00 to \$11.99	
	.00 and higher		00 and higher	
If necessary, please attach additional documentation.  If necessary, please attach additional documentation.			tional documentation.	
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form completed		ess Assistance Form completed		
06/3	30/97	04/0	02/01	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			project. Business Assistance Form.	
This form replaces all previous forms. Please complete one form for each business assistance agreement your				

### L.I. A. original received 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
DTED (RURAL JOB CREATION GRANT)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Pegional V State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
BEND TEC		3498		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
RURAL JOB CRI	EATION GRANT			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
06/30/97	06/30/97	placed in service	\$37,500.00	
	11 ( X 1 1 1005 1D	1 21 1007 1 1 1	<u> </u>	
agreements signed during 1998	ed between July 1, 1995 and Do B and future years, please comp	lete lines 21 through 24.		
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage level goals for business receiving assistance		
1	0		0.00	
19. Actual jobs created since by	usiness received assistance	20. Actual average hourly wag	e paid to employees hired since	
	0	business received assistance	e _	
			).00	
Goals of business receiving ass number of employees at each w corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hou	urly Wage 22. Hourly Value	23. Job Creation Ho	urly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
,	benefits) Benefits (\$)	Full-time Part-time (exc	, , ,	
	than \$7.00		than \$7.00	
	0 to \$7.99		00 to \$7.99	
\$8.0	0 to \$9.99	\$8.0	00 to \$9.99	
\$10.	00 to \$11.99	\$10	.00 to \$11.99	
\$12.00 and higher		\$12.00 and higher		
If necessary, please attach additional documentation.  If necessary, please at			itional documentation.	
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and jo	ob creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
06/3	0/97	04/0	02/01	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				
This form replaces all previous forms. Please complete one form for each business assistance agreement your				

## £4.4. original received 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name	
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55101	651-297-1391	City County	Regional State
55101	7. Fax number (area code)		
	651-296-5287	Other (Please indicate)_	
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)
SPARKS MANUFACTU	JRING, INC.	1791	
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)
MINNESOTA INV	ESTMENT FUND		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
01/29/99	04/30/99	placed in service	\$85,000.00
agreements signed during 1998	ed between July 1, 1995 and Do 3 and future years, please comp	lete lines 21 through 24.	
17. Job creation goals for busin		18. Average hourly wage level goals for business receiving assistance	
2	7		0.41
19. Actual jobs created since be	usiness received assistance	20. Actual average hourly wag	e paid to employees hired since
1	6	business received assistance \$10.89	
Goals of business receiving ass number of employees at each w corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
	ırly Wage 22. Hourly Value		urly Wage 24. Hourly Value
	Level of Voluntary  l. benefits) Benefits (\$)		Level of Voluntary cl. benefits) Benefits (\$)
`	than \$7.00	•	than \$7.00
	0 to \$7.99		00 to \$7.99
	0 to \$9.99		00 to \$9.99
	00 to \$11.99 \$1.58	16	.00 to \$11.99 \$1.53
		\$10.00 to \$11.99 \$1.55	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
Please complete lines 25 throug	gh 27 for all agreements.		
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed
	1/99		02/01
27. Have all wage and job goal	s been achieved? ☐ Yes — do ☑ No — plea	not submit future forms for this are submit the 2000 Minnesota	
This form replaces all pre	vious forms. Please complete		

## L. E. Driginal received \$2/01 MINNESOTY

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade & — Economic Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name	
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55101	651-297-1391	City County	Regional State
55101	7. Fax number (area code)		Integronar
	651-296-5287	Other (Please indicate)_	-
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)
K-BAR INDUSTRIES, I	NC	3999	
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)
MINNESOTA INV	ESTMENT FUND 8/1/0		
13. Date of business assistance agreement	14. Date assistance first provided	<ol> <li>Date project (building/ machinery/etc.) was</li> </ol>	16. Dollar value of business assistance
assistance agreement	provided	placed in service	assistance
07/15/98	12/23/99	-	\$300,000.00
For assistance agreements sign	ed between July 1, 1995 and Do	ecember 31, 1997, complete lin	es 17 through 20. For
	and future years, please comp		
17. Job creation goals for busin	ess receiving assistance	18. Average hourly wage level goals for business receiving	
7	5	assistance \$9.	45
19. Actual jobs created since be	isiness received assistance		e paid to employees hired since
-		business received assistance	e
7			0.85
Goals of business receiving ass number of employees at each w corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation Hou	ırly Wage 22. Hourly Value	23. Job Creation Hou	urly Wage 24. Hourly Value
	Level of Voluntary benefits) Benefits (\$)		Level of Voluntary  l. benefits) Benefits (\$)
`	than \$7.00	•	than \$7.00
	0 to \$7.99		0 to \$7.99
	0 to \$9.99		0 to \$9.99
	00 to \$11.99		
		\$10.00 to \$11.99	
\$12.00 and higher If necessary, please attach additional documentation.		\$12.00 and higher  If necessary, please attach additional documentation.	
Please complete lines 25 through		Theorem y, prouse and a	
25. Last date actual wage and jo		26. Date this Minnesota Busine	ess Assistance Form completed
01/2		04/02/01	
27. Have all wage and job goal	s been achieved? Yes — do	not submit future forms for this use submit the 2000 Minnesota 1	
This form replaces all pre	vious forms. Please complete		

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)			
	651-296-5287			
9. Name of business receiving	ng assistance	10. Industry of recipient (SIC of	code)	
WINDLAND ELECTI		3679		
11. Type of assistance (e.g.	loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
MINNESOTA II	NVESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
02/18/99	12/23/99	placed in service	\$150,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for bu	isiness receiving assistance	18. Average hourly wage level goals for business receiving assistance		
	23		3.23	
19. Actual jobs created sinc	e business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving number of employees at eac corresponding benefit level.	h wage level and indicate the	Actual performance since projection indicate number of employees the corresponding benefit level	at each wage level and indicate	
21. Job Creation	Hourly Wage 22. Hourly Value	23. Job Creation Hor	urly Wage 24. Hourly Value	
Full-time Part-time (e	Level of Voluntary excl. benefits) Benefits (\$)		Level of Voluntary	
`	excl. benefits)  Benefits (\$)  ess than \$7.00	`	than \$7.00	
	7.00 to \$7.99		00 to \$7.99	
			00 to \$9.99	
	8.00 to \$9.99 10.00 to \$11.99			
			.00 to \$11.99	
\$12.00 and higher		\$12.00 and higher If necessary, please attach additional documentation.		
If necessary, please attach a	dditional documentation.	ii necessary, piease attach add	itional documentation.	
Please complete lines 25 thr	ough 27 for all agreements.			
25. Last date actual wage ar	wage and job creation levels documented 26. Date this Minnesota Business Assistance Form completed		ess Assistance Form completed	
		04/0	02/01	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				
	pice			

# 1999 Minnesota Business Assistance Form

Trade & —
Development

(Please return by April 1, 1999)

Please complete	lines 1	through 1	6 for all	agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agen	су	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicate	, ,	
9. Name of business receiving	assistance	10. Industry of recipient (SIG	C code)	
DIXIE CARBONIC, INC		5999		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	applicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
01/29/99	04/30/99	•	\$200,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for busing			vel goals for business receiving	
30		assistance	11.94	
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly w	age paid to employees hired since	
3	0	business received assista \$	business received assistance \$14.71	
Goals of business receiving ass number of employees at each v corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hou	ırly Wage 22. Hourly Value	23. Job Creation F	Hourly Wage 24. Hourly Value	
	Level of Voluntary Benefits (\$)	Full-time Part-time (e	Level of Voluntary excl. benefits)  Benefits (\$)	
`	than \$7.00		ss than \$7.00	
	0 to \$7.99		7.00 to \$7.99	
13 \$8.0	0 to \$9.99		8.00 to \$9.99	
\$10.	00 to \$11.99	<u>16</u> \$1	10.00 to \$11.99 <u>\$1.25</u>	
<u>17</u> \$12.	00 and higher\$0.75	\$1	12.00 and higher \$1.25	
If necessary, please attach addi	tional documentation.	If necessary, please attach ac	lditional documentation.	
Please complete lines 25 throug	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed	
12/3	1/99	04/02/01		
27. Have all wage and job goal	_	not submit future forms for this project.		
No — please submit the 2000 Minnesota Business Assistance Form.				

## 2.4. H. oreginal received 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	'H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)		Tregional	
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)	
ALEXANDRIA EXTRU	2 4FU.BIZ1/01	3354		
11. Type of assistance (e.g. loa	t, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)	
	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
06/25/99	04/27/00	piacoa in servico	\$500,000.00	
For assistance agreements sign	ned between July 1, 1995 and D	ecember 31 1997 complete lin	es 17 through 20 For	
	B and future years, please comp		cs 17 through 20. Tor	
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage level goals for business receiving		
30 RETAINED	70 CREATED	assistance \$11	00	
19. Actual jobs created since b	usiness received assistance	business received assistance	e paid to employees hired since	
30 RETAINED	15 CREATED	\$11	.50	
Goals of business receiving ass		Actual performance since proje		
number of employees at each v corresponding benefit level.)	wage level and indicate the	indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hor	urly Wage 22. Hourly Value	23. Job Creation Hou	ırly Wage 24. Hourly Value	
<b>{</b>	Level of Voluntary		Level of Voluntary	
	l. benefits (\$)	•	l. benefits) Benefits (\$)	
less	than \$7.00	less	than \$7.00	
\$7.0	00 to \$7.99	<b> \$7.</b> 0	0 to \$7.99	
	00 to \$9.99		0 to \$9.99	
	.00 to \$11.99 <u>\$1.00</u>		.00 to \$11.99 <u>\$1.00</u>	
\$12.	.00 and higher\$1.00	\$12.00 and higher\$1.00		
If necessary, please attach addi	tional documentation.	If necessary, please attach add	tional documentation.	
Please complete lines 25 through				
25. Last date actual wage and job creation levels documented 26.		26. Date this Minnesota Busine	ess Assistance Form completed	
12/3	12/31/00 04/02/01			
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				
This form replaces all previous forms. Please complete one form for each business assistance agreement your				

## e.t. t. original received 0/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



#### Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional V State	
33131	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)	
ALEXANDRIA EXTRI		3354		
11. Type of assistance (e.g. loa	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)	
	VESTMENT FUND			
13. Date of business	14. Date assistance first provided	<ol> <li>Date project (building/ machinery/etc.) was</li> </ol>	16. Dollar value of business	
assistance agreement	provided	placed in service	assistance	
11/01/95	08/08/96	•	\$350,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level goals for business receiving assistance		
	50	\$10	0.50	
19. Actual jobs created since l	ousiness received assistance		e paid to employees hired since	
	50	business received assistanc	e 0.50	
Goals of business receiving as		Actual performance since proje		
number of employees at each corresponding benefit level.)			at each wage level and indicate	
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation Hou	urly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
,	cl. benefits)  Benefits (\$)	•	l. benefits) Benefits (\$)	
	than \$7.00		than \$7.00	
\$7.	00 to \$7.99		0 to \$7.99	
\$8.0	00 to \$9.99	\$8.0	0 to \$9.99	
\$10	.00 to \$11.99	\$10.	00 to \$11.99	
\$12	.00 and higher	\$12.	00 and higher	
If necessary, please attach add	itional documentation.	If necessary, please attach addi	tional documentation.	
Please complete lines 25 throu				
25. Last date actual wage and	25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form complete			
	31/00	04/0		
27. Have all wage and job goa	ls been achieved?	not submit future forms for this use submit the 2000 Minnesota I		
This Community on all and	mious forms Places complete	Com Com anal. bersie ann		

## 24.4. ouginal sectived 5/22/0/ 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code) 651-296-5287	Other (Please in diests)		
9. Name of business receiving		10. Industry of recipient (SIC of	1	
LOR-AL		• •	(340)	
	7777	3523		
	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	blicable)	
MINNESOTA INV	/ESTMENT FUND			
13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
07/13/95	08/01/96		\$75,000.00	
	ned between July 1, 1995 and Do		es 17 through 20. For	
	8 and future years, please comp			
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level goals for business receiving assistance		
3	30		.90	
19. Actual jobs created since b	ousiness received assistance	20. Actual average hourly wag	e paid to employees hired since	
3	37	business received assistance 8.	§2	
Goals of business receiving as		Actual performance since proje		
number of employees at each v corresponding benefit level.)	wage level and indicate the	indicate number of employees the corresponding benefit level	at each wage level and indicate	
	urly Wage 22. Hourly Value	• •	urly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
	el. benefits)  Benefits (\$)	Full-time Part-time (exc		
	than \$7.00 00 to \$7.99		than \$7.00 00 to \$7.99	
	00 to \$9.99		00 to \$9.99	
·	.00 to \$11.99		.00 to \$11.99	
	.00 and higher	\$12	.00 and higher	
If necessary, please attach add	-	If necessary, please attach additional documentation.		
Please complete lines 25 throu	gh 27 for all agreements.			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
12/3	31/96	04/0	02/01	
27. Have all wage and job goa		not submit future forms for this ase submit the 2000 Minnesota		
This form replaces all previous forms. Please complete one form for each husiness assistance agreement your				

### 47.H. original received 5/12/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)	
CUSTOM AG PRODUC		3523		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)	
	ESTMENT FUND			
13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
06/30/97	09/11/97	•	\$100,000.00	
For assistance agreements sign	ed between July 1, 1995 and Do	ecember 31, 1997, complete lin	es 17 through 20. For	
	and future years, please comp			
17. Job creation goals for busin	less receiving assistance	18. Average hourly wage level	goals for business receiving	
2	0	assistance \$9	.15	
19. Actual jobs created since by	usiness received assistance		e paid to employees hired since	
4		business received assistance		
-		0,	31	
Goals of business receiving ass number of employees at each w		Actual performance since proje	ect placed in service: (Please at each wage level and indicate	
corresponding benefit level.)	ago level and maleate the	the corresponding benefit level		
21. Job Creation Hou	ırly Wage 22. Hourly Value	23. Job Creation Hou	ırly Wage 24. Hourly Value	
•	Level of Voluntary benefits) Benefits (\$)	Full-time Part-time (exc	Level of Voluntary 1. benefits) Benefits (\$)	
•	than \$7.00	`	than \$7.00	
	0 to \$7.99		0 to \$7.99	
	0 to \$9.99	<del></del>	0 to \$9.99	
	00 to \$11.99		00 to \$11.99	
	00 and higher		00 and higher	
If necessary, please attach addit	-	If necessary, please attach additional documentation.		
Please complete lines 25 throug	th 27 for all agreements.			
25. Last date actual wage and jo	ob creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
06/30	0/00	04/0	2/01	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				
This form replaces all previous forms. Please complete one form for each business assistance agreement your				

## 4.4. original received 5/2/01

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 77		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency	y	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)			
	651-296-5287			
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
VOYAGER SUPPLY		5731	į	
11. Type of assistance (e.g. loa	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	oplicable)	
MINNESOTA IN	VESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
10/14/98	09/30/99	placed in service	\$125,000.00	
	ned between July 1, 1995 and D 8 and future years, please comp		nes 17 through 20. For	
17. Job creation goals for busi	ness receiving assistance		el goals for business receiving	
25		assistance \$1	0.58	
19. Actual jobs created since l	ousiness received assistance		ge paid to employees hired since	
:	25	business received assistan	e. 9.34	
Goals of business receiving as number of employees at each corresponding benefit level.)			ject placed in service: (Please s at each wage level and indicate el.)	
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
T. W. C.	Level of Voluntary	T. H. dan Dankel and	Level of Voluntary	
`	cl. benefits)  Benefits (\$)	,	cl. benefits)  Benefits (\$)	
	s than \$7.00 00 to \$7.99		s than \$7.00 00 to \$7.99	
	<del></del>		00 to \$7.99	
25	00 to \$9.99 0.00 to \$11.99 \$1.00			
			0.00 to \$11.99	
	2.00 and higher		2.00 and higher	
If necessary, please attach add	intonal documentation.	If necessary, please attach add	inional documentation.	
Please complete lines 25 throu	<del></del>		<del></del>	
25. Last date actual wage and job creation levels documented 26. Da		26. Date this Minnesota Busii	ness Assistance Form completed	
07/0	01/00	04/	02/01	
27. Have all wage and job gos	als been achieved? Yes — do	not submit future forms for this are submit the 2000 Minnesota		
		DE COUNTY AND BOOK IVAIMINGSULA	I J J J J J J J J J J J J J J J J	

## e.T. t. original received 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 throu	gn 16 for all agreements.		Development	
Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7	TH PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency	1	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)	•		
	651-296-5287	Other (Please indicate)_		
9. Name of business receivin	-	10. Industry of recipient (SIC	code)	
FAGEN ENGINEERIN	E.F.H. BILLIO	1541		
11. Type of assistance (e.g. lo	oan, VIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	oplicable)	
MINNESOTA IN	VESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
12/06/95	09/18/96	placed in service	\$197,000.00	
agreements signed during 19	gned between July 1, 1995 and D 98 and future years, please comp	olete lines 21 through 24.		
17. Job creation goals for bus	siness receiving assistance	18. Average hourly wage leve assistance	l goals for business receiving	
	10		0.00	
19. Actual jobs created since	business received assistance		ge paid to employees hired since	
	11	business received assistan \$2	4.25	
Goals of business receiving a number of employees at each corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation H	ourly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
Full-time Part-time (ex	Level of Voluntary ccl. benefits)  Benefits (\$)	Full-time Part-time (ex-	Level of Voluntary cl. benefits) Benefits (\$)	
`	s than \$7.00	· ·	than \$7.00	
\$7	.00 to \$7.99	\$7.	00 to \$7.99	
\$8	.00 to \$9.99	\$8.	00 to \$9.99	
\$1	0.00 to \$11.99	\$10	.00 to \$11.99	
\$1	2.00 and higher	\$12	.00 and higher	
If necessary, please attach add	If necessary, please attach additional documentation.  If necessary, please attach additional documentation.		litional documentation.	
Please complete lines 25 thro	ugh 27 for all agreements.			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
04/	13/98	04/9	02/01	
27. Have all wage and job go	als been achieved? Yes — do	not submit future forms for this		

## £ 7. 1. ociginal received 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

	a 10 101 an agreement.		Development	
Funding government agency name		2. Contact name		
		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	TH PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency	у	
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code) 651-296-5287	<b></b>		
9. Name of business receiving		10. Industry of recipient (SIC	code)	
			code)	
FORMATIVE ENGINE	n, TIF, grant, infrastructure, etc.)	3089		
	,	12. Name of TIF district (if ap	oplicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first provided	<ol> <li>Date project (building/ machinery/etc.) was</li> </ol>	16. Dollar value of business	
assistance agreement	provided	placed in service	assistance	
05/04/98	12/10/98		\$100,000.00	
	ned between July 1, 1995 and D 8 and future years, please comp		nes 17 through 20. For	
17. Job creation goals for busin	ness receiving assistance		el goals for business receiving	
1	5	assistance \$1	3.00	
19. Actual jobs created since business received assistance		20. Actual average hourly wa	ge paid to employees hired since	
1	6	business received assistan	3.00	
Goals of business receiving ass number of employees at each v corresponding benefit level.)			ject placed in service: (Please s at each wage level and indicate el.)	
1	urly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
<b>)</b>	Level of Voluntary l. benefits) Benefits (\$)	Full-time Part-time (ex	Level of Voluntary ccl. benefits) Benefits (\$)	
`	than \$7.00	,	s than \$7.00	
	00 to \$7.99		00 to \$7.99	
\$8.0	00 to \$9.99	\$8.	00 to \$9.99	
\$10	.00 to \$11.99 <u>\$1.50</u>	<u>6</u> \$10	0.00 to \$11.99 <u>\$1.57</u>	
\$12	.00 and higher \$1.90	<u>10</u> \$12	2.00 and higher \$1.57	
If necessary, please attach add	itional documentation.	ional documentation. If necessary, please attach additional documentation.		
Please complete lines 25 throu	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busin	ness Assistance Form completed	
06/3	0/00	04/	02/01	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.				
	No — plea	ase submit the 2000 Minnesota	Business Assistance Form.	

## 2.4. H. original received 5/2/0/

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

			•	
Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
TRI STATE INSURANC	CE	6300		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
07/03/95	02/01/96	•	\$150,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level assistance	goals for business receiving	
3	5		0.30	
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wag	e paid to employees hired since	
7	8	business received assistance \$13.57		
Goals of business receiving ass number of employees at each w		Actual performance since projudicate number of employees	ect placed in service: (Please at each wage level and indicate	
corresponding benefit level.)		the corresponding benefit level.)		
	arly Wage 22. Hourly Value		urly Wage 24. Hourly Value	
1	Level of Voluntary benefits) Benefits (\$)		Level of Voluntary Benefits (\$)	
,	than \$7.00	,	than \$7.00	
	0 to \$7.99		00 to \$7.99	
	0 to \$9.99		00 to \$9.99	
	00 to \$11.99		.00 to \$11.99	
	00 and higher			
If necessary, please attach addi	-	If necessary, please attach additional documentation.		
in necessary, prease attach addi	donar documentation.	ii necessary, piease attacii addi	ational documentation.	
Please complete lines 25 throug				
25. Last date actual wage and jo	ob creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
07/31/97		04/0	02/01	
27. Have all wage and job goal	s been achieved?  Yes — do	not submit future forms for this	project.	
		se submit the 2000 Minnesota		

## L.L. b. original received 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Transfer and Transfer and	- 10 101		Developmen
1. Funding government agency	y name	2. Contact name	
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7T	TH PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55101	651-297-1391	City County	Regional State
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving		10. Industry of recipient (SIC of	node)
BORDER CITY BUILD		5211	.ouc)
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	nlicable)
	VESTMENT FUND	12. Name of the district (if up)	pricable
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance
,	1	placed in service	275 000 00
10/14/98	02/04/99		\$75,000.00
	ned between July 1, 1995 and D 8 and future years, please comp		es 17 through 20. For
17. Job creation goals for busing		18. Average hourly wage level	goals for business receiving
1	15	assistance CQ	.45
19. Actual jobs created since b			e paid to employees hired since
		business received assistance	e
	15		.45
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since proje indicate number of employees the corresponding benefit leve	at each wage level and indicate
	urly Wage 22. Hourly Value		urly Wage 24. Hourly Value
Full-time Part-time (exc	Level of Voluntary Benefits (\$)	Full-time Part-time (exc	Level of Voluntary el. benefits) Benefits (\$)
(	than \$7.00	`	than \$7.00
	00 to \$7.99		00 to \$7.99
15 \$8.0	00 to \$9.99 <u>\$1.32</u>	\$8.0	00 to \$9.99
\$10	.00 to \$11.99	\$10	.00 to \$11.99
\$12	.00 and higher	\$12	.00 and higher
If necessary, please attach add	itional documentation.	If necessary, please attach add	itional documentation.
Please complete lines 25 throu	gh 27 for all agreements.		
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed
06/3	30/00	04/0	02/01
27. Have all wage and job goa		not submit future forms for this	
	■No — ple	ase submit the 2000 Minnesota	Business Assistance Form.

## & 7. H. original received 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOT.	(MINNESOTA INVESTMENT FUND) PAUL A. MOE			
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code)	<b>_</b>		
	651-296-5287			
9. Name of business receiving		10. Industry of recipient (SIC of	code)	
AARON CARLSON WO		2431		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
	ESTMENT FUND			
13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
06/14/99	10/07/99	•	\$100,000.00	
agreements signed during 1998 17. Job creation goals for busin	ned between July 1, 1995 and Dos and future years, please components receiving assistance	lete lines 21 through 24.  18. Average hourly wage level assistance		
19. Actual jobs created since b		30 4 1		
-	.5	business received assistance \$9.75		
Goals of business receiving ass number of employees at each v corresponding benefit level.)		Actual performance since proje indicate number of employees the corresponding benefit level	at each wage level and indicate	
	urly Wage 22. Hourly Value Level of Voluntary		urly Wage 24. Hourly Value Level of Voluntary	
`	l. benefits)  Benefits (\$) than \$7.00	`	than \$7.00 Benefits (\$)	
\$7.0	0 to \$7.99		0 to \$7.99	
	0 to \$9.99		0 to \$9.99	
	00 to \$11.99	\$10.00 to \$11.99		
	00 and higher	\$12.00 and higher		
If necessary, please attach addi	-	If necessary, please attach additional documentation.		
Please complete lines 25 throug	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
06/3	0/00	04/0	2/01	
27. Have all wage and job goal		not submit future forms for this use submit the 2000 Minnesota l		
This form raplaces all pre	nious forms Plansa complete	one form for each hysiness	assistance agreement vour	

## E. F. H. original received 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 77	TH PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency	у	
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)	P		
	651-296-5287	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
MIN AQUA FISHERIE		0900		
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	oplicable)	
MINNESOTA INV	VESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
07/31/97	12/12/97	pidood in sorviou	\$40,000.00	
	ned between July 1, 1995 and Do 8 and future years, please comp		nes 17 through 20. For	
17. Job creation goals for busi			el goals for business receiving	
	Ū	assistance	_	
			3.25	
19. Actual jobs created since business received assistance		20. Actual average hourly wa	ge paid to employees hired since	
	8	business received assistan \$1	0.05	
Goals of business receiving as	sistance: (Please indicate	Actual performance since pro	ject placed in service: (Please	
number of employees at each	wage level and indicate the		s at each wage level and indicate	
corresponding benefit level.)  21. Job Creation Ho	urly Wage 22. Hourly Value	the corresponding benefit level 23. Job Creation Ho	ourly Wage 24. Hourly Value	
21. Job Cleation 110	Level of Voluntary	23. Job Cleation The	Level of Voluntary	
Full-time Part-time (exc	cl. benefits)  Benefits (\$)	Full-time Part-time (ex	cl. benefits) Benefits (\$)	
less	than \$7.00	les	s than \$7.00	
\$7.0	00 to \$7.99	\$7.	00 to \$7.99	
\$8.0	00 to \$9.99	\$8.	00 to \$9.99	
\$10	.00 to \$11.99	\$10	0.00 to \$11.99	
\$12	.00 and higher	\$12	2.00 and higher	
If necessary, please attach add	itional documentation.	If necessary, please attach add	ditional documentation.	
Please complete lines 25 throu				
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ness Assistance Form completed	
12/3	31/00	04/	02/01	
27. Have all wage and job goa		not submit future forms for this ase submit the 2000 Minnesota		
	plea	ase admin the 2000 Minnesota	Dusiness Assistance Pulm.	

## L.F. B. original received 5/2/01

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



riease complete lines 1 through 10 for all agreements.				evelopment				
1. Funding government agency name			2. Contact name					
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE						
3. Agency stre	et address			4. City				
500 METR	O SQ. 12	1 7TH PLACE E	EAST	ST. PAUL				
5. Zip code		6. Phone num	nber (area code)	8. Type of go	vernment ag	gency		
55101		651-297-13		City	County	Res	gional	State
55101			er (area code)		-			
		651-296-52	287		(Please indic			
		iving assistance		10. Industry o	f recipient (	(SIC code)		
		NESS FORMS		5112				
11. Type of as	sistance (e	.g. loan, TIF, grant, inf	frastructure, etc.)	12. Name of	IIF district	(if applicat	ole)	
MINI	NESOTA	INVESTMENT	FUND					
13. Date of bu		14. Date assis	stance first	15. Date proje		2/ 16.		lue of business
assistance	agreement	provided		placed in	//etc.) was service		assistanc	c ;
10/2	28/98	02/	18/99				\$195	5,000.00
		ts signed between Ju g 1998 and future ye				te lines 17	through	20. For
17. Job creation	on goals for	business receiving a	ssistance	_		level goals	s for busin	ness receiving
		39		assistance		\$8.65		
19. Actual job	s created si	ince business received	d assistance				to emplo	yees hired since
		40		business r	eceived assi	\$8.72		
		ng assistance: (Please		Actual perform				
number of emplements of corresponding		each wage level and i /el.)	ndicate the	indicate numb the correspond			ch wage le	evel and indicate
21. Job Creation	on	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly V	_	24. Hourly Value
Full-time	Part-time	Level (excl. benefits)	of Voluntary Benefits (\$)	Full-time	Part-time	Level (excl. ber		of Voluntary Benefits (\$)
7 417 41110	1 121 12110	less than \$7.00	20(0)			less than	,	20
		\$7.00 to \$7.99				\$7.00 to \$		
35		\$8.00 to \$9.99	\$1.00	_35		\$8.00 to \$	\$9.99	\$1.00
4		\$10.00 to \$11.99	\$1.25	5		\$10.00 to	\$11.99	\$1.25
		\$12.00 and higher				\$12.00 an	nd higher	
If necessary, p	lease attacl	h additional documen	tation.	If necessary, p	lease attach	additiona	l docume	ntation.
		hrough 27 for all ag						
25. Last date a	ctual wage	and job creation leve	els documented	26. Date this !	Minnesota E	Business A	ssistance l	Form completed
	12/31/00 04/02/01							
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.								

### 44. M. oieginal received 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

<u> </u>				
1. Funding government ager	ncy name	2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121	7TH PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	ng assistance	10. Industry of recipient (SIC of	code)	
JONTI CRAFT, INC.		2499		
11. Type of assistance (e.g. l	oan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
MINNESOTA IN	IVESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
03/31/99	02/03/00	F	\$150,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For				
	998 and future years, please comp			
17. Job creation goals for bu	siness receiving assistance	18. Average hourly wage level	goals for business receiving	
	30	assistance \$9.00		
19. Actual jobs created since	business received assistance	20. Actual average hourly wag	e paid to employees hired since	
32		business received assistance \$10	).00	
Goals of business receiving	assistance: (Please indicate	Actual performance since proje	ect placed in service: (Please	
	h wage level and indicate the		at each wage level and indicate	
corresponding benefit level.  21. Job Creation F		the corresponding benefit level 23. Job Creation Ho		
21. Job Creation F	Hourly Wage 22. Hourly Value Level of Voluntary		urly Wage 24. Hourly Value Level of Voluntary	
Full-time Part-time (e	excl. benefits)  Benefits (\$)	Full-time Part-time (exc		
le	ss than \$7.00	less	than \$7.00	
\$^	7.00 to \$7.99	\$7.0	00 to \$7.99	
\$8	8.00 to \$9.99 <u>\$1.57</u>	\$8.0	00 to \$9.99 <u>\$1.00</u>	
\$	10.00 to \$11.99	4 \$10	.00 to \$11.99 <u>\$1.25</u>	
\$	12.00 and higher	\$12	.00 and higher	
If necessary, please attach ac	dditional documentation.	If necessary, please attach add	itional documentation.	
Please complete lines 25 thre	ough 27 for all agreements.			
25. Last date actual wage an	d job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
12	/31/00	04/0	02/01	
27. Have all wage and job goals been achieved?  Yes — do not submit future forms for this project.				
		ase submit the 2000 Minnesota		

## & L. H. original received 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

			<del></del>	
Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)		Treelionar [ ] parce	
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)	
CUSTOM POLYMER S.	·	2821		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
MINNESOTA INV				
13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
12/04/95	02/15/96		\$40,000.00	
	ed between July 1, 1995 and Do and future years, please comp		es 17 through 20. For	
17. Job creation goals for busin	ess receiving assistance	18. Average hourly wage level	goals for business receiving	
2	0	assistance \$6	.95	
19. Actual jobs created since by	usiness received assistance		e paid to employees hired since	
2	0	business received assistance \$6.95		
Goals of business receiving ass		Actual performance since proje		
number of employees at each was corresponding benefit level.)	age level and indicate the	the corresponding benefit level	at each wage level and indicate	
· -	urly Wage 22. Hourly Value		urly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
•	benefits) Benefits (\$)	•	l. benefits) Benefits (\$)	
	than \$7.00		than \$7.00	
	0 to \$7.99		00 to \$7.99	
	0 to \$9.99		0 to \$9.99	
	00 to \$11.99		00 to \$11.99	
If necessary, please attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street attach additional street	00 and higher		00 and higher	
in necessary, please attach addit	tional documentation.	If necessary, please attach addi	tional documentation.	
Please complete lines 25 throug 25. Last date actual wage and jo	·	26 Data this Minnesota Deci-	ess Assistance Form completed	
			-	
06/3			02/01	
27. Have all wage and job goal	27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			
This form replaces all previous forms. Please complete one form for each husiness assistance agreement your				

## E.4. A. original received 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

	<b>98</b>		2 c. dopinan	
1. Funding government agend	cy name	2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7	TH PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency	/	
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	g assistance	10. Industry of recipient (SIC	code)	
STEARNS BANK/EQU	ЛРМЕNT LEASING	6021		
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	pplicable)	
MINNESOTA IN	VESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
06/21/99	07/06/00	•	\$170,000.00	
	ned between July 1, 1995 and D		nes 17 through 20. For	
8	98 and future years, please comp		<del>,                                     </del>	
17. Job creation goals for bus	iness receiving assistance	18. Average hourly wage leve assistance	l goals for business receiving	
34			9.64	
19. Actual jobs created since business received assistance		20. Actual average hourly was	ge paid to employees hired since	
15		business received assistan	0.55	
Goals of business receiving a number of employees at each corresponding benefit level.)		Actual performance since pro indicate number of employees the corresponding benefit leve	at each wage level and indicate	
21. Job Creation H	ourly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
Full time Dest time (a)	Level of Voluntary cl. benefits)  Benefits (\$)	Full-time Part-time (ex	Level of Voluntary cl. benefits) Benefits (\$)	
	cl. benefits)  Benefits (\$) s than \$7.00	·	s than \$7.00	
	.00 to \$7.99		00 to \$7.99	
	.00 to \$9.99 \$3.15		00 to \$9.99 \$1.15	
	0.00 to \$11.99		0.00 to \$11.99 <u>\$1.15</u>	
	2.00 and higher \$3.91	1 •	2.00 and higher \$1.15	
If necessary, please attach additional documentation.  If necessary, please attach additional documentation.		litional documentation.		
Please complete lines 25 thro	ugh 27 for all agreements.			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ness Assistance Form completed	
12/	31/00	04/02/01		
27. Have all wage and job go	als been achieved?  Yes — do	not submit future forms for this ase submit the 2000 Minnesota		
	E_140 — pie	ase admit the 2000 Minnesota	Dusiness Assistance Form.	

# 2.4 d. oziginal received 5/2/0| 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

			Development
1. Funding government agency name		2. Contact name	
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agend	су
55101	651-297-1391	City County	Regional State
	7. Fax number (area code)		
O Name of husiness receiving	651-296-5287	Other (Please indicate)  10. Industry of recipient (SIC	S45
9. Name of business receiving		• • •	code)
LIBERTY PAPER, INC.		2621	
1	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)
MINNESOTA INV	ESTMENT FUND		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
07/03/95	01/22/96	<b>P.1</b>	\$500,000.00
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For			ines 17 through 20. For
agreements signed during 1998	and future years, please comp	lete lines 21 through 24.	
17. Job creation goals for busing	ness receiving assistance	<ol> <li>Average hourly wage lev assistance</li> </ol>	el goals for business receiving
8	0		10.00
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wa	age paid to employees hired since
8	0	business received assistan	nce 15.31
Goals of business receiving ass	sistance: (Please indicate	Actual performance since pro	oject placed in service: (Please
number of employees at each v corresponding benefit level.)	vage level and indicate the	indicate number of employee the corresponding benefit lev	es at each wage level and indicate
	ırly Wage 22. Hourly Value		ourly Wage 24. Hourly Value
	Level of Voluntary		Level of Voluntary
,	l. benefits (\$) Benefits (\$)	`	xcl. benefits)  Benefits (\$)
	than \$7.00 0 to \$7.99		ss than \$7.00
	0 to \$9.99		3.00 to \$9.99
	00 to \$11.99		0.00 to \$11.99
	00 and higher		2.00 and higher
If necessary, please attach addi	-	If necessary, please attach additional documentation.	
Please complete lines 25 throug	gh 27 for all agreements.		
25. Last date actual wage and j		26. Date this Minnesota Busi	ness Assistance Form completed
12/3	1/96	. 04	/02/01
27. Have all wage and job goal	s been achieved? Yes — do	not submit future forms for thi	s project.
□No — please submit the 2000 Minnesota Business Assistance Form.			

# le. Y. M. original received 5/2/01 , INNESOZ

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

#### Please complete lines 1 through 16 for all agreements.

Trade & -
Economic
Development

			<del>_</del>	
Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government age	ncy	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicat		
9. Name of business receiving	assistance	10. Industry of recipient (S	IC code)	
DIAMOND TOOL & EN	NG.	3599		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	f applicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	1	
assistance agreement	provided .	machinery/etc.) was placed in service	assistance	
12/14/98	04/30/99	•	\$90,000.00	
	ned between July 1, 1995 and D		e lines 17 through 20. For	
agreements signed during 1998  17. Job creation goals for busing the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	8 and future years, please comp		evel goals for business receiving	
	_	assistance	-	
	.5		\$17.10	
19. Actual jobs created since business received assistance		20. Actual average hourly	wage paid to employees hired since	
1	10	business received assis	\$13.18	
Goals of business receiving as			project placed in service: (Please	
number of employees at each v corresponding benefit level.)	wage level and indicate the	indicate number of employ the corresponding benefit I	vees at each wage level and indicate	
	urly Wage 22. Hourly Value		Hourly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
· ·	el. benefits (\$)		(excl. benefits) Benefits (\$)	
	than \$7.00		less than \$7.00	
	00 to \$7.99		\$7.00 to \$7.99 \$1.50	
	00 to \$9.99		\$8.00 to \$9.99 \$1.50 \$10.00 to \$11.99 \$1.75	
	.00 to \$11.99 \$2.00 .00 and higher \$2.75			
		If necessary, please attach		
If necessary, please attach add	monar documentation.	If flecessary, please attach	additional documentation.	
Please complete lines 25 throu			<u>.</u>	
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Bu	usiness Assistance Form completed	
12/3	31/00	(	04/02/01	
27. Have all wage and job goa	ls been achieved? Yes — do			
L	ĽNo — ple:	ase submit the 2000 Minnes	ota Business Assistance Form.	

## L.H. Original received 5/2/01

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements

Tiease complete mies I throu	ign 10 tor an agreements.		Development
1. Funding government agen	Funding government agency name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7	TH PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55101	651-297-1391	City County	Regional State
	7. Fax number (area code)		
O Nama of hygingas receiving	651-296-5287		1.
9. Name of business receiving	g assistance	10. Industry of recipient (SIC o	eode)
MINK LAKE MFG.		3599	
11. Type of assistance (e.g. lo	oan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)
MINNESOTA IN	VESTMENT FUND		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
06/01/98	08/05/99	F	\$55,000.00
	gned between July 1, 1995 and D 98 and future years, please comp		es 17 through 20. For
17. Job creation goals for bus		18. Average hourly wage level	goals for business receiving
	12	assistance \$15.18	
19. Actual jobs created since	business received assistance	20. Actual average hourly wage	e paid to employees hired since
	9	business received assistance \$14	e .06
Goals of business receiving a		Actual performance since proje	
number of employees at each corresponding benefit level.)	wage level and indicate the	indicate number of employees the corresponding benefit level	
21. Job Creation H	ourly Wage 22. Hourly Value		urly Wage 24. Hourly Value
Full-time Part-time (ex	Level of Voluntary tcl. benefits)  Benefits (\$)		Level of Voluntary l. benefits) Benefits (\$)
`	s than \$7.00	,	than \$7.00
\$7	.00 to \$7.99	\$7.0	0 to \$7.99
2 \$8	.00 to \$9.99		0 to \$9.99
	0.00 to \$11.99 <u>\$3.30</u>		00 to \$11.99 <u>\$1.06</u>
	2.00 and higher\$5.20		00 and higher\$2.12
If necessary, please attach ad	ditional documentation.	If necessary, please attach addi	tional documentation.
Please complete lines 25 thro			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed
12/	31/99	04/02/01	
27. Have all wage and job go	als been achieved? Yes — do		
l	into — piea	ise submit the 2000 Minnesota I	Jubilicos Assistance Polin.

## E. J. H. original received 572/01

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

			•	
1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agence	:y	
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)		
9. Name of business receiving		10. Industry of recipient (SIC	code)	
ADVANCED CIRCUITS		3672		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
06/01/99			\$496,000.00	
	ed between July 1, 1995 and Do		ines 17 through 20. For	
·	3 and future years, please comp		·	
17. Job creation goals for business receiving assistance		<ol> <li>Average hourly wage lev assistance</li> </ol>	el goals for business receiving	
293			9.57	
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving ass number of employees at each v corresponding benefit level.)			oject placed in service: (Please es at each wage level and indicate rel.)	
	ırly Wage 22. Hourly Value	23. Job Creation H	ourly Wage 24. Hourly Value	
	Level of Voluntary  l. benefits) Benefits (\$)	Full-time Part-time (ex	Level of Voluntary xcl. benefits) Benefits (\$)	
`	than \$7.00		ss than \$7.00	
	0 to \$7.99		.00 to \$7.99	
\$8.0	0 to \$9.99	\$8	.00 to \$9.99	
\$10.	00 to \$11.99	\$1	0.00 to \$11.99	
\$12.	00 and higher	\$1	2.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		
Please complete lines 25 throu	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busi	ness Assistance Form completed	
		04/02/01		
27. Have all wage and job goal	s been achieved? Yes — do			
	Pino — pies	ise submit the 2000 Minnesota	Dusiness Assistance Form.	

## & 4. H. original received 5/2/01

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements

riease complete unes I throi	ign to for an agreements.		peverobinem
1. Funding government ager	icy name	2. Contact name	
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7	TH PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	/
55101	651-297-1391	City County	Regional State
	7. Fax number (area code)	<b>_</b>	
	651-296-5287	Other (Please indicate)_	
9. Name of business receivir	ig assistance	10. Industry of recipient (SIC	code)
POINT REJUVENATI		7999	
11. Type of assistance (e.g. l	oan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)
MINNESOTA IN	IVESTMENT FUND		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
10/07/98	10/28/99	<b>P</b>	\$293,000.00
agreements signed during 19	gned between July 1, 1995 and D 198 and future years, please comp	olete lines 21 through 24.	
17. Job creation goals for bu	siness receiving assistance	18. Average hourly wage level assistance	l goals for business receiving
	136		2.79
19. Actual jobs created since	business received assistance	20. Actual average hourly wag	e paid to employees hired since
	130	business received assistance 14	2.28
Goals of business receiving a	assistance: (Please indicate	Actual performance since proj	ect placed in service: (Please
number of employees at each corresponding benefit level.)		indicate number of employees the corresponding benefit leve	at each wage level and indicate l.)
21. Job Creation H	ourly Wage 22. Hourly Value		urly Wage 24. Hourly Value
Full-time Part-time (ex	Level of Voluntary ccl. benefits) Benefits (\$)		Level of Voluntary el. benefits) Benefits (\$)
,	ss than \$7.00	•	than \$7.00
	.00 to \$7.99	1	00 to \$7.99
	.00 to \$9.99 \$1.80	15	00 to \$9.99 \$2.70
90\$1	0.00 to \$11.99 \$2.20	\$10	.00 to \$11.99 \$3.00
	2.00 and higher\$3.50	\$12	.00 and higher <u>\$4.34</u>
If necessary, please attach ad	ditional documentation.	If necessary, please attach additional documentation.	
Please complete lines 25 thro	ugh 27 for all agreements.		
25. Last date actual wage and	l job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed
12	/31/00	04/0	02/01
27. Have all wage and job go	als been achieved? Yes — do	not submit future forms for this are submit the 2000 Minnesota	
l .	pica	.se secume the 2000 Minnesuta .	Dusiness Assistante Pulli.

## 4.4.4. original racewed 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agenc	y name	2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 77		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency	1	
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)	<del></del> -		
	651-296-5287	<del></del>		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
GLENMAC, INC.		3531		
11. Type of assistance (e.g. loa	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
MINNESOTA IN	VESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
12/18/97	01/14/99	places in service	\$50,000.00	
agreements signed during 199	ned between July 1, 1995 and Do 8 and future years, please comp	lete lines 21 through 24.		
17. Job creation goals for business receiving assistance		18. Average hourly wage leve	l goals for business receiving	
12 assistance \$10.0		0.04		
19. Actual jobs created since business received assistance		20. Actual average hourly was	ge paid to employees hired since	
	8	business received assistan	9.13	
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since pro indicate number of employees the corresponding benefit leve	at each wage level and indicate	
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
Full-time Part-time (exc	Level of Voluntary	Full-time Part-time (ex	Level of Voluntary	
(	cl. benefits)  Benefits (\$)  than \$7.00	· ·	cl. benefits) Sthan \$7.00	
	00 to \$7.99		00 to \$7.99	
	00 to \$9.99		00 to \$9.99	
	0.00 to \$11.99		0.00 to \$11.99	
	2.00 and higher		2.00 and higher	
If necessary, please attach add	=	If necessary, please attach add	-	
Please complete lines 25 throu	igh 27 for all agreements.	L		
	job creation levels documented	26. Date this Minnesota Busin	ness Assistance Form completed	
06/3	30/00	04/	02/01	
27. Have all wage and job goa		not submit future forms for this ase submit the 2000 Minnesota		

# 1999 Minnesota Business Assistance Form

2. Contact name

## (Please return by April 1, 1999)



•

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL	
5. Zip code 55101	6. Phone number (area code) 651-297-1391 7. Fax number (area code) 651-296-5287	8. Type of government agency  City County Regional State  Other (Please indicate)	
9. Name of business receiving		10. Industry of recipient (SIC c	
GOLD'N'PLUMB POUI		2015	,
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)
MINNESOTA INV	ESTMENT FUND		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service  16. Dollar value of busines assistance	
07/12/95	12/22/95	F	\$200,000.00
agreements signed during 199	ned between July 1, 1995 and Do 8 and future years, please comp	lete lines 21 through 24.	
_	18. Average hourly wage level goals for business receing assistance assistance \$8.00		
19. Actual jobs created since business received assistance  64		20. Actual average hourly wage paid to employees hired since business received assistance \$8.26	
Goals of business receiving ass number of employees at each v corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
Full-time Part-time (exc less	urly Wage Level of Voluntary 1. benefits) Benefits (\$) than \$7.00 0 to \$7.99 00 to \$9.99 00 to \$11.99 00 and higher	Full-time Part-time (exc. less \$7.0 \$8.0 \$10.	arly Wage Level of Voluntary 1. benefits) Benefits (\$) than \$7.00 0 to \$7.99 0 to \$9.99 00 to \$11.99 00 and higher
If necessary, please attach addi		If necessary, please attach addit	tional documentation.
Please complete lines 25 through		26 Data this Minnesota Busine	on Againtanaa Farra aanalata J
25. Last date actual wage and j	1/95	26. Date this Minnesota Busine 04/0	·
27. Have all wage and job goals been achieved?			project.
This form replaces all pre		one form for each business	

## E. Y. H. original received 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



#### Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOT	A INVESTMENT FUND	PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	'H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agence	у	
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code)	<del>-</del>	İ	
	651-296-5287			
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
NORTHWEST AIRLIN		4512		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)	
	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
07/03/95	04/04/96	F	\$500,000.00	
agreements signed during 199	ned between July 1, 1995 and Do 8 and future years, please comp	elete lines 21 through 24.		
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance		
1	20		0.00	
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wa	ge paid to employees hired since	
1:	20	business received assistance \$10.00		
Goals of business receiving as number of employees at each v corresponding benefit level.)			ject placed in service: (Please s at each wage level and indicate el.)	
	urly Wage 22. Hourly Value	23. Job Creation H	ourly Wage 24. Hourly Value	
	Level of Voluntary l. benefits) Benefits (\$)	Full-time Part-time (ex	Level of Voluntary (cl. benefits) Benefits (\$)	
,	than \$7.00	`	s than \$7.00	
	00 to \$7.99		.00 to \$7.99	
	00 to \$9.99		.00 to \$9.99	
\$10	.00 to \$11.99	\$1	0.00 to \$11.99	
\$12	.00 and higher		2.00 and higher	
If necessary, please attach add		If necessary, please attach additional documentation.		
Please complete lines 25 throu	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busi	ness Assistance Form completed	
12/3	1/97	04	/02/01	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				

## & 4. H. original raceived 5/2/01

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)	r	_	
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
NORTHWEST AIRLINE		4512		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
07/03/95	05/23/96	piacea in service	\$100,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For			es 17 through 20 For	
	and future years, please comp			
17. Job creation goals for busin	ess receiving assistance	18. Average hourly wage level	goals for business receiving	
2	5	assistance \$10	0.00	
19. Actual jobs created since bu	isiness received assistance	· · · · · · · · · · · · · · · · · · ·	e paid to employees hired since	
<u>-</u>		business received assistance	e	
2			0.00	
Goals of business receiving ass number of employees at each w		Actual performance since proj	ect placed in service: (Please at each wage level and indicate	
corresponding benefit level.)	rage level and indicate the	the corresponding benefit leve		
21. Job Creation Hou	urly Wage 22. Hourly Value	23. Job Creation Ho	urly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
	benefits) Benefits (\$)	•	el. benefits)  Benefits (\$)	
	than \$7.00 0 to \$7.99		than \$7.00 00 to \$7.99	
	0 to \$9.99		00 to \$9.99	
	00 to \$11.99		.00 to \$11.99	
	00 and higher		.00 to \$11.99	
If necessary, please attach addit	-	If necessary, please attach additional documentation.		
Please complete lines 25 throug				
25. Last date actual wage and jo		26. Date this Minnesota Busin	ess Assistance Form completed	
12/3		04/02/01		
27. Have all wage and job goals	s been achieved? Yes — do			
	■ No — plea	se submit the 2000 Minnesota	Dusiness Assistance Form.	

## &.4. H original received 0/2/0 , INNESO,

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade & —
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name	-	
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agenc	у	
55101	651-297-1391	City County		
55101	7. Fax number (area code)	CityCounty _	Regional State	
	651-296-5287	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
MOLINE MACHINERY	•	3552		
11. Type of assistance (e.g. loar	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	oplicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
06/30/97	01/26/98		\$75,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage leve	el goals for business receiving	
1	5	assistance \$15.00		
19. Actual jobs created since by	usiness received assistance		ge paid to employees hired since	
1	5	business received assistance \$16.67		
Goals of business receiving ass number of employees at each w corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hou	ırly Wage 22. Hourly Value	23. Job Creation He	ourly Wage 24. Hourly Value	
	Level of Voluntary	E Hair David (	Level of Voluntary	
,	l. benefits) Benefits (\$)		(cl. benefits) Benefits (\$)	
	than \$7.00 0 to \$7.99		s than \$7.00 .00 to \$7.99	
	0 to \$9.99		.00 to \$9.99	
	.00 to \$11.99		0.00 to \$11.99	
	00 and higher			
If necessary, please attach addi	_	If necessary, please attach additional documentation.		
		, produce asserting		
	Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented  26. Date this Minnesota Business Assistance Form completes the complete lines 25 through 27 for all agreements.			
12/31/97 04/02/01		26. Date this Minnesota Busi	ness Assistance Form completed	
12/3				

## Q.4.1 original xeceived 5/2/01

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code)	<del></del> -	_	
	651-296-5287			
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
LEHMANN FARMS		2035		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided /	machinery/etc.) was placed in service	assistance	
06/06/97	01/08/98	F	\$86,012.00	
	ned between July 1, 1995 and Do B and future years, please comp		es 17 through 20. For	
17. Job creation goals for busin		18. Average hourly wage level	goals for husiness receiving	
		assistance		
2	-		0.50	
19. Actual jobs created since business received assistance		<ol> <li>Actual average hourly wag business received assistance</li> </ol>	e paid to employees hired since	
BUSINESS	S CLOSED	So	.50	
Goals of business receiving ass		Actual performance since proje		
number of employees at each v corresponding benefit level.)	vage level and indicate the	the corresponding benefit level	at each wage level and indicate	
1	ırly Wage 22. Hourly Value	• •	urly Wage 24. Hourly Value	
1	Level of Voluntary		Level of Voluntary	
	l. benefits (\$) Benefits (\$)	Full-time Part-time (exc	,	
	than \$7.00		than \$7.00	
	0 to \$7.99		0 to \$7.99	
	0 to \$9.99	\$10	0 to \$9.99	
	00 to \$11.99		00 to \$11.99	
	00 and higher		00 and higher	
If necessary, please attach addi	nonai documentation.	If necessary, please attach addi	tional documentation.	
Please complete lines 25 through	gh 27 for all agreements.			
25. Last date actual wage and jo	ob creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
12/3	1/97	04/0	02/01	
27. Have all wage and job goal	s been achieved? Yes—do	not submit future forms for this se submit the 2000 Minnesota		
This form rankages all pra	vious forms. Please complete			

## E. H. b. original received 5/2/01

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name				
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE				
3. Agency street address		4. City				
500 METRO SQ. 121	7TH PLACE EAST	Γ	ST. PAUL			
5. Zip code	6. Phone number (	area code)	8. Type of gov	ernment ag	gency	
55101	651-297-1391		City	County	Regional	State
33101	7. Fax number (are	ea code)				
	651-296-5287				ate)	
9. Name of business received	ving assistance		10. Industry of	f recipient (	SIC code)	
NATIONAL STEEL			1420			
11. Type of assistance (e.g	g. loan, TIF, grant, infrastru	icture, etc.)	12. Name of T	IF district (	(if applicable)	
MINNESOTA	INVESTMENT FUI	ND				
13. Date of business	14. Date assistance	first	15. Date proje		1	ar value of business
assistance agreement	provided		machinery placed in s		assis	tance
07/14/95	06/27/9	6	piacea iii s	CIVICC	\$	500,000.00
For assistance agreements agreements signed during  17. Job creation goals for	1998 and future years,	please comp	lete lines 21 thi	ough 24.		ugh 20. For
17. Job creation goals for	_	uice	assistance	ourry wage	level goals for t	ousiness receiving
	460 RETAINED				\$12.40	
19. Actual jobs created sir	nce business received assi	stance				mployees hired since
	483 Retained		business received assistance \$14.21			
Goals of business receivin number of employees at e- corresponding benefit leve	ach wage level and indica			er of emplo	yees at each wa	in service: (Please ge level and indicate
21. Job Creation	Hourly Wage 22. l	Hourly Value	23. Job Creation	on	Hourly Wage	24. Hourly Value
		of Voluntary	<b>75</b> 11	<b>5</b>	Level	of Voluntary
Full-time Part-time	,	Benefits (\$)	Full-time	Part-time	`	` '
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99				\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	<del></del>
	\$10.00 to \$11.99				\$10.00 to \$11.	
	\$12.00 and higher				\$12.00 and hig	gher
If necessary, please attach	additional documentation	n.	If necessary, p	lease attach	n additional doc	umentation.
Please complete lines 25 th						
25. Last date actual wage	and job creation levels do	ocumented	26. Date this N	Minnesota E	Business Assista	nce Form completed
}	12/31/96				04/02/01	
27. Have all wage and job						Assistance Form.

## E.4. D. original seccived 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agend	су	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)	<b>—</b>		
	651-296-5287	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	Code)	
HENNEPIN PAPER CO		PAPER MILL		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)	
SPECIAL AP	ROPRIATION			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
02/06/98	03/20/98	placed in service	\$250,000.00	
	ned between July 1, 1995 and Do 8 and future years, please comp		ines 17 through 20. For	
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage lev	el goals for business receiving	
1	53 RETAINED	assistance \$	11.45	
19. Actual jobs created since b	usiness received assistance		age paid to employees hired since	
BUSINES	S CLOSED	business received assistan	\$ 	
Goals of business receiving ass number of employees at each v corresponding benefit level.)			oject placed in service: (Please es at each wage level and indicate rel.)	
21. Job Creation Hou	urly Wage 22. Hourly Value	23. Job Creation H	ourly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
· ·	l. benefits) Benefits (\$)	Full-time Part-time (e:	, ,	
	than \$7.00		ss than \$7.00	
	0 to \$7.99		.00 to \$7.99	
	0 to \$9.99		.00 to \$9.99	
	.00 to \$11.99		0.00 to \$11.99	
	00 and higher		2.00 and higher	
If necessary, please attach addi	tional documentation.	If necessary, please attach ad	ditional documentation.	
Please complete lines 25 throug	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busi	ness Assistance Form completed	
12/3	1/99	04	/02/01	
27. Have all wage and job goal	s been achieved? Yes — do	not submit future forms for thise submit the 2000 Minnesota		
L	Livo pica	se samilit the 2000 Minnesott	A DESIRESS ASSISTANCE I UI III.	

## G.4.H. original received 5/2/01

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency	y	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
STANDARD IRON		3444		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	oplicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
07/15/96	05/01/97	placed in Service	\$110,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage leve	el goals for business receiving	
2	5	assistance \$8	3.25	
19. Actual jobs created since be	usiness received assistance	20. Actual average hourly was	ge paid to employees hired since	
4	2	business received assistance \$8.25		
Goals of business receiving ass		Actual performance since proj		
number of employees at each w	vage level and indicate the		s at each wage level and indicate	
corresponding benefit level.)	22 11	the corresponding benefit leve		
	urly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Ho	ourly Wage 24. Hourly Value Level of Voluntary	
	l. benefits)  Benefits (\$)	Full-time Part-time (ex	cl. benefits)  Benefits (\$)	
less	than \$7.00	less	s than \$7.00	
\$7.0	0 to \$7.99	\$7.	00 to \$7.99	
\$8.0	0 to \$9.99	\$8.	00 to \$9.99	
\$10.	00 to \$11.99	\$10	0.00 to \$11.99	
	00 and higher		2.00 and higher	
If necessary, please attach addi		If necessary, please attach additional documentation.		
Please complete lines 25 throug	gh 27 for all agreements.			
25. Last date actual wage and j	-	26. Date this Minnesota Busin	ness Assistance Form completed	
12/3	1/97	04/	02/01	
27. Have all wage and job goal	s been achieved? Yes — do	not submit future forms for this use submit the 2000 Minnesota		
		C C IIII	Dusiness Assistance I VI III.	

## C. Y. H. original received 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name			
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE			
3. Agency street address		4. City			
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL			
5. Zip code	6. Phone number (area code)	code) 8. Type of government agency			
55101	651-297-1391	City County Regional State			
33101	7. Fax number (area code)		State		
	651-296-5287	Other (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
CABINET COMPONENTS & DISTR.		2434			
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)			
MINNESOTA INVESTMENT FUND					
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
09/28/98	05/27/99	placed in service	\$100,000.00		
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.					
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving			
20		assistance \$8.71			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			
34		\$10.16			
Goals of business receiving assistance: (Please indicate			oject placed in service: (Please		
number of employees at each wage level and indicate the		indicate number of employees at each wage level and indicate the corresponding benefit level.)			
corresponding benefit level.)  21. Job Creation Hou	univ Wass 22 Hayely Value	• •			
	urly Wage 22. Hourly Value Level of Voluntary	23. Job Cleation I	ourly Wage 24. Hourly Value Level of Voluntary		
	l. benefits)  Benefits (\$)	Full-time Part-time (e			
less	than \$7.00	les	ss than \$7.00		
\$7.0	0 to \$7.99	_1 \$7	7.00 to \$7.99 <u>\$1.18</u>		
20\$8.0	0 to \$9.99\$1.18	\$8	1.00 to \$9.99 <u>\$1.18</u>		
\$10.	00 to \$11.99	4 \$1	0.00 to \$11.99 \$1.18		
\$12.	00 and higher	1 \$1	2.00 and higher \$1.18		
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.			
Please complete lines 25 through 27 for all agreements.					
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Business Assistance Form completed			
12/31/99		04/02/01			
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.					
The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co					

## E.F.H. original received 5/2/01 NINNESON

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade & — Economic Development

Please complete lines 1 through 16 for all agreements.

-	<del>-</del>		•		
1. Funding government agency name		2. Contact name			
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE			
3. Agency street address		4. City			
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55101	651-297-1391	City County Regional State			
33101	7. Fax number (area code)				
	651-296-5287	Other (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
DESIGN LINE CABINETS		5712			
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)			
MINNESOTA INVESTMENT FUND					
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
05/06/98	09/24/99	placed in service	\$500,000.00		
	ned between July 1, 1995 and D 18 and future years, please comp		nes 17 through 20. For		
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving			
125		assistance \$10.84			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since			
117		business received assistance \$11.66			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value		
Full-time Part-time (ex-	Level of Voluntary cl. benefits) Benefits (\$)	Full-time Part-time (ex	Level of Voluntary ccl. benefits) Benefits (\$)		
,	s than \$7.00		s than \$7.00		
\$7.	00 to \$7.99	\$7.	.00 to \$7.99		
\$8.	00 to \$9.99 <u>\$1.75</u>	\$8.	.00 to \$9.99 <u>\$1.75</u>		
	0.00 to \$11.99 <u>\$1.75</u>		0.00 to \$11.99 \$3.10		
	2.00 and higher\$1.75		2.00 and higher <u>\$4.50</u>		
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.			
Please complete lines 25 throu	igh 27 for all agreements.				
25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business A			ness Assistance Form completed		
12/31/00		04/02/01			
27. Have all wage and job goals been achieved?  Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.					
The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co					

#### L.4. A. original received 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through			L	evelopment	
1. Funding government agency name		2. Contact nam	ie		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. M	OE		
3. Agency street address		4. City			
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL			
5. Zip code	6. Phone number (area code)	8. Type of gove	ernment age	ncy	
55101	651-297-1391 7. Fax number (area code)	City [	County	Regional	State
	651-296-5287	Other (F	Please indicate	e)	
9. Name of business receiving		10. Industry of			
CROSS CONSULTING	GROUP	8742			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of Tl	IF district (if	applicable)	
MINNESOTA INV	ESTMENT FUND				
13. Date of business	14. Date assistance first	15. Date projec			lue of business
assistance agreement	provided	machinery/oplaced in se		assistance	e
08/31/98	10/29/98			\$200	,000.00
For assistance agreements sign agreements signed during 1998				lines 17 through	20. For
17. Job creation goals for busin	ess receiving assistance	_	ourly wage le	evel goals for busing	ness receiving
5	0	assistance	9	\$13.50	
19. Actual jobs created since by	usiness received assistance	20. Actual aver	rage hourly v	wage paid to emplo	yees hired since
3	4	business red	ceived assist	ance \$14.17	
Goals of business receiving ass	istance: (Please indicate	Actual perform	ance since p	roject placed in se	rvice: (Please
number of employees at each w corresponding benefit level.)		indicate number of employees at each wage level and indicate the corresponding benefit level.)			
	arly Wage 22. Hourly Value	23. Job Creatio	n :	Hourly Wage	24. Hourly Value
	Level of Voluntary benefits) Benefits (\$)	Full-time	Part-time (	Level excl. benefits)	of Voluntary Benefits (\$)
· ·	than \$7.00	2 4.1.	,	ess than \$7.00	201101112 (4)
	0 to \$7.99		\$	\$7.00 to \$7.99	
\$8.0	0 to \$9.99			\$8.00 to \$9.99	
27 \$10.	00 to \$11.99	8		\$10.00 to \$11.99	\$2.61
	00 and higher	26	-	12.00 and higher	\$2.50
If necessary, please attach additional documentation.		If necessary, pl		additional docume	ntation.
Please complete lines 25 throug	h 27 for all agreements.				
25. Last date actual wage and jo	ob creation levels documented	26. Date this M	linnesota Bu	siness Assistance	Form completed
08/3	1/00	04/02/01			
27. Have all wage and job goals been achieved?  Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			tance Form.		

#### E.T.H. original received 5/2/01 MINNESON

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

Economic
Development

Funding government agency name		2. Contact name		
`		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agenc	у	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
WEBWAY		2782		
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	oplicable)	
MINNESOTA IN	VESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
10/28/96	10/31/98	placed in service	\$220,000.00	
agreements signed during 199	ned between July 1, 1995 and D 8 and future years, please comp	lete lines 21 through 24.		
17. Job creation goals for busi	ness receiving assistance	<ol> <li>Average hourly wage level goals for business receiving assistance</li> </ol>		
5	55		9.00	
19. Actual jobs created since b	ousiness received assistance		ge paid to employees hired since	
1	68	business received assistance \$17.74		
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Ho	urly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
Full times Don't times (and	Level of Voluntary	Full-time Part-time (ex	Level of Voluntary	
,	el. benefits)  Benefits (\$)		cl. benefits) Benefits (\$)	
	than \$7.00		s than \$7.00	
	00 to \$7.99		00 to \$7.99	
	00 to \$9.99		00 to \$9.99	
	.00 to \$11.99		0.00 to \$11.99	
	.00 and higher	\$12.00 and higher		
If necessary, please attach add	itional documentation.	If necessary, please attach add	ditional documentation.	
Please complete lines 25 throu			· · · · · · · · · · · · · · · · · · ·	
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busii	ness Assistance Form completed	
12/3	31/97	04/	02/01	
27. Have all wage and job goa	ls been achieved?   ☐ Yes — do ☐ No — plea	not submit future forms for this ase submit the 2000 Minnesota		
The Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Co				

### E. J. H. original received 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements

Tiease complete mies I till oug	n 10 ioi an agreement	ts.			1	cvciopincii
1. Funding government agency name		2. Contact nar	me			
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE				
3. Agency street address		4. City				
500 METRO SQ. 121 7T	'H PLACE EAST		ST. PAUL			
5. Zip code	6. Phone number (are	ea code)	8. Type of go	vernment age	ency	
55101	651-297-1391		City	County	Regional	State
	7. Fax number (area	code)				
	651-296-5287		Other (Please indicate)  10. Industry of recipient (SIC code)			
9. Name of business receiving			-	recipient (S	SIC code)	
NEW FLYER USA, INC			5012			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructi	ure, etc.)	12. Name of 7	ΓΙF district (i	f applicable)	
MINNESOTA INV	ESTMENT FUNI	D				
13. Date of business	14. Date assistance fi	irst	15. Date proje		(	lue of business
assistance agreement	provided		machinery placed in s		assistance	2
02/22/99	11/12/99		•		\$500	,000.00
For assistance agreements sign agreements signed during 1998					e lines 17 through	20. For
17. Job creation goals for busin	ness receiving assistanc	e	_		evel goals for busing	ness receiving
3	00		assistance \$10.59			
19. Actual jobs created since by	usiness received assista	ance	20. Actual average hourly wage paid to employees hired since			
67	79		business received assistance \$13.36			
Goals of business receiving ass	sistance: (Please indicat	te	Actual performance since project placed in service: (Please			
number of employees at each w corresponding benefit level.)	vage level and indicate	the	indicate number of employees at each wage level and indicate the corresponding benefit level.)			
	, ,	urly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
		Voluntary nefits (\$)	Full-time	Part-time	Level (excl. benefits)	of Voluntary Benefits (\$)
· ·	than \$7.00				less than \$7.00	
\$7.0	0 to \$7.99				\$7.00 to \$7.99	
		.46	5		\$8.00 to \$9.99	\$3.82
	· · · · · · · · · · · · · · · · · · ·	.69			\$10.00 to \$11.99	\$3.82
\$12.	00 and higher\$5	.32	_604		\$12.00 and higher	\$3.82
If necessary, please attach addi	tional documentation.		If necessary, p	lease attach	additional docume	ntation.
Please complete lines 25 throug	gh 27 for all agreemen	ıts.				
25. Last date actual wage and jo	ob creation levels docu	mented	26. Date this N	Minnesota Bi	usiness Assistance l	Form completed
12/3	1/00			C	04/02/01	
27. Have all wage and job goal					this project.	tance Form

### E.4.H. original seccioued 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

riease complete unes 1 throug	n to for all agreements.		peverobinent
1. Funding government agency name		2. Contact name	
DTED (MINNESOTA INVESTMENT FUND		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agend	су
55101	651-297-1391	City County	Regional State
33101	7. Fax number (area code)		
	651-296-5287	Other (Please indicate)	
9. Name of business receiving		10. Industry of recipient (SIC	code)
TWIN CITY/AMERICA		3536	
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	applicable)
MINNESOTA INV	ESTMENT FUND		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
06/17/99		F	\$ 140,000
	ned between July 1, 1995 and De 8 and future years, please comp	lete lines 21 through 24.	
17. Job creation goals for busing	ness receiving assistance	<ol> <li>Average hourly wage lev assistance</li> </ol>	vel goals for business receiving
2	28		13.77
19. Actual jobs created since business received assistance		20. Actual average hourly w business received assista	age paid to employees hired since nce \$
Goals of business receiving ass number of employees at each v corresponding benefit level.)			oject placed in service: (Please es at each wage level and indicate vel.)
	urly Wage 22. Hourly Value Level of Voluntary		Hourly Wage 24. Hourly Value of Voluntary
1	el. benefits)  Benefits (\$)  than \$7.00	,	excl. benefits)  Benefits (\$)  ss than \$7.00
	00 to \$7.99		7.00 to \$7.99
	00 to \$9.99		8.00 to \$9.99
	.00 to \$11.99		10.00 to \$11.99
\$12	.00 and higher	\$	12.00 and higher
If necessary, please attach additional documentation.  If necessary, please attach additional documentation.		dditional documentation.	
Please complete lines 25 throu	gh 27 for all agreements.		
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed
		04	4/02/01
27. Have all wage and job goals been achieved?  Yes — do not submit future forms for this project.			
	No — plea	ase submit the 2000 Minnesot	a Business Assistance Form.

### Q.4. H. original succived 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements

Trease complete unes I tilrough 10 101 an agreements.				
1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 77	TH PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code) 651-296-5287	<del></del>		
9. Name of business receiving		10. Industry of recipient (SIC of		
HOMECREST INDUST		2514		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
MINNESOTA IN	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
06/11/99	11/02/00		\$200,813.95	
	ned between July 1, 1995 and De 8 and future years, please comp		es 17 through 20. For	
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level goals for business receiving		
4	13	assistance \$12.70		
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wag	e paid to employees hired since	
5	50	business received assistance \$10.18		
Goals of business receiving as number of employees at each v corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Ho	uriy Wage 22. Houriy Value		urly Wage 24. Hourly Value	
	Level of Voluntary l. benefits) Benefits (\$)		Level of Voluntary l. benefits) Benefits (\$)	
less	than \$7.00	less	than \$7.00	
	00 to \$7.99		0 to \$7.99	
	00 to \$9.99 <u>\$4.00</u>		0 to \$9.99 <u>\$4.00</u>	
	.00 to \$11.99 <u>\$4.00</u>		.00 to \$11.99	
	.00 and higher <u>\$4.00</u>		00 and higher \$4.00	
If necessary, please attach additional documentation.  If necessary, please attach additional documentation.			tional documentation.	
Please complete lines 25 throu				
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
12/3	1/00	04/02/01		
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

Trade & —
Development

1. Funding government agency name		2. Contact name		
DTED (MINNESC	OTA INVESTMENT FUND	PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County Regional State		
33101	7. Fax number (area code)			
	651-296-5287	· ·	e)	
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
COPPER SALES - (A	NOKA)	5050		
11. Type of assistance (e.g.	loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	fapplicable)	
MINNESOTA I	NVESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/ machinery/etc.) was	16. Dollar value of business	
assistance agreement	provided	placed in service	assistance	
09/07/95	10/12/95		\$250,000.00	
	signed between July 1, 1995 and D		lines 17 through 20. For	
	998 and future years, please comp			
1/. Job creation goals for b	usiness receiving assistance	<ol> <li>Average hourly wage level goals for business receiving assistance</li> </ol>		
	53		\$8.25	
19. Actual jobs created sind	e business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance \$9.89		
	53			
	assistance: (Please indicate ch wage level and indicate the .)		project placed in service: (Please ees at each wage level and indicate evel.)	
21. Job Creation	Hourly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value	
Full-time Part-time (	Level of Voluntary excl. benefits)  Benefits (\$)	Full-time Part-time	Level of Voluntary (excl. benefits) Benefits (\$)	
`	ess than \$7.00		less than \$7.00	
	\$7.00 to \$7.99		\$7.00 to \$7.99	
	\$8.00 to \$9.99		\$8.00 to \$9.99	
5	\$10.00 to \$11.99		\$10.00 to \$11.99	
9	\$12.00 and higher		\$12.00 and higher	
If necessary, please attach a	additional documentation.	If necessary, please attach	additional documentation.	
Please complete lines 25 th	rough 27 for all agreements.			
25. Last date actual wage a	nd job creation levels documented	26. Date this Minnesota Bu	usiness Assistance Form completed	
1	0/31/97	C	04/02/01	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.				
			ota Business Assistance Form.	
This form replaces all	previous forms. Please complete	e one form for each busin	iess assistance agreement your	

### & 4. H. original received 5/2/01 MINNESON

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade & —
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name				
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE				
3. Agency street address		4. City				
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55101	651-297-1391	City County	Regional State			
	7. Fax number (area code)					
	651-296-5287					
9. Name of business receiving a		10. Industry of recipient (SIC c	ode)			
SEAGATE TECHNOLO		3577				
11. Type of assistance (e.g. loar		12. Name of TIF district (if app	olicable)			
MINNESOTA INV	ESTMENT FUND					
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business			
assistance agreement	provided	machinery/etc.) was placed in service	assistance			
10/14/96	10/14/96	•	\$5,000,000.00			
agreements signed during 1998	ed between July 1, 1995 and Do and future years, please comp	lete lines 21 through 24.				
17. Job creation goals for busin	ess receiving assistance	18. Average hourly wage level assistance	goals for business receiving			
20	00	\$14	.95			
19. Actual jobs created since bu	isiness received assistance	20. Actual average hourly wage				
30	01	business received assistance \$19.11				
Goals of business receiving ass number of employees at each w corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
	rly Wage 22. Hourly Value		rly Wage 24. Hourly Value			
	Level of Voluntary Benefits (\$)	Full-time Part-time (exc	Level of Voluntary Benefits (\$)			
- <del> </del>	han \$7.00	•	than \$7.00			
	) to \$7.99		0 to \$7.99			
\$8.00	) to \$9.99	\$8.0	0 to \$9.99			
\$10.0	00 to \$11.99	\$10.	00 to \$11.99			
\$12.0	\$12.00 and higher\$12.00 and higher		00 and higher			
If necessary, please attach additional documentation.		If necessary, please attach addi	tional documentation.			
Please complete lines 25 throug	h 27 for all agreements.					
25. Last date actual wage and jo	b creation levels documented	26. Date this Minnesota Busine	ss Assistance Form completed			
10/3	1/97	04/0	2/01			
27. Have all wage and job goals	s been achieved? Yes — do No — plea	not submit future forms for this as submit the 2000 Minnesota I				
This form raplaces all pre-			This form replaces all previous forms. Please complete one form for each husiness assistance agreement your			

### 2.4.4. original secured 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

ance Form

Economic

Dayslands

Please complete lines 1 through 16 for all agreements.

riease complete unes i tili oug	in to for an agreements.		Development	
1. Funding government agency name		2. Contact name		
`		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 77	TH PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agend	су	
55101	651-297-1391	City County	Regional V State	
	7. Fax number (area code) 651-296-5287	Other (Please indicate)		
9. Name of business receiving		10. Industry of recipient (SIC		
RAINBOW SIGNS (AN		2751	, in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	
11. Type of assistance (e.g. loa	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)	
	VESTMENT FUND			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
06/21/96	10/28/96	placed in service	\$200,000.00	
	ned between July 1, 1995 and D 8 and future years, please comp		ines 17 through 20. For	
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage lev	el goals for business receiving	
7	0	assistance \$11.17		
19. Actual jobs created since l	ousiness received assistance	20. Actual average hourly was business received assista	age paid to employees hired since	
	91	\$11.47		
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Ho	ourly Wage 22. Hourly Value of Voluntary	23. Job Creation H	lourly Wage 24. Hourly Value Level of Voluntary	
Full-time Part-time (ex-	cl. benefits)  Benefits (\$)	Full-time Part-time (e	xcl. benefits)  Benefits (\$)	
less	s than \$7.00	le	ss than \$7.00	
	00 to \$7.99		7.00 to \$7.99	
	00 to \$9.99		3.00 to \$9.99	
	0.00 to \$11.99		0.00 to \$11.99	
If necessary, please attach add	2.00 and higher	\$12.00 and higher  If necessary, please attach additional documentation.		
		in necessary, pieuse attach ac		
Please complete lines 25 throu	job creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed	
	30/97		/02/01	
27. Have all wage and job goa	als been achieved?	not submit future forms for the ase submit the 2000 Minnesot		

#### &. F.H. original received 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
!		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government age	ency	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)		!	
	651-296-5287	Other (Please indicat		
9. Name of business receiving	assistance	10. Industry of recipient (S	IC code)	
MEDTRONICS, INC.(C		3841		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	f applicable)	
MINNESOTA INV				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
11/01/96	10/29/98		\$500,000.00	
	ed between July 1, 1995 and De and future years, please comp		lines 17 through 20. For	
17. Job creation goals for busin	ess receiving assistance		evel goals for business receiving	
15	56	assistance	\$16.66	
19. Actual jobs created since bu	isiness received assistance	20. Actual average hourly	wage paid to employees hired since	
15	56	business received assistance \$16.73		
Goals of business receiving ass number of employees at each w corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
	rly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value	
	Level of Voluntary benefits)  Benefits (\$)	Full-time Part-time	Level of Voluntary (excl. benefits) Benefits (\$)	
•	than \$7.00		less than \$7.00	
\$7.0	0 to \$7.99		\$7.00 to \$7.99	
\$8.00	0 to \$9.99		\$8.00 to \$9.99	
\$10.	00 to \$11.99		\$10.00 to \$11.99	
\$12.0	00 and higher		\$12.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach a	additional documentation.	
Please complete lines 25 throug	h 27 for all agreements.			
25. Last date actual wage and jo	ob creation levels documented	26. Date this Minnesota Bu	siness Assistance Form completed	
06/30	0/98	0	4/02/01	
27. Have all wage and job goals been achieved? Yes — do not submit futu				
	No — please submit the 2000 Minnesota Business Assistance Form.			

### & J. H. original recived 5/2/01 NINESON

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)	<del></del> -	:	
	651-296-5287	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)	
CARDIAC PACEMAKE		3600		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)	
MINNESOTA INV				
13. Date of business	14. Date assistance first provided	<ol> <li>Date project (building/ machinery/etc.) was</li> </ol>	16. Dollar value of business	
assistance agreement	provided	placed in service	assistance	
08/12/96	04/03/97	r	\$300,000.00	
For assistance agreements sign	ed between July 1, 1995 and De	ecember 31 1997 complete lin	es 17 through 20 For	
	and future years, please comp		co 17 through 2011 of	
17. Job creation goals for busin	ess receiving assistance	18. Average hourly wage level	goals for business receiving	
70	)	assistance \$1.6	5.12	
,	1			
19. Actual jobs created since be	usiness received assistance	business received assistance	e paid to employees hired since	
15	56	\$26.38		
Goals of business receiving ass		Actual performance since proje	ect placed in service: (Please	
number of employees at each w	vage level and indicate the	indicate number of employees at each wage level and indicate the corresponding benefit level.)		
corresponding benefit level.)		, -	·	
	arly Wage 22. Hourly Value Level of Voluntary		urly Wage 24. Hourly Value Level of Voluntary	
	benefits) Benefits (\$)	Full-time Part-time (exc		
less	than \$7.00	less	than \$7.00	
\$7.0	0 to \$7.99	\$7.0	0 to \$7.99	
\$8.0	0 to \$9.99	\$8.0	00 to \$9.99	
\$10.	00 to \$11.99		.00 to \$11.99	
	00 and higher	\$12	.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach add	-	
Please complete lines 25 throug	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
06/3	0/97	04/0	02/01	
27. Have all wage and job goal	s been achieved? Yes — do	not submit future forms for this are submit the 2000 Minnesota		
This form replaces all previous forms. Please complete one form for each husiness assistance agreement your				

### E. 4. H. original received 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements

riease complete unes 1 through 10 for an agreements.			Development
1. Funding government agency name		2. Contact name	
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121	7TH PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55101	651-297-1391	City County	Regional State
	7. Fax number (area code)	<b></b>	
	651-296-5287	Other (Please indicate)_	
9. Name of business receiv	ring assistance	10. Industry of recipient (SIC c	ode)
POSSIS MEDICAL (		3841	
11. Type of assistance (e.g	. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)
MINNESOTA I	INVESTMENT FUND		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
06/28/96	07/18/97	•	\$175,000.00
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			
17. Job creation goals for business receiving assistance  18. Average hourly wage level goals for business receiving assistance		goals for business receiving	
	71	\$11	.10
19. Actual jobs created sin	ce business received assistance		e paid to employees hired since
	78	business received assistanc \$18	.28
	g assistance: (Please indicate ch wage level and indicate the l.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage 22. Hourly Value	23. Job Creation Hou	urly Wage 24. Hourly Value
Full-time Part-time	Level of Voluntary (excl. benefits) Benefits (\$)		Level of Voluntary  1. benefits) Benefits (\$)
	less than \$7.00		than \$7.00
	\$7.00 to \$7.99		0 to \$7.99
	\$8.00 to \$9.99	\$8.0	0 to \$9.99
	\$10.00 to \$11.99	\$10.	00 to \$11.99
	\$12.00 and higher	\$12.	00 and higher
If necessary, please attach	additional documentation.	If necessary, please attach addi	tional documentation.
Please complete lines 25 th	rough 27 for all agreements.		
25. Last date actual wage a	nd job creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed
. 1	2/31/97	04/0	2/01
27. Have all wage and job	goals been achieved? Yes — do	not submit future forms for this pase submit the 2000 Minnesota I	
L	Pice		

#### 2.4 H. original seawed 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 77		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government ag	ency	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indica	,	
9. Name of business receiving	assistance	10. Industry of recipient (	SIC code)	
VALUE Rx (PLYMOU	,	3577		
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (	if applicable)	
	VESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building		
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
12/10/96	12/30/98	piecou in sorvino	\$500,000.00	
	ned between July 1, 1995 and D 8 and future years, please com		te lines 17 through 20. For	
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage	level goals for business receiving	
200		assistance	\$11.55	
19. Actual jobs created since business received assistance		20. Actual average hourly	wage paid to employees hired since	
6	32	business received assis	\$21.00	
Goals of business receiving as			project placed in service: (Please	
number of employees at each	wage level and indicate the		yees at each wage level and indicate	
corresponding benefit level.)		the corresponding benefit		
21. Job Creation Ho	urly Wage 22. Hourly Value Level of Voluntary	23. Job Creation	Hourly Wage 24. Hourly Value Level of Voluntary	
Full-time Part-time (exc	cl. benefits)  Benefits (\$)	Full-time Part-time	(excl. benefits) Benefits (\$)	
less	than \$7.00		less than \$7.00	
\$7.0	00 to \$7.99		\$7.00 to \$7.99	
\$8.0	00 to \$9.99		\$8.00 to \$9.99	
\$10	0.00 to \$11.99		\$10.00 to \$11.99	
\$12	.00 and higher		\$12.00 and higher	
If necessary, please attach add	itional documentation.	If necessary, please attach additional documentation.		
Please complete lines 25 throu	gh 27 for all agreements.			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota B	Susiness Assistance Form completed	
12/3	31/97		04/02/01	
	ils been achieved? Yes — do	1		
27. Have all wage allu jou goa			sota Business Assistance Form.	
This form raplaces all pr			nass assistance agreement your	

#### 2.4.4. original serviced 5/2/0/ 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

beverage to model to the an agreements.			
1. Funding government agency name 2. Contact name		2. Contact name	
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7	ΓΗ PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agenc	у
55101	651-297-1391	City County	Regional State
	7. Fax number (area code) 651-296-5287		
9. Name of business receiving		10. Industry of recipient (SIC	code)
VISION EASE (RAMS		3479	
·	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	oplicable)
-	VESTMENT FUND	(	· · · · · · · · · · · · · · · · · · ·
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was	assistance
05/19/97	05/13/99	placed in service	\$200,000.00
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			
17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiv		el goals for business receiving	
40		assistance \$1	0.00
19. Actual jobs created since business received assistance		20. Actual average hourly wa	ge paid to employees hired since
•	71	business received assistan \$1	^{ce} 4.37
Goals of business receiving as number of employees at each corresponding benefit level.)			
21. Job Creation Ho	urly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value
Full-time Part-time (exc	Level of Voluntary bl. benefits) Benefits (\$)	Full-time Part-time (ex	Level of Voluntary cl. benefits) Benefits (\$)
	than \$7.00	`	s than \$7.00
\$7.0	00 to \$7.99	\$7.	00 to \$7.99
\$8.0	00 to \$9.99	\$8.	00 to \$9.99
	.00 to \$11.99		0.00 to \$11.99
	.00 and higher	\$12.00 and higher	
If necessary, please attach add	itional documentation.	If necessary, please attach add	litional documentation.
Please complete lines 25 throu			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busir	ness Assistance Form completed
	31/00		02/01
27. Have all wage and job goa	ls been achieved? Yes — do No — plea	not submit future forms for this se submit the 2000 Minnesota	

# 2.4. H. original received 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code)	F		
	651-296-5287	Other (Please indicate)_	,	
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
AIR TEC-ACQUISITIO	` _ ′	3654		
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
	VESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
01/21/97	02/12/97	•	\$250,000.00	
For assistance agreements sign	ned between July 1, 1995 and Do	ecember 31, 1997, complete lin	es 17 through 20. For	
	8 and future years, please comp			
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level	goals for business receiving	
25		assistance \$10	0.00	
19. Actual jobs created since b	ousiness received assistance		e paid to employees hired since	
		husiness received assistance	e.	
	21		3.30	
Goals of business receiving as number of employees at each		Actual performance since proj	ect placed in service: (Please at each wage level and indicate	
corresponding benefit level.)	wage level and indicate the	the corresponding benefit leve		
	urly Wage 22. Hourly Value		urly Wage 24. Hourly Value	
D. W. C. D. C. C.	Level of Voluntary		Level of Voluntary	
	el. benefits)  Benefits (\$)		el. benefits)  Benefits (\$)	
	than \$7.00		than \$7.00	
	00 to \$7.99		00 to \$7.99	
	00 to \$9.99		00 to \$9.99	
	.00 to \$11.99	\$10.00 to \$11.99		
	.00 and higher	\$12.00 and higher  If necessary, please attach additional documentation.		
If necessary, please attach add	itional documentation.	if necessary, please attach add	itional documentation.	
Please complete lines 25 throu				
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
12/3	31/00	04/0	02/01	
27. Have all wage and job goa	lls been achieved? ☐ Yes — do ☑ No — plea	not submit future forms for this are submit the 2000 Minnesota		
This form replaces all previous forms. Please complete one form for each husiness assistance agreement your				

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)	·		
	651-296-5287	Other (Please indicate		
9. Name of business receiving	assistance	10. Industry of recipient (S)	(C code)	
	CATIONS (SHAKOPEE)	3661		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	`applicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
05/05/97	02/19/98		\$250,000.00	
	ed between July 1, 1995 and Do 3 and future years, please comp		lines 17 through 20. For	
17. Job creation goals for busin			evel goals for business receiving	
75		assistance	§15.46	
19. Actual jobs created since business received assistance		20. Actual average hourly v	vage paid to employees hired since	
12	22	business received assist	ance \$17.35	
Goals of business receiving ass number of employees at each v corresponding benefit level.)			roject placed in service: (Please ees at each wage level and indicate evel.)	
	urly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value	
	Level of Voluntary l. benefits) Benefits (\$)	Full-time Part-time (	Level of Voluntary excl. benefits)  Benefits (\$)	
•	than \$7.00	`	ess than \$7.00	
\$7.0	0 to \$7.99		57.00 to \$7.99	
\$8.0	0 to \$9.99	5	58.00 to \$9.99	
\$10.	00 to \$11.99		510.00 to \$11.99	
\$12.	00 and higher	<u>122</u> §	\$12.00 and higher <u>\$4.68</u>	
If necessary, please attach addi	tional documentation.	If necessary, please attach a	dditional documentation.	
Please complete lines 25 throug	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Bu	siness Assistance Form completed	
12/3	1/00	0	4/02/01	
27. Have all wage and job goal	s been achieved? Yes — do No — plea		his project. ta Business Assistance Form.	

### 2 4.4. original xeceived 5/2/01 MINNESOT

2. Contact name

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55101	651-297-1391	City County	Regional State
	7. Fax number (area code) 651-296-5287	-	e)
9. Name of business receiving		10. Industry of recipient (SI	
		2841	(
11. Type of assistance (e.g. loan	n TIF grant infrastructure etc.)	12. Name of TIF district (if	annlicable)
MINNESOTA INV	-	12. Name of the abutet (if	аррисаоте)
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
06/30/97	01/15/98	paded in service	\$500,000.00
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			
17. Job creation goals for busin	ness receiving assistance		vel goals for business receiving
25	50	assistance \$	518.16
19. Actual jobs created since business received assistance		20. Actual average hourly w	vage paid to employees hired since
34	<b>1</b> 7	business received assist	319.52
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
	urly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value
	Level of Voluntary l. benefits) Benefits (\$)	Full-time Part-time (	Level of Voluntary excl. benefits)  Benefits (\$)
,	than \$7.00	•	ess than \$7.00
\$7.0	0 to \$7.99	\$	7.00 to \$7.99
\$8.0	0 to \$9.99	S	8.00 to \$9.99
\$10.	00 to \$11.99	\$	10.00 to \$11.99
	\$12.00 and higher \$12.00 and higher		-
If necessary, please attach addi	tional documentation.	If necessary, please attach a	dditional documentation.
Please complete lines 25 throug	gh 27 for all agreements.		
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Bus	siness Assistance Form completed
12/3	1/00	04	4/02/01
27. Have all wage and job goal		not submit future forms for these submit the 2000 Minneso	his project. ta Business Assistance Form.
This form replaces all pre			ess assistance agreement your

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

## Q.4. H. original received 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	TH PLACE EAST	ST. PAUL	·	
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional V State	
	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)	
ONAN (FRIDLEY)		5063	~	
	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
01/30/98	06/11/98	placed in service	\$360,000.00	
For assistance agreements sign	ned between July 1, 1995 and D	ecember 31, 1997, complete line	es 17 through 20. For	
	8 and future years, please comp			
17. Job creation goals for busing	17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business rec		goals for business receiving	
144		assistance \$12	.00	
19. Actual jobs created since business received assistance		20. Actual average hourly wage	e paid to employees hired since	
14	45	business received assistance	59	
Goals of business receiving ass		Actual performance since proje		
number of employees at each v corresponding benefit level.)	vage level and indicate the	indicate number of employees the corresponding benefit level		
	urly Wage 22. Hourly Value		rly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
i i	l. benefits)  Benefits (\$)	·	l. benefits)  Benefits (\$)	
	than \$7.00		than \$7.00	
	0 to \$7.99 0 to \$9.99		0 to \$7.99 0 to \$9.99	
	00 to \$11.99		0 to \$9.99	
1	00 and higher \$4.24		00 and higher \$4.24	
If necessary, please attach addi		If necessary, please attach additional documentation.		
Please complete lines 25 throug	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
12/3	1/99	04/0	2/01	
27. Have all wage and job goal	s been achieved? Yes — do			
This form replaces all previous forms. Please complete one form for each business assistance agreement your				

#### L.I. diginal regived 5/2/0/ 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

		2 Contact name		
1. Funding government agency name		2. Contact name		
`		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 77		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government age	ncy	
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)	_	-	
	651-296-5287		re)	
9. Name of business receiving	assistance	10. Industry of recipient (S	IC code)	
	OUSTRIES (MINNEAPO)	7389		
11. Type of assistance (e.g. loa	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	f applicable)	
MINNESOTA IN	VESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/ machinery/etc.) was	16. Dollar value of business	
assistance agreement	provided	placed in service	assistance	
06/30/97	02/24/99		\$200,000.00	
For assistance agreements sign	ned between July 1, 1995 and D	ecember 31 1007 complete	lines 17 through 20 For	
	8 and future years, please comp		mies I, mough 20. I of	
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level goals for business receiving		
5	2	assistance	¢11.06	
			\$11.96	
19. Actual jobs created since b	ousiness received assistance	business received assis	wage paid to employees hired since	
	58	business received assis	16.91	
Goals of business receiving as		Actual performance since p	project placed in service: (Please	
number of employees at each corresponding benefit level.)	wage level and indicate the	indicate number of employ the corresponding benefit l	rees at each wage level and indicate evel.)	
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
·	el. benefits (\$)	Full-time Part-time		
less	s than \$7.00		less than \$7.00	
\$7.	00 to \$7.99		\$7.00 to \$7.99	
\$8.	00 to \$9.99	:	\$8.00 to \$9.99	
\$10.00 to \$11.99			\$10.00 to \$11.99	
\$12.00 and higher			\$12.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach	additional documentation.	
Please complete lines 25 throu				
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Bu	usiness Assistance Form completed	
	31/99		04/02/01	
27. Have all wage and job goals been achieved?  Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				
This form replaces all pr	evious forms. Please complete	one form for each busin	ess assistance agreement vour	

#### L. F. I original received 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name 2. Contact name		2. Contact name	
DTED (MINNESOTA INVESTMENT FUND		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7T	TH PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agence	су
55101	651-297-1391	City County	Regional State
33101	7. Fax number (area code)		
	651-296-5287	· · · · · · · · · · · · · · · · · · ·	
9. Name of business receiving	assistance	10. Industry of recipient (SIC	C code)
CARDIAC PACEMAKE	,	5999	
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)
MINNESOTA INV	ESTMENT FUND		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
04/17/98	08/21/98		\$300,000.00
	ned between July 1, 1995 and D 8 and future years, please comp		ines 17 through 20. For
17. Job creation goals for busin			el goals for business receiving
		assistance	_
96 \$23.90			
19. Actual jobs created since business received assistance		20. Actual average hourly wa	age paid to employees hired since
3	79	business received assistar 2	3.90
Goals of business receiving ass			oject placed in service: (Please
number of employees at each v corresponding benefit level.)	vage level and indicate the	indicate number of employee the corresponding benefit lev	es at each wage level and indicate
	urly Wage 22. Hourly Value	-	ourly Wage 24. Hourly Value
1	Level of Voluntary	23. 300 Cication 11	Level of Voluntary
Full-time Part-time (exc	l. benefits) Benefits (\$)	Full-time Part-time (ex	xcl. benefits)  Benefits (\$)
	than \$7.00	les	ss than \$7.00
\$7.0	0 to \$7.99	\$7	.00 to \$7.99
\$8.0	0 to \$9.99		.00 to \$9.99
	00 to \$11.99		0.00 to \$11.99 <u>\$2.00</u>
	00 and higher\$2.00		2.00 and higher\$2.00
If necessary, please attach addi	tional documentation.	If necessary, please attach ad	ditional documentation.
Please complete lines 25 throug	_		
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busi	ness Assistance Form completed
12/3	1/99	04/02/01	
27. Have all wage and job goal	s been achieved? Yes — do		
□ No — please submit the 2000 Minnesota Business Assistance Form.			

#### L. 4. 4. original received 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)		TregionalState	
	651-296-5287	Other (Please indicate)_		
9. Name of business recei	ving assistance	10. Industry of recipient (SIC of	code)	
INDUSTRIAL DOO		5211		
11. Type of assistance (e.g	g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)	
MINNESOTA	INVESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
06/19/98	06/29/00	placed in service	\$100,000.00	
E	rigard between Yuly 1 1005 and D	1 1007 LA- K-	<u> </u>	
agreements signed during	signed between July 1, 1995 and D 1998 and future years, please comp	olete lines 21 through 24.	· ·	
17. Job creation goals for	business receiving assistance	18. Average hourly wage level	goals for business receiving	
	24	assistance \$12	2.75	
19. Actual jobs created sir	nce business received assistance	20. Actual average hourly wag	e paid to employees hired since	
,		business received assistance	e	
	24	10	.70	
	g assistance: (Please indicate	Actual performance since proje		
corresponding benefit leve	ach wage level and indicate the	the corresponding benefit level	at each wage level and indicate	
21. Job Creation		_	urly Wage 24. Hourly Value	
21. Job Cication	Level of Voluntary	f .	Level of Voluntary	
Full-time Part-time	(excl. benefits) Benefits (\$)	Full-time Part-time (exc		
	less than \$7.00	less	than \$7.00	
	\$7.00 to \$7.99	\$7.0	00 to \$7.99	
	\$8.00 to \$9.99	\$8.0	00 to \$9.99	
	\$10.00 to \$11.99 <u>\$2.00</u>	\$10.00 to \$11.99		
19	\$12.00 and higher \$2.50	24 \$12	.00 and higher \$4.70	
If necessary, please attach	additional documentation.	If necessary, please attach add		
Please complete lines 25 th	nrough 27 for all agreements.			
	and job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
	12/31/00	04/0	02/01	
	goals been achieved? Yes — do			
	_	ase submit the 2000 Minnesota		
This form vanisass at	I pravious forms Plaasa complat	a and form for agab business	anniatau an agus au au tuan	

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

			2 c. dopinan
1. Funding government agency	name	2. Contact name	
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	1
55101	651-297-1391	City County	Regional State
33101	7. Fax number (area code)	<del> </del>	
0.31	651-296-5287	Other (Please indicate)	
9. Name of business receiving		10. Industry of recipient (SIC	code)
ST. CROIX VALLEY H	` '	2421	
11. Type of assistance (e.g. loan		12. Name of TIF district (if ap	plicable)
MINNESOTA INV	ESTMENT FUND		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance
12/15/97	06/18/98	placed in service	\$150,000.00
	ned between July 1, 1995 and De and future years, please comp		nes 17 through 20. For
17. Job creation goals for business receiving assistance 18. Average hourly wage level goals		l goals for business receiving	
24		assistance \$1:	5.03
19. Actual jobs created since business received assistance		20. Actual average hourly wag	ge paid to employees hired since
32		business received assistant	.99
	Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  Actual performance since project placed in service: (indicate number of employees at each wage level and the corresponding benefit level.)		at each wage level and indicate
	urly Wage 22. Hourly Value		urly Wage 24. Hourly Value
	Level of Voluntary benefits) Benefits (\$)	Full-time Part-time (exc	Level of Voluntary el. benefits) Benefits (\$)
	than \$7.00	•	than \$7.00
\$7.0	0 to \$7.99	\$7.0	00 to \$7.99
\$8.0	0 to \$9.99	\$8.0	00 to \$9.99
\$10.	00 to \$11.99	\$10	.00 to \$11.99
	00 and higher		
If necessary, please attach additional documentation.		If necessary, please attach add	itional documentation.
Please complete lines 25 throug			
25. Last date actual wage and jo	ob creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed
12/3	1/00	04/0	02/01
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			
TI: C 1 11	please submitted 2000 in the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the St		

#### 8.4.4. original received 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name	
DTED (MINNESOTA INVESTMENT FUND) PAUL A. M		PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agence	у
55101	651-297-1391	City County	Regional State
	7. Fax number (area code)		-
9. Name of business receiving	9. Name of business receiving assistance    Other (Please indicate)   10. Industry of recipient (SIC code)		
COM-TAL (WBT)	assistance	3599	. code)
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)
MINNESOTA INV	ESTMENT FUND		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance
01/28/98	07/16/98	placed in service \$350,000.00	
	ned between July 1, 1995 and De B and future years, please comp ness receiving assistance	lete lines 21 through 24.  18. Average hourly wage lev	el goals for business receiving
80	80 assistance \$15.03		15.03
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wage paid to employees hired sinc business received assistance 18.73	
Goals of business receiving ass number of employees at each v corresponding benefit level.)			oject placed in service: (Please es at each wage level and indicate rel.)
21. Job Creation Hor	urly Wage 22. Hourly Value Level of Voluntary		ourly Wage 24. Hourly Value Level of Voluntary
	l. benefits)  Benefits (\$)	Full-time Part-time (e.	xcl. benefits)  Benefits (\$)
less	than \$7.00	les	ss than \$7.00
\$7.0	0 to \$7.99	\$7	.00 to \$7.99
	0 to \$9.99	\$8	.00 to \$9.99
	.00 to \$11.99 <u>\$3.50</u>		0.00 to \$11.99
	.00 and higher <u>\$4.00</u>		2.00 and higher \$4.00
If necessary, please attach addi	tional documentation.	If necessary, please attach ad	ditional documentation.
Please complete lines 25 through			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed
12/31/00 04/02/01			
27. Have all wage and job goals been achieved?			

#### e. F. H. original received 5/2/01 WINNESOF 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

Economic
Development

	•			
1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	TH PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency	<i>'</i>	
55101	651-297-1391	City County	Regional V State	
33101	7. Fax number (area code)			
	651-296-5287	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
CHORUS CORPORATI		3674		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
11/28/98	06/15/00		\$75,000.00	
For assistance agreements sign	ned between July 1, 1995 and D	ecember 31, 1997, complete lin	nes 17 through 20. For	
17. Job creation goals for busing	B and future years, please comp	18. Average hourly wage leve	l goals for husingss requiring	
	_	assistance		
30			0.93	
19. Actual jobs created since business received assistance		20. Actual average hourly wag	ge paid to employees hired since	
48		business received assistance 22	99	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
	urly Wage 22. Hourly Value		urly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
	l. benefits) Benefits (\$)		cl. benefits) Benefits (\$)	
	than \$7.00		than \$7.00	
	0 to \$7.99		00 to \$7.99	
	0 to \$9.99		00 to \$9.99	
l ••	00 to \$11.99 00 and higher \$2.60		.00 to \$11.99 .00 and higher \$6.42	
	0		0	
If necessary, please attach additional documentation.  If necessary, please attach additional documentation.				
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form complete		ess Assistance Form completed		
12/31/00		04/02/01		
27. Have all wage and job goal	s been achieved? Yes — do			
L	No — please submit the 2000 Minnesota Business Assistance Form.			

# 24.4. original sociouel 5/2/0/ 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



riease complete lines 1 through 16 for all agreements.			
1. Funding government agency name		2. Contact name	
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE	
3. Agency street address	B. Agency street address 4. City		
500 METRO SQ. 121 7	TH PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55101	651-297-1391	City County	Regional State
	7. Fax number (area code)		
0. N	651-296-5287	Other (Please indicate)	
9. Name of business receiving		10. Industry of recipient (SIC co	ode)
ANDERSEN CORP (C	ŕ	2431	
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	licable)
MINNESOTA IN	VESTMENT FUND		
13. Date of business	14. Date assistance first	15. Date project (building/ machinery/etc.) was	16. Dollar value of business
assistance agreement	provided	placed in service	assistance
06/30/98	01/28/99		\$500,000.00
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			
17. Job creation goals for bus	17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving		goals for business receiving
2	225	assistance \$10	.53
19. Actual jobs created since	19. Actual jobs created since business received assistance 20. Actual average hourly wage paid to employees hired si		
business received assistance 13.75		75	
	Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  Actual performance since project placed in service: (Please indicate number of employees at each wage level and in the corresponding benefit level.)		at each wage level and indicate
21. Job Creation Ho	ourly Wage 22. Hourly Value		rly Wage 24. Hourly Value
Full-time Part-time (ex	Level of Voluntary cl. benefits) Benefits (\$)		Level of Voluntary Level Benefits (\$)
les	s than \$7.00	less 1	than \$7.00
\$7.	00 to \$7.99	\$7.0	0 to \$7.99
	00 to \$9.99	\$8.0	0 to \$9.99
	0.00 to \$11.99 <u>\$3.00</u>		00 to \$11.99 <u>\$3.00</u>
\$1:	2.00 and higher\$5.00	<u>173</u> \$12.	00 and higher\$5.00
If necessary, please attach add	necessary, please attach additional documentation.  If necessary, please attach additional documentation.		
Please complete lines 25 thro	ugh 27 for all agreements.		
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busine	ss Assistance Form completed
06/30/00		04/02/01	
27. Have all wage and job go		not submit future forms for this pase submit the 2000 Minnesota F	

#### 2.4.11. original surieved 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name			
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE			
3. Agency street address		4. City	4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL			
5. Zip code	6. Phone number (area code	8. Type of government agency			
55101	651-297-1391	City County	Regional State		
	7. Fax number (area code)				
	651-296-5287				
9. Name of business receivin	g assistance	10. Industry of recipient (SIC o	ode)		
NBC PRODUCTS (PR		3999			
11. Type of assistance (e.g. lo	oan, TIF, grant, infrastructure, etc	12. Name of TIF district (if app	olicable)		
	VESTMENT FUND				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
assistance agreement	provided	placed in service	assistance		
09/11/98	02/03/99	-	\$75,000.00		
agreements signed during 19	For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for bus	17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving assistance		goals for business receiving		
15			0.26		
19. Actual jobs created since business received assistance		20. Actual average hourly wag	e paid to employees hired since		
	2	business received assistance 10	e.15		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		indicate number of employees	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation H	ourly Wage 22. Hourly Va		ırly Wage 24. Hourly Value		
Full time Dort time (or	Level of Volunts (cl. benefits) Benefits (		Level of Voluntary l. benefits) Benefits (\$)		
· ·	scl. benefits)  Benefits ( sthan \$7.00		than \$7.00		
	.00 to \$7.99		0 to \$7.99		
	.00 to \$9.99 \$1.00		0 to \$9.99		
	0.00 to \$11.99 \$1.50		00 to \$11.99 \$1.50		
	2.00 and higher \$1.50		00 and higher		
	use attach additional documentation.  If necessary, please attach additional documentation.		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
Please complete lines 25 thro	ugh 27 for all agreements.				
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed		
12/31/00		04/0	04/02/01		
27. Have all wage and job go		do not submit future forms for this lease submit the 2000 Minnesota			

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(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

Trade & —
Economic
Development

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government ago	ency	
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code)	<del></del>		
	651-296-5287		ite)	
9. Name of business receiving	assistance	10. Industry of recipient (S	SIC code)	
	VICE (MAPLE GROVE)			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (i	if applicable)	
	ESTMENT FUND			
13. Date of business	14. Date assistance first	<ol> <li>Date project (building/ machinery/etc.) was</li> </ol>		
assistance agreement	provided	placed in service	assistance	
06/23/99		•	\$300,000.00	
	ned between July 1, 1995 and Do 8 and future years, please comp		e lines 17 through 20. For	
17. Job creation goals for busing	ness receiving assistance		level goals for business receiving	
144		assistance	\$13.91	
19. Actual jobs created since business received assistance 20. Actual average hourly wage paid to employees his business received assistance				
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	than \$7.00	run-ume Part-ume	(excl. benefits) Benefits (\$) less than \$7.00	
	00 to \$7.99		\$7.00 to \$7.99	
	00 to \$9.99		\$8.00 to \$9.99	
			\$10.00 to \$11.99	
	.00 to \$11.99			
	.00 and higher	If necessary, please attach additional documentation.		
If necessary, please attach add		if necessary, please attach	additional documentation.	
Please complete lines 25 throu		26 Date this Minnesota D	usiness Assistance Form completed	
	25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form completed			
12/31/00		(	04/02/01	
27. Have all wage and job goa	27. Have all wage and job goals been achieved?  Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			
TT1 : C 1 11			•	

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

17. Job creation goals for business receiving assistance 300 19. Actual jobs created since business received assistance 249  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation 40. Hourly Wage 42. Hourly Value 41. Level 40. Full-time Part-time (excl. benefits) 42. Jess than \$7.00 43. Job Creation 44. Hourly Wage 44. Hourly Value 45. Level 46. Job Creation 46. Job Creation 47. Job Creation 48. Average hourly wage paid to employees hired since business received assistance. 10.00  Actual average hourly wage paid to employees hired since business received assistance. 10.00  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 23. Job Creation 46. Level 47. Job Creation 48. Average hourly wage level goals for business receiving assistance 10.00  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 23. Job Creation 48. Job Creation 49. Hourly Wage 49. Hourly Value 40. Hourly Wage 40. Hourly Value 41. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creation 40. Job Creat	rease complete lines I through To for an agreements.				
3. Agency street address  500 METRO SQ. 121 7TH PLACE EAST  5. Zip code  6. Phone number (area code) 651-297-1391 7. Fax number (area code) 651-296-5287  9. Name of business receiving assistance MEDIA ONE (ST. PAUL)  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND  13. Date of business assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance 249  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 12. Hourly Value 12. Hourly Value 12. Actual average hourly wage paid to employees hired since business received assistance 249  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  22. Job Creation Hourly Wage 12. Hourly Value 12. Job Creation Hourly Wage 12. Hourly Value 12. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value 15. Date project (building/machinery/etc.) was placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  25. Last date actual wage and job creation levels documented 12/31/00  26. Date this Minnesota Business Assistance Form completed 12/31/00  26. Date this Minnesota Business Assistance Form completed 12/31/00	1. Funding government agency name		2. Contact name		
S. Zip code   6. Phone number (area code)   6. Phone number (area code)   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per code   6. Size per c		OTED (MINNESOTA INVESTMENT FUND PAUL A. MOE			
S. Zip code	3. Agency street address		4. City		
State	500 METRO SQ. 121	7TH PLACE EAST	ST. PAUL		
7. Fax number (area code)   651-296-5287   Other (Please indicate)   Other (Please indicate)     9. Name of business receiving assistance   MEDIA ONE (ST. PAUL)   4841     11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)   MINNESOTA INVESTMENT FUND     13. Date of business assistance agreement   03/24/99   09/09/99   15. Date project (building/machinery/etc.) was placed in service   S500,000.00     15. Date of business assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.     17. Job creation goals for business receiving assistance   300   19. Actual jobs created since business received assistance   249   20. Actual average hourly wage level goals for business receiving assistance   20. Actual average hourly wage paid to employees hired since business receiving assistance   20. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)   21. Job Creation   Hourty Wage   22. Hourly Value   22. Hourly Value   23. Job Creation   Hourly Wage   24. Hourly Value   24. Hourly Value   25. Hourly Value   25. Hourly Value   26. Date this Minnesota Business Assistance Form completed   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   12/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/00   13/31/	5. Zip code		8. Type of government agency	,	
9. Name of business receiving assistance  MEDIA ONE (ST. PAUL)  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  MINNESOTA INVESTMENT FUND  13. Date of business assistance agreement on 3/24/99  14. Date assistance first provided on 9/99/99  15. Date project (building/machinery/etc.) was placed in service  03/24/99  09/09/99  15. Date project (building/machinery/etc.) was placed in service  S500,000.00  For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance  300  19. Actual jobs created since business received assistance  249  18. Average hourly wage level goals for business receiving assistance  249  18. Average hourly wage paid to employees hired since business received assistance  249  18. Actual average hourly wage paid to employees hired since business received assistance  249  20. Actual performance tylead in service: (Please indicate mumber of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (S)  23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (S)  25. Loand higher  16 necessary, please attach additional documentation.  17 necessary, please attach additional documentation.  18 necessary, please attach additional documentation.  26. Date this Minnesota Business Assistance Form completed 12/31/00  19. Actual performance states and the placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  27. Actual performance (excl. benefits) Benefits (S)  28. Actual performance (excl. benefits) Benefits (S)  29. Senoto to S9.99  20. Senoto to S9.99  20. Senoto to S9.99  21. Job Creation Hourly Wage 22. Hourly Value Senoto to S9.99  22. Bene	55101		City County	Regional State	
9. Name of business receiving assistance  MEDIA ONE (ST. PAUL)  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  MINNESOTA INVESTMENT FUND  13. Date of business assistance agreement o3/24/99  14. Date assistance first provided o9/09/99  15. Date project (building/machinery/etc.) was placed in service  16. Dollar value of business assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance 300  19. Actual jobs created since business received assistance 249  18. Average hourly wage level goals for business receiving assistance 310.00  20. Actual average hourly wage paid to employees hired since business received assistance 310.00  Actual performance project placed in service: (Please indicate mumber of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (S) Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less than \$7.00 Less					
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Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)    less than \$7.00	19. Actual jobs created since				
number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)		business received assistance 10.00		.00	
the corresponding benefit level.)  21. Job Creation Hourly Wage Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$\$) less than \$7.00 less than \$7.00 less than \$7.00 some \$7.00 to \$7.99 some \$8.00 to \$9.99 some \$8.00 to \$9.99 some \$12.00 and higher If necessary, please attach additional documentation.  23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$\$) less than \$7.00 some \$7.00 to \$7.99 some \$7.00 to \$7.99 some \$8.00 to \$9.99 some \$8.00 to \$9.99 some \$8.00 to \$9.99 some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher some \$12.00 and higher					
Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$)  S7.00 to \$7.00  \$7.00 to \$7.99  \$8.00 to \$9.99  \$8.00 to \$9.99  \$10.00 to \$11.99 \$12.00 and higher  If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented  12/31/00  12/31/00  12/201  Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Full-time Part-time (excl. benefits) Benefits (\$) Full-time Part-time (excl. benefits) Full-time Part-time (excl. benefits) Full-time Part-time (excl. benefits) Full-time Part-time (excl. benefits) Full-time Part-time (excl. benefits) Full-time Part-time (excl. benefits) Full-time Part-time (excl. benefits) Full-time Part-time (excl. benefits) Full-time Part-time (excl. benefits) Full-time Part-time (excl. benefits) Full-time Part-time (excl. benefits) Full-time P					
Full-time Part-time (excl. benefits)  less than \$7.00  \$7.00 to \$7.99  \$8.00 to \$9.99  \$10.00 to \$11.99  \$12.00 and higher  If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented  12/31/00  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Full-time Part-time (excl. benefits)  Benefits (\$)  Less than \$7.00  \$7.00 to \$7.99  \$8.00 to \$9.99  \$10.00 to \$11.99  \$4.19  \$12.00 and higher  If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  26. Date this Minnesota Business Assistance Form completed  12/31/00	21. Job Creation F				
less than \$7.00 less than \$7.00	Full-time Part-time (e	· ·			
\$8.00 to \$9.99  300 \$10.00 to \$11.99 \$2.00  \$12.00 and higher \$12.00 and higher \$12.00 and higher If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented 12/31/00  \$8.00 to \$9.99  249 \$10.00 to \$11.99 \$4.19  \$12.00 and higher If necessary, please attach additional documentation.	`	, ,	,	, , ,	
300 \$10.00 to \$11.99 \$2.00 249 \$10.00 to \$11.99 \$4.19 \$12.00 and higher \$12.00 and higher  If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented 12/31/00 26. Date this Minnesota Business Assistance Form completed 04/02/01	\$	7.00 to \$7.99	\$7.0	00 to \$7.99	
\$12.00 and higher \$12.00 and higher \$12.00 and higher If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented	\$8		\$8.0	00 to \$9.99	
If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented  12/31/00  1f necessary, please attach additional documentation.  26. Date this Minnesota Business Assistance Form completed  04/02/01	<u>300</u> \$	10.00 to \$11.99 <u>\$2.00</u>	<u>249</u> \$10	.00 to \$11.99 <u>\$4.19</u>	
Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented  12/31/00  26. Date this Minnesota Business Assistance Form completed  04/02/01	\$	12.00 and higher	\$12	.00 and higher	
25. Last date actual wage and job creation levels documented  12/31/00  26. Date this Minnesota Business Assistance Form completed  04/02/01	If necessary, please attach ac	ditional documentation.	If necessary, please attach additional documentation.		
12/31/00 04/02/01	Please complete lines 25 thro	ough 27 for all agreements.			
	25. Last date actual wage an	d job creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.	12	12/31/00 04/02/01		02/01	
☑ No — please submit the 2000 Minnesota Business Assistance Form.	27. Have all wage and job goals been achieved?				

#### 21.4. original secenced 5/2/01 1999 Minnesota Business Assistance Form

Trade & —
Development

(Please return by April 1, 1999)

- 10-00 Compress			zerdopinan
1. Funding government age	ncy name	2. Contact name	
DTED (MINNESC	OTA INVESTMENT FUND	PAUL A. MOE	
3. Agency street address	3. Agency street address 4. City		
500 METRO SQ. 121	7TH PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	,
55101	651-297-1391	City County	Regional State
33101	7. Fax number (area code)		
0.21	651-296-5287		
9. Name of business receivi		10. Industry of recipient (SIC of	code)
REINHART FOOD S	, ,	5812	
11. Type of assistance (e.g.	loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)
MINNESOTA II	NVESTMENT FUND		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
03/17/99	03/15/01	•	\$199,500.00
agreements signed during 1	signed between July 1, 1995 and D 998 and future years, please comp	lete lines 21 through 24.	-
17. Job creation goals for b	usiness receiving assistance	18. Average hourly wage level goals for business receiving assistance	
	81	\$14.25	
19. Actual jobs created sinc	e business received assistance	20. Actual average hourly wage paid to employees hired since	
	177	business received assistance 18.53	
Goals of business receiving	assistance: (Please indicate	Actual performance since proje	ect placed in service: (Please
	ch wage level and indicate the		at each wage level and indicate
21. Job Creation	Hourly Wage 22. Hourly Value	i	urly Wage 24. Hourly Value
Full-time Part-time (	Level of Voluntary excl. benefits)  Benefits (\$)	l .	Level of Voluntary Benefits (\$)
	ess than \$7.00		than \$7.00
\$	57.00 to \$7.99	\$7.0	00 to \$7.99
s	58.00 to \$9.99	\$8.0	00 to \$9.99
S	\$10.00 to \$11.99	\$10	.00 to \$11.99
<u>81</u> s	\$12.00 and higher\$2.50	<u>177</u> \$12	.00 and higher <u>\$4.59</u>
If necessary, please attach a	dditional documentation.	If necessary, please attach add	itional documentation.
Please complete lines 25 thr	ough 27 for all agreements.		
25. Last date actual wage an	nd job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed
12	2/31/00	04/0	02/01
27. Have all wage and job s	goals been achieved? Yes — do	not submit future forms for this	project.
27. Have all wage allu jou g		ase submit the 2000 Minnesota	

### 24.4. Original received 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements

Trease complete mes I invagn to for an agreements.				
1. Funding government agency name 2. Contact name				
DTED (MINNESOT.	TA INVESTMENT FUND PAUL A. MOE			
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code) 651-296-5287			
9. Name of business receiving		10. Industry of recipient (SIC of	noda)	
1			(ode)	
HARKERS DISTRIBUT		5147		
	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business	
assistance agreement	provided	placed in service	assistance	
04/12/99	01/27/00		\$45,000.00	
	ed between July 1, 1995 and Do 3 and future years, please comp		es 17 through 20. For	
17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving		goals for business receiving		
20		assistance \$14	1.22	
19. Actual jobs created since business received assistance		20. Actual average hourly wag	e paid to employees hired since	
19. Actual jobs created since business received assistance 20. Actual average hourly wage paid to employees hir business received assistance 15.08		.08		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate number of employees at each wage level and in the corresponding benefit level.)		at each wage level and indicate		
1	ırly Wage 22. Hourly Value		urly Wage 24. Hourly Value	
Į.	Level of Voluntary (benefits) Benefits (\$)		Level of Voluntary Benefits (\$)	
(*****	than \$7.00	•	than \$7.00	
\$7.0	0 to \$7.99	\$7.0	00 to \$7.99	
\$8.0	0 to \$9.99	\$8.0	00 to \$9.99	
\$10.	00 to \$11.99	\$10.	.00 to \$11.99	
<u>20</u> \$12.	00 and higher\$2.00	<u>20</u> \$12.	.00 and higher\$3.77	
If necessary, please attach addi	If necessary, please attach additional documentation.  If necessary, please attach additional documentation.			
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and jo	ob creation levels documented	26. Date this Minnesota Busine	ess Assistance Form completed	
12/31/00		04/0	02/01	
27. Have all wage and job goal	27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			
This form parlaces all pre	vious forms. Plages complete			

# 2.7.4 original received 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County	Regional State	
33101	7. Fax number (area code)	<del>_</del>		
	651-296-5287	· ·	)	
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
	RVICES (BROOKLYN PA	2759		
11. Type of assistance (e.g. loa	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	applicable)	
	VESTMENT FUND			
13. Date of business assistance agreement	14. Date assistance first	15. Date project (building/	16. Dollar value of business assistance	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
06/21/99	03/02/00		\$300,000.00	
agreements signed during 199	ned between July 1, 1995 and Do 8 and future years, please comp	lete lines 21 through 24.		
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level goals for business receiving assistance		
60			16.70	
19. Actual jobs created since business received assistance		20. Actual average hourly w	age paid to employees hired since	
25		business received assista	15.50	
Goals of business receiving as number of employees at each corresponding benefit level.)			oject placed in service: (Please es at each wage level and indicate vel.)	
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation I	Hourly Wage 24. Hourly Value	
Trell since Dort since (av.	Level of Voluntary	Tull dissa Dant dissa (a	Level of Voluntary	
,	cl. benefits)  Benefits (\$)	`	excl. benefits)  Benefits (\$)	
	s than \$7.00		ss than \$7.00	
	00 to \$7.99		7.00 to \$7.99	
	00 to \$9.99 0.00 to \$11.99		8.00 to \$9.99	
			10.00 to \$11.99	
	·		12.00 and higher \$3.77	
If necessary, please attach add Please complete lines 25 throu		If necessary, please attach ac	aditional documentation.	
	job creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed	
			_	
12/31/00			4/02/01	
27. Have all wage and job goa	als been achieved? ☐ Yes — do ☐ No — plea		is project.  a Business Assistance Form.	
TI.C. I	This form and are the series of the Physics of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State			

# e.4.16. original recented 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements

	10 101 Har Hg. 0011111111		Development	
Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND) PAUL A. MOE				
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agen	cy	
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code)	<del></del>		
O Name of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine of the sine	651-296-5287	10. Industry of recipient (SI	()	
9. Name of business receiving		•	C code)	
	RY CO. (MINNEAPOLIS	3621		
	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
06/28/99	09/07/00	placed in service	\$375,000.00	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for business receiving assistance 18. Average hourly wage level go		vel goals for business receiving		
15		assistance \$	15.30	
19. Actual jobs created since business received assistance		20. Actual average hourly w	rage paid to employees hired since	
3		business received assista	13.35	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
	urly Wage 22. Hourly Value	23. Job Creation I	Hourly Wage 24. Hourly Value	
	Level of Voluntary  1. benefits) Benefits (\$)	Full-time Part-time (e	Level of Voluntary excl. benefits) Benefits (\$)	
	than \$7.00	,	ess than \$7.00	
\$7.0	0 to \$7.99	\$	7.00 to \$7.99	
\$8.0	0 to \$9.99	\$	8.00 to \$9.99	
	.00 to \$11.99		10.00 to \$11.99	
	00 and higher\$3.04		12.00 and higher\$3.35	
If necessary, please attach additional documentation.  If necessary, please attach additional documentation.			dditional documentation.	
Please complete lines 25 throug	gh 27 for all agreements.			
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed	
12/31/00 04/02/01		1/02/01		
27. Have all wage and job goal	s been achieved? ☐ Yes — do ☑ No — plea		is project. a Business Assistance Form.	

# ET. I original received 5/2/01

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name			
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE			
3. Agency street address		4. City			
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55101	651-297-1391				
	7. Fax number (area code)				
651-296-5287		Other (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
AMERICAN COATING TECHNOLOGY (MOU		2611			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)		
	ESTMENT FUND				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
assistance agreement	provided	placed in service	assistance		
06/30/99	01/27/00	\$148,000.00			
agreements signed during 1998	ned between July 1, 1995 and D 8 and future years, please comp	olete lines 21 through 24.			
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving			
45		assistance \$12.28			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since			
11		business received assistance 18.90			
Goals of business receiving ass			oject placed in service: (Please		
number of employees at each wage level and indicate the corresponding benefit level.)		indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation Hor	urly Wage 22. Hourly Value	23. Job Creation I	Hourly Wage 24. Hourly Value		
	Level of Voluntary	Full-time Part-time (c	Level of Voluntary		
`	l. benefits) Benefits (\$) than \$7.00	,	excl. benefits)  Benefits (\$) ess than \$7.00		
	00 to \$7.99		7.00 to \$7.99		
	00 to \$9.99		8.00 to \$9.99		
	.00 to \$11.99		10.00 to \$11.99		
4.5	.00 and higher \$1.50		12.00 and higher \$1.30		
If necessary, please attach addi	£	If necessary, please attach a	· · · · · · · · · · · · · · · · · · ·		
		Ti necessary, piease attach a	dutional documentation.		
Please complete lines 25 throu	ob creation levels documented	26 Date this Minnesota Bus	siness Assistance Form completed		
12/31/00		04/02/01			
	ls been achieved? Yes — do				
			ta Business Assistance Form.		

#### 2.4.4. original recived 5/2/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name			
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE			
3. Agency street address		4. City			
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55101	651-297-1391	City County Regional State			
33101	7. Fax number (area code)	<b></b>			
651-296-5287		Other (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
AMSOLVAY PHARMACEUTICALS, INC. (BAI		2834			
11. Type of assistance (e.g. loa	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	12. Name of TIF district (if applicable)		
MINNESOTA IN	VESTMENT FUND				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was assistance placed in service			
12/13/96	11/04/99	12/13/96 \$500,000.00			
	ned between July 1, 1995 and Do 8 and future years, please comp		nes 17 through 20. For		
17. Job creation goals for busi		18. Average hourly wage level goals for business receiving			
_		assistance			
153		\$9.00			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since			
153		business received assistan 9	.00		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
	urly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value		
	Level of Voluntary	E Hall Development	Level of Voluntary		
· ·	cl. benefits)  Benefits (\$)	,	cl. benefits) Benefits (\$)		
	than \$7.00		s than \$7.00		
1.50	00 to \$7.99		00 to \$7.99		
	00 to \$9.99 <u>\$2.50</u>		00 to \$9.99 <u>\$2.50</u>		
	.00 to \$11.99		0.00 to \$11.99		
	.00 and higher		2.00 and higher		
If necessary, please attach add	itional documentation.	If necessary, please attach add	litional documentation.		
	Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form comp			less Assistance Form completed		
12/31/00		04/02/01			
27. Have all wage and job goals been achieved?					
This form replaces all previous forms. Please complete one form for each husiness assistance agreement your					

### e. F. H. original recoved 5/2/01 NANESON

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

(Treuse return by April 1, 177)

Trade &
Looponio
Economic
Development
Developmen

Please complete lines 1 throu	gh 16 for all agreements.		Development	
1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391 7. Fax number (area code)	City County Regional State		
	651-296-5287	Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
AMSOLNEW FLYER OF AMERICA (CROOKS'		3711		
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
MINNESOTA IN	VESTMENT FUND			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was assistance placed in service		
11/15/95	06/20/96	06/01/96 \$300,000.00		
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for bus	iness receiving assistance	18. Average hourly wage level goals for business receiving assistance		
8	6	\$8.12		
19. Actual jobs created since business received assistance		20. Actual average hourly wag	e paid to employees hired since	
155		business received assistance 10.33		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation H	ourly Wage 22. Hourly Value	i .	urly Wage 24. Hourly Value	
Full-time Part-time (ex	Level of Voluntary ccl. benefits (\$)	i	Level of Voluntary Benefits (\$)	
les	s than \$7.00	less	than \$7.00	
	.00 to \$7.99		00 to \$7.99	
\$8.00 to \$9.99			00 to \$9.99	
	0.00 to \$11.99		.00 to \$11.99	
	2.00 and higher		.00 and higher	
If necessary, please attach additional documentation.  If necessary, please attach additional documentation.				
Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented  26. Date this Minnesota Business Assistance Form completed				
25. Last date actual wage and job creation levels documented 12/31/96		04/02/01		
27. Have all wage and job go		not submit future forms for this		
	No — please submit the 2000 Minnesota Business Assistance Form.			

# 2.4. 4. original received 5/2/01

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name				
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE				
3. Agency street address			4. City			
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL				
5. Zip code	6. Phone numb		8. Type of government agency			
55101	651-297-13	-	City County Regional State			State
	7. Fax number					
9. Name of business receiving assistance		Other (Please indicate)  10. Industry of recipient (SIC code)				
AMSOPOLARIS INDUSTRIES, INC. (ROSEAU)		3799				
11. Type of assistance (e.g. lo	an, TIF, grant, infra	astructure, etc.)	12. Name of TIF district (if applicable)			
MINNESOTA IN	_		12. Name of the district (if applicable)			
13. Date of business	14. Date assist	ance first	15. Date proje		/ 16. Dollar va	lue of business
assistance agreement	provided		machinery		assistanc	e
02/26/98	07/2	3/98	placed in service 06/01/98 \$182,500.00		2,500.00	
For assistance agreements sig	ned between July	v 1, 1995 and De	ecember 31, 19	97. comple	te lines 17 through	20. For
agreements signed during 199						
17. Job creation goals for busi	iness receiving ass	sistance	18. Average hourly wage level goals for business receiving assistance			
74		\$11.29				
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since				
77		business received assistance 13.47				
Goals of business receiving assistance: (Please indicate				project placed in se		
number of employees at each wage level and indicate the corresponding benefit level.)		indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation Ho	, .	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
Full-time Part-time (exc	Level cl. benefits)	of Voluntary Benefits (\$)	Full-time	Part-time	Level (excl. benefits)	of Voluntary Benefits (\$)
· ·	than \$7.00	Deficitis (3)	r un-unic	1 att-time	less than \$7.00	Delicitis (3)
	00 to \$7.99		<del></del>		\$7.00 to \$7.99	
\$8.0	00 to \$9.99	\$1.73	8		\$8.00 to \$9.99	\$3.24
<u>12</u> \$10	0.00 to \$11.99	\$1.73	_22	-	\$10.00 to \$11.99	\$3.24
<u>10</u> \$12	2.00 and higher _	\$1.73	_47		\$12.00 and higher	\$3.24
If necessary, please attach add	itional documenta	ation.	If necessary, p	lease attach	additional document	ntation.
Please complete lines 25 through 27 for all agreements.						
25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form complete			Form completed			
06/30/00		04/02/01				
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				tance Form		
Tri C I II	·	pica	C C	o o minic	oca Dusiness Masis	cance i of iii.

# 2.4.4 original received 5/2/01, INNESOTY

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

### Economic Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND)		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391	City County Regional State		
	7. Fax number (area code)			
651-296-5287		Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
PRODUCT RESEARCH & DEV (BAGLEY)		3714		
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	applicable)	
MINNESOTA IN	VESTMENT FUND			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ 16. Dollar value of busing)		
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
06/04/97	11/19/97	\$199,000.00		
agreements signed during 199	ned between July 1, 1995 and D 98 and future years, please comp	olete lines 21 through 24.		
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance		
50		\$8.24		
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since		
50		business received assistance 8.67		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation H	Iourly Wage 24. Hourly Value	
Full-time Part-time (ex	Level of Voluntary cl. benefits) Benefits (\$)	Full-time Part-time (e	Level of Voluntary xcl. benefits) Benefits (\$)	
	s than \$7.00	`	ss than \$7.00	
	.00 to \$7.99 \$2.46	2:	7.00 to \$7.99 \$2.50	
10	00 to \$9.99 \$2.46	12	3.00 to \$9.99 \$2.50	
	0.00 to \$11.99		10.00 to \$11.99 \$2.50	
\$12	2.00 and higher		12.00 and higher	
If necessary, please attach add	_	If necessary, please attach ac	-	
Please complete lines 25 throu	ugh 27 for all agreements.			
25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form completed			iness Assistance Form completed	
06/30/98		04/02/01		
27. Have all wage and job goo	als been achieved? Yes — do			
No — please submit the 2000 Minnesota Business Assistance Form.				

TIMMESOY

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 1 4 2001 Economic Development

1. Funding government agency	name	2. Contact name	
TRADE & Économic Development		Paul Moe	
3. Agency street address		4. City	
500 Metro Square		st Paul	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
	651-297-1391	CityCounty	Pagional V State
55101	7. Fax number (area code)		velioni Vone
,	651-296-5287	Other (Please indicate)	
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)	
Energy Econ		5%3	
11. Type of assistance (e.g. los	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)
MN Investment Funo			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided 8.26.99	machinery/etc.) was placed in service	assistance
Not yet	signed	passes in service	80000

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

17. Job creation goals for business receiving assistance		18. Average h assistance		level goals for busing.	ness receiving	
19. Actual jobs created since business received assistance			erage hourly eceived ass	wage paid to emploistance	byces hired since	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  Actual performance since projection indicate number of employees the corresponding benefit level.		yees at each wage le				
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		ion Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
			10 3 5		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	1.38 1.38 1.38
If necessary, please attac	h additional docume	entation.	If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form complete
12-31-98 12/31/98	3.24-99 4-2-01
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.  se submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

Assistance Form

1999)

RECEIVED APR 1 2 200 December 1

Please complete lines 1 through 16 for all agreements.		RECEIVED APK I	2 ZUU Development	
1. Funding government agence	y name	2. Contact name		
MN Rural Finance	e Authority		, Ast't Director	
3. Agency street address	•	4. City		
90 W. Plato Blod		St. Paul, MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
	651-296-1748	CityCounty	Basissal Santa	
55107	7. Fax number (area code)	CityCounty	RegionalState	
	651-296-9388	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Al-Corn Clean	Fuels	Ethanol 28	69	
11. Type of assistance (e.g. los	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)	
Loan				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement provided		machinery/etc.) was	assistance	
11-14-95 2-14-96		June, 1996	\$ 500,000.=	

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

17. Job creation goals for business receiving assistance  NONE		18. Average he assistance		level goals for busin	ness receiving	
19. Actual jobs created since business received assistance		Actual average hourly wage paid to employees hired since business received assistance				
number of employees at each wage level and indicate the		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
	\$8.00 to \$9.99 \$10.00 to \$11.99				\$8.00 to \$9.99 \$10.00 to \$11.99	
If necessary, please atta	\$12.00 and higher ch additional docume		S12.00 and higher  If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed	
NOT APPLICABLE	4-9-01	
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.	

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED APR 1 2 2001

1. Funding government agency	y name	2. Contact name	10 11 5 1
MN Rural Fina  3. Agency street address	nce Authority		f, Asst Director
3. Agency street address		4. City	
90 W. Plato 2	3/v2	St. Paul, MN	
5. Zip code	6. Phone number (area code)	8. Type of government agence	гу
55102	651-296-1748	CityCounty	Parianal V Char
23.07	7. Fax number (area code)	CityCounty _	RegionalState
	651-296-9388	Other (Please indicate)	
9. Name of business receiving assistance		10. Industry of recipient (SIC	
Chippewa Valley Ethanol Co. 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		Ethanol	•
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)	
Loan			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
11-28-95	5-3-96	May, 1996	\$ 500,000
For assistance agreements sign	ned between July 1, 1995 and D	ecember 31, 1997, complete li	
	8 and future years, please comp		ines 17 till ough 20. For
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage lev	el goals for business receiving
	,	assistance	-
Not Applicable		Not Applicable	
19. Actual jobs created since b	ousiness received assistance	I =	age paid to employees hired since
		business received assista	nce
Goals of business receiving as	sistance: (Please indicate	Actual performance since pro	oject placed in service: (Please
number of employees at each		,	es at each wage level and indicate
corresponding benefit level.)		the corresponding benefit lev	_
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation H	lourly Wage 24. Hourly Value
Full disco Boot disco (and	Level of Voluntary	Tull since Dant since (a	Level of Voluntary
`	cl. benefits)  Benefits (\$)	Full-time Part-time (e	,
	s than \$7.00		ss than \$7.00
	00 to \$7.99		7.00 to \$7.99
	00 to \$9.99		3.00 to \$9.99
	0.00 to \$11.99	]	10.00 to \$11.99
=	2.00 and higher		12.00 and higher
If necessary, please attach add	litional documentation.	If necessary, please attach ac	Iditional documentation.
Please complete lines 25 throu	_		
	job creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed
Not Applicable		4-9-01	
27. Have all wage and job goa	als been achieved? Yes — do	not submit future forms for th	is project.
No — please submit the 2000 Minnesota Business Assistance Form.			

(Please return by April 1, 1999)





Please complete lines 1 through 16 for all agreements.

MN Rural Finance Authority  3. Agency street address  90 W. Plato Blvd.  5. Zip code  55/07  6. Phone number (area code)  651-296-1948  7. Fax number (area code)	Wayne Marzolf, Asi't Director  4. City  St. Paul, MN  8. Type of government agency	
3. Agency street address  90 W. Plato Blod.  5. Zip code  6. Phone number (area code)  651-296-1948	St. Paul, MN	
5. Zip code 6. Phone number (area code) 651-296-1748		
55/02 651-296-1748	8. Type of government agency	
5 6 // //		
7. Fax number (area code)	CityCountyRegionalState	
	citycountyRegionalState	
651-296-9388	Other (Please indicate)	
9. Name of business receiving assistance	10. Industry of recipient (SIC code)	
Minnesota Energy	Ethanol 2869 E.F. H. 7/6/01	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	.) 12. Name of TIF district (if applicable)	
Loan		
13. Date of business 14. Date assistance first	15. Date project (building/ 16. Dollar value of business	
assistance agreement provided	machinery/etc.) was placed in service	
12-5-95 5-22-96	April, 1997 500,000	
1 / Ion creation goals for pusiness receiving assistance	18. Average hourly wage level goals for business receiving	
17. Job creation goals for business receiving assistance  Not Applicable	18. Average hourly wage level goals for business receiving assistance Not Applicable	
	assistance	
Not Applicable  19. Actual jobs created since business received assistance	assistance Not Applicable  20. Actual average hourly wage paid to employees hired since business received assistance	
Not Applicable	assistance Not Applicable  20. Actual average hourly wage paid to employees hired since	
Not Applicable  19. Actual jobs created since business received assistance  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the	assistance Not Applicable  20. Actual average hourly wage paid to employees hired since business received assistance  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value	
19. Actual jobs created since business received assistance  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value	assistance Not Applicable  20. Actual average hourly wage paid to employees hired since business received assistance  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value	
19. Actual jobs created since business received assistance  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary	assistance Not Applicable  20. Actual average hourly wage paid to employees hired since business received assistance  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary	
19. Actual jobs created since business received assistance  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary  Full-time Part-time (excl. benefits) Benefits (\$)	assistance Not Applicable  20. Actual average hourly wage paid to employees hired since business received assistance  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	
19. Actual jobs created since business received assistance  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) less than \$7.00	assistance Not Applicable  20. Actual average hourly wage paid to employees hired since business received assistance  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	
19. Actual jobs created since business received assistance  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value of Voluntary  Full-time Part-time (excl. benefits) Benefits (\$)	assistance Not Applicable  20. Actual average hourly wage paid to employees hired since business received assistance  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)    less than \$7.00     \$7.00 to \$7.99     \$8.00 to \$9.99	assistance Not Applicable  20. Actual average hourly wage paid to employees hired since business received assistance  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	

Not Applicable

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

NA No—please submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agree of signed between July 1 1995 and December 31, 1998 which provided \$25,000 or more in public funds.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

RECEIVED APR 0 1 2001

2. Contact name

City of Montevideo Jan Flaherty		Jan Flaherty	1
3. Agency street address		4. City	
103 Canton Ave	enue	Montevideo	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
56265	(320) 269-6575 7. Fax number (area code) (320) 269-9340	X CityCountyRegionalStateOther (Please indicate)	;
9. Name of business receiving		10. Industry of recipient (SIC code)	
SL Montevideo		3728	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)	
TIF		TIF District No. 3-4	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	f business
3-16-98	None	November 1998 \$250,000	
17. Job creation goals for bus 19. Actual jobs created since		Average hourly wage level goals for business rassistance      Actual average hourly wage paid to employees business received assistance	
Goals of business receiving a number of employees at each corresponding benefit level.)	wage level and indicate the	Actual performance since project placed in service indicate number of employees at each wage level a the corresponding benefit level.)	
Benefits & Full-time Part-time (ex	ourly Wage Level of Voluntary RCL benefits) Ses than \$7.00  .00 to \$7.99  .00 to \$9.99  0.00 to \$11.99	Level	Houriy Value of Voluntary Benefits (\$)
10	2.00 and higher	\$12.00 and higher	
If necessary, please attach ad	ditional documentation.	If necessary, please attach additional documentation	on.
Please complete lines 25 thro	ough 27 for all agreements.		
25. Last date actual wage and	d job creation levels documented	26. Date this Minnesota Business Assistance Form	completed
11/2000		3/28/01	
27. Have all wage and job go		not submit future forms for this project.  ase submit the 2000 Minnesota Business Assistance	e Form.
This form replaces all p		e one form for each business assistance agree	

(Please return by April RECEIVED APR 9 3 2001

2. Contact name



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

City of Montev	ideo	Jan Flaherty		
3. Agency street address		4. City		
103 Canton Ave	nue	Montevideo		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
	(320) 269-6575	V Ciru Carra	Paris at the Control	
56265	7. Fax number (area code)	X City County	RegionalState	
00200	(320) 269-9340	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)	
SRK, LLC		2394, 2399		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)		
TIF		TIF District No. 3-3		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
1/23/98	None	May 1998	\$ 150,000	
For assistance agreements sign	ned between July 1, 1995 and D	ecember 31, 1997, complete lin	es 17 through 20. For	
	8 and future years, please comp			
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level assistance	goals for business receiving	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since proj indicate number of employees the corresponding benefit leve	at each wage level and indicate	
21. Job Creation Ho Benefits &	ourly Wage 22. Hourly Value Level of Voluntary	· ·	uriy Wage 24. Hourly Value Level of Voluntary	
	cL benefits (\$)	Full-time Part-time (ex	cl. benefits) Benefits (\$)	
	s than \$7.00		s than \$7.00	
<u>10</u> \$7.	00 to \$7.99	<u>12</u> \$7.	00 to \$7.99	
\$8.	00 to \$9.99	\$8.	00 to \$9.99	
\$10	0.00 to \$11.99	\$10	0.00 to \$11.99	
\$12	2.00 and higher	\$12	2.00 and higher	
If necessary, please attach add	ditional documentation.	If necessary, please attach add	litional documentation.	
Please complete lines 25 thro	•			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ness Assistance Form completed	
5/1/99		3/26/01		
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

City of Montevideo

RECEIVED /FR 9 1 2001

Jan Flaherty

2. Contact name

3. Agency street address		4. City	
103 Canton Ave	nue	Montevideo	
5. Zip code	6. Phone number (area code)	8. Type of government agenc	y
56265	(320) 269-6575 7. Fax number (area code)	_X CityCounty _	_RegionalState
	(320) 269-9340	Other (Please indicate)	
9. Name of business receiving	ng assistance	10. Industry of recipient (SIC	code)
Genesis Proper	ties	3599	
11. Type of assistance (e.g. l	oan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	
TIF		TIF District No. 3-2	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was assistance placed in service	
6/1/98	None	November 1998	\$500,000
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20 agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance  18. Average hourly wage level goals for business			
ğ	<u>g</u>	assistance	
19. Actual jobs created since	e business received assistance	Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving number of employees at eac corresponding benefit level.	th wage level and indicate the	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage 22. Hourly Value	23. Job Creation H	ourly Wage 24. Hourly Value
Benefits & Full-time (e	Level of Voluntary excl. benefits)  Benefits (\$)	Full-time Part-time (e:	Level of Voluntary xcl. benefits)  Benefits (\$)
	ess than \$7.00		ss than \$7.00
i ——	7.00 to \$7.99		7.00 to \$7.99
	8.00 to \$9.99		3.00 to \$9.99
	10.00 to \$11.99		0.00 to \$11.99
s	12.00 and higher		2.00 and higher
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
Please complete lines 25 thr	ough 27 for all agreements.	<u> </u>	
25. Last date actual wage ar	nd job creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed
3/15/99		3/26/01	
27. Have all wage and job g	goals been achieved? Kyes — do	not submit future forms for the ase submit the 2000 Minnesot	
This form replaces all	previous forms Please complet		

(Please return by April 1, 1999)

RECEIVED APR 0 2-2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		Z. Contact name		
Montevideo Cammunity Dev	elopment Corporation	Jan Flaherty		
3. Agency street address		4. City		
103 Canton Aven		Montevideo		
5. Zip code	6. Phone number (area code)	8. Type of government ager	ncy	
56265	(320) 269-6575 7. Fax number (area code)	CityCounty	-	
		X Other (Please indicate	e) 501(c)(4)	
9. Name of business receiving	assistance	10. Industry of recipient (Si	IC code)	
Genesis Properties		3599		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)		
Loan				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
6/1/98	6/16/98	placed in service November 1998	¢150,000	
	<u> </u>		\$150,000	
	ned between July 1, 1995 and De 8 and future years, please comp		e lines 17 through 20. For	
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage lo assistance	evel goals for business receiving	
19. Actual jobs created since b	ousiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving as number of employees at each corresponding benefit level.)			project placed in service: (Please ees at each wage level and indicate level.)	
Benefits & Full-time Part-time (exc	Level of Voluntary El benefits) Ethan \$7.00  Out to \$7.99	Full-time Part-time	Hourly Wage Level of Voluntary (excl. benefits) less than \$7.00 \$7.00 to \$7.99	
	00 to \$9.99 0.00 to \$11.99		\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, please attach add	_	If necessary, please attach		
		in necessary, prease attach		
Please complete lines 25 thround 25. Last date actual wage and	job creation levels documented	26. Date this Minnesota B	usiness Assistance Form completed	
3/15/99		3/26/01		
27. Have all wage and job goo		not submit future forms for ase submit the 2000 Minnes	this project. ota Business Assistance Form.	
·				

## Original received 4/5/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name			
Monticello EDA		Ollie Koropchak			
3. Agency street address		4. City			
505 Walnut	Street, Suitel	Monticello			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55362	763-271-3208 7. Fax number (area code)	Z CityCounty	RegionalState		
	763-295-4404	Other (Please indicate)_			
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)		
L	ibution Properties				
11. Type of assistance (e.g. loa	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)		
20an					
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
6-1-99	6-1-99	placed in service	\$100,000		
agreements signed during 199	For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance  18. Average hourly wage level goals for business receiving				
		assistance			
19. Actual jobs created since	business received assistance	20. Actual average hourly wag business received assistance	e paid to employees hired since		
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since proj- indicate number of employees the corresponding benefit leve	at each wage level and indicate		
21. Job Creation Ho	ourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Ho	urly Wage 24. Hourly Value Level of Voluntary		
Full-time Part-time (ex-	cl. benefits) Benefits (\$)	Full-time Part-time (exc	cl. benefits) Benefits (\$)		
less	s than \$7.00	less	than \$7.00		
\$7.	00 to \$7.99	\$7.0	00 to \$7.99		
\$8.	00 to \$9.99	\$8.0	00 to \$9.99		
	0.00 to \$11.99		.00 to \$11.99		
13 \$12	2.00 and higher	<u>13</u> <u>3</u> \$12	.00 and higher 1.60		
If necessary, please attach add	ditional documentation.	If necessary, please attach add	1		
Please complete lines 25 throu	Please complete lines 25 through 27 for all agreements.				
	job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed		
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.					
2 Have all wage and job god	No — please submit the 2000 Minnesota Business Assistance Form.				

### Orginal Received 4/5/01 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

riease complete unes rum oug	in 10 tot an agreements.		peveropment	
1. Funding government agenc	y name	2. Contact name		
Monticello HRA		Ollie Koropchak		
3. Agency street address		4. City		
505 Walnut S	Streats Suite1	Monticello		
5. Zip code	6. Phone number (area code)	8. Type of government agence	у	
55362	763-271-3208 7. Fax number (area code)	X CityCounty _	RegionalState	
	763-295-4404	Other (Please indicate)		
9. Name of business receiving assistance Midwest Graphics and Response Systems > Inc		10. Industry of recipient (SIC	code)	
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)  > Site invarovements.	12. Name of TIF district (if a	pplicable)	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
6-3-98	10-19-99	placed in service	\$181,000	
	ned between July 1, 1995 and D 98 and future years, please comp		ines 17 through 20. For	
17. Job creation goals for business receiving assistance		18. Average hourly wage lev assistance	el goals for business receiving	
19. Actual jobs created since	business received assistance	20. Actual average hourly wa	age paid to employees hired since	

17. Job creation goals for business receiving assistance		18. Average h assistance	ourly wage	level goals for busin	ess receiving		
19. Actual jobs created since business received assistance				erage hourly eccived assi	wage paid to emplo	yees hired since	
ı	ployees at	ng assistance: (Pleas each wage level and vel.)			er of emplo	project placed in se byees at each wage le t level.)	
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
37 2 38		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	12.42 12.42 12.42	36 2 39		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	2.50 2.50 2.50
If necessary, p	olease attac	h additional docume	ntation.	If necessary,	please attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

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

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED MAY 2 2007

1. Funding government agency	name	2. Contact name	
City of Moorhead		Beth Grosen	
3. Agency street address		4. City	
500 Center Avenue	e, PO Box 779	Moorhead	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
218-299-5441 56560 7. Fax number (area code)		X City County Regional State	
	218-299-5399	Other (Please indicate)	
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)
Wayne Christians	on, DDS-Family		
Dentistry of Moor	rhead, LTD n, TIF, grant, infrastructure, etc.)		
		12. Name of TIF district (if applicable)	
Enterprise Zone :	Tax Credit, Sales		
Tax Credit, Property Tax Exemption			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement provided		machinery/etc.) was	assistance
9-21-98 1998		placed in service	
<u> </u>	1773	1998	\$ 35,000

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

17. Job creation goals for business receiving assistance			18. Average h assistance		level goals for busi	ness receiving
19. Actual jobs created since business received assistance				erage hourly eccived ass	y wage paid to empl istance	oyees hired since
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		•	er of emplo	e project placed in so byees at each wage I t level.)	•	
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		ion Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	
	\$10.00 to \$11.99 \$12.00 and higher		2 1 \$10.00 to \$11.99 2.10 \$12.00 and higher			
If necessary, please attac	h additional docume	ntation.	If necessary, p	please attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed	
4-19-01	4-26-01	
27. Have all wage and job goals been achieved? XXYes — do	o not submit future forms for this project. case submit the 2000 Minnesota Business Assistance Form.	

# original received 5/2/01 E.I.H. 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

2. Contact name



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

City of Moorhean		Beth Grosen	
3. Agency street address		4. City	
500 Center Avenue, POBOX 779  5. Zip code 6. Phone number (area code)		Beth Grosen 4. City Moorhead	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
56560	(218) 299 - 544   7. Fax number (area code)   (218) 299 - 5399	CityCountyRegionalStateOther (Please indicate)	
9. Name of business receiving		10. Industry of recipient (SIC code)	
Northburg Dental	_	8021 (Services)	
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	
Border City 1	Development Zone		
13. Date of business	14. Date assistance first	15. Date project (building/ 16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was assistance placed in service	
7/6/99	7/6/99	182000	
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.			
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level goals for business receiving	
3		assistance 13.00	
19. Actual jobs created since b	ousiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance  13.25	
Goals of business receiving ass number of employees at each v corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
	urly Wage 22. Hourly Value Level of Voluntary	, , , , , , , , , , , , , , , , , , , ,	
	Level of Voluntary Benefits (\$)	Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	
less	than \$7.00	less than \$7.00	
\$7.0	00 to \$7.99	\$7.00 to \$7.99	
	00 to \$9.99	\$8.00 to \$9.99	
	.00 to \$11.99	\$10.00 to \$11.99	
	.00 and higher	\$12.00 and higher	
If necessary, please attach add	itional documentation.	If necessary, please attach additional documentation.	
Please complete lines 25 throu	gh 27 for all agreements.		
25. Last date actual wage and job creation levels documented		26. Date this Minnesota Business Assistance Form completed	
4/01/01 27. Have all wage and job goals been achieved? ★ Yes — do		not submit future forms for this project.	
Tri-C		ase submit the 2000 Minnesota Business Assistance Form.	
agency signed between Jo or used tax increment fin	uly 1, 1995 and December 31 nancing. A form should be su	e one form for each business assistance agreement your, 1998 which provided \$25,000 or more in public funds bmitted annually for each assistance agreement until a n goals have been achieved. Do not submit this form if	

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

## ocioinal received 5/2/0/ £14. 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name			
City of Moorhead		Beth Grosen			
3. Agency street address		4. City			
500 Center Aver		Moorhead			
5. Zip code	6. Phone number (area code)	8. Type of government age	ency		
56560	(218) 299 - 544 7. Fax number (area code)	CityCounty	RegionalState		
	(218) 299-5399	Other (Please indica	te)		
9. Name of business receiving		10. Industry of recipient (S	BIC code)		
DAAN Developmen	T & Marhead LLC		services		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (i	f applicable)		
Border City Develo	DMLAT Zore				
13. Date of business	14. Date assistance first	15. Date project (building/	1		
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
7-20-98	6/99	placed in service	\$270,800		
·					
agreements signed during 1998	ed between July 1, 1995 and De B and future years, please comp	lete lines 21 through 24.			
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level goals for business receiving assistance			
6FT 5PT	,				
19. Actual jobs created since b		20. Actual average hourly	wage paid to employees hired since		
7FT 1/2PT		business received assis	stance		
Goals of business receiving as number of employees at each v corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation Ho	urly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value		
	Level of Voluntary		Level of Voluntary		
Full-time Part-time (exc	l. benefits) Benefits (\$)	Full-time Part-time	(excl. benefits) Benefits (\$)		
	than \$7.00	<u> </u>	less than \$7.00		
<u></u>	00 to \$7.99	2	\$7.00 to \$7.99 90		
\$8.0	00 to \$9.99	4_2	\$8.00 to \$9.99		
\$10.00 to \$11.99		1	\$10.00 to \$11.99		
\$12.00 and higher			\$12.00 and higher		
If necessary, please attach add	itional documentation.	If necessary, please attach	additional documentation.		
Please complete lines 25 throu	Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and	ob creation levels documented	26. Date this Minnesota B	Susiness Assistance Form completed		
27 11 11 11 11 11 11	1 1 1 10 No		4:		
21. Have all wage and job goa	27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				

# original succived 5/2/0/ L.F.H. 1999 Minnesota Business Assistance Form

2. Contact name

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

City of $M \propto$	orhead 1	Beth Grosen	
3. Agency street address		4. City	
500 Center	Avenue, POBOX779	Moorhead	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
56560	(218)299-5441 7. Fax number (area code) (218)299-5399	CityCountyRegionalStateOther (Please indicate)	
9. Name of business receiv	1-0-10-1-1	10. Industry of recipient (SIC code)	
	Contracting (loan, TIF, grant, infrastructure, etc.)	WholesaleTrade	
11. Type of assistance (e.g	. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	
	evelopment Zone		
13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was assistance	
assistance agreement	/999	placed in service	
agreements signed during	1998 and future years, please comp		
17. Job creation goals for	business receiving assistance	18. Average hourly wage level goals for business receiving	
12		assistance 7.00	
19. Actual jobs created sir	nce business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Hourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary	
Full-time Part-time	(excl. benefits) Benefits (\$)	Full-time Part-time (excl. benefits)  Benefits (\$)	
	less than \$7.00	less than \$7.00	
<u> 12</u>	\$7.00 to \$7.99	\$7.00 to \$7.99	
	\$8.00 to \$9.99	\$8.00 to \$9.99	
	\$10.00 to \$11.99	<u>8</u> \$10.00 to \$11.99	
	\$12.00 and higher	\$12.00 and higher	
If necessary, please attach	additional documentation.	If necessary, please attach additional documentation.	
Please complete lines 25 t	hrough 27 for all agreements.		
25. Last date actual wage	and job creation levels documented	26. Date this Minnesota Business Assistance Form completed	
4/01/01			
27. Have all wage and job		not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.	
	ll previous forms. Please complete	e one form for each business assistance agreement your , 1998 which provided \$25,000 or more in public funds	

### 00-1047

### 1999 Minnesota Business Assistance Form

Trade & —
Economic
Development

(Please return by April 1, 1999)

Please complete lines 1 throug	th 16 for all agreements. RF	CEIVED JUN 1	Development
1. Funding government agenc	y name		1
City of	New Brighton	Mark Au	dele
3. Agency street address		4. City	
803 ald Hw	48	New Bright	
5. Zip code	6. Phone number (area code)	8. Type of government agenc	у
55/12	7. Fax number (area code)	X CityCounty _	_RegionalState
	651-638-2044	Other (Please indicate)	
9. Name of business receiving	g assistance	10. Industry of recipient (SIC	code)
Brighton East	office Center un, TIF, grant, infrastructure, etc.)		
11. Type of assistance (e.g. lo	un, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)
TIF			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
assistance agreement	provided	machinery/etc.) was placed in service	assistance
3-9-99	1-6-00	8-30-00	\$ 300,000
For assistance agreements aig agreements signed during 19:	ned between July 1, 1995 and Do 98 and future years, please comp	ecember 31, 1997, complete li lete lincs 21 through 24.	nes 17 through 20. For
17. Job creation goals for bus	iness receiving assistance	18. Average hourly wage leve	el goals for business receiving
		assistance	
19. Actual jobs created since	business received assistance	20. Actual average hourly wa business received assistar	ge paid to employees hired since
		ousniess received assistan	ice
Goals of business receiving a	ssistance: Please indicate	Actual performance since pro	ject placed in service: (Please
number of employees at each			s at each wage level and indicate
corresponding benefit level.)		the corresponding benefit lev	
21. Job Creation He	ourly Wage 22. Hourly Value	23. Job Creation H	ourly Wage 24. Hourly Value
Full-time Part-time (ex	Level of Voluntary col, benefits)  Renefits (\$)	Full-time Part-time (ex	Level of Voluntary (cl. benefits) Benefits (\$)
`	s than \$7.00	,	s than \$7.00
	.00 to \$7.99		.00 to \$7.99
·			
	.00 to \$9.99		.00 to \$9.99
v.	0.00 to \$11.99	13	0.00 to \$11.99
	2.00 and higher		
If necessary, please attach ad	ditional documentation.	If necessary, please attach ad	ditional documentation.
Please complete lines 25 thro	ugh 27 for all agreements.		
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busi	ness Assistance Form completed
1-10	~ 0 /	6-1-01	
27. Have all wage and job go		not submit future forms for thi	
No — please submit the 2000 Minnesota Business Assistance Form.			

(Please return by April 1, 1999)

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4 2001

WINNESOL

Please complete lines 1 throug	h 16 for all agreements.	CEIVED OOM	Development	
Funding government agency name		2. Contact name		
City of New Brighton  3. Agency street address		Mark Andrle		
3. Agency street address		4. City		
803 Old Hw	48	New Brigh		
5. Zip code	6. Phone number (area code)	8. Type of government ager	ncy	
55/12	7. Fax number (area code)	CountyRegionalState		
	651-638-2044	Other (Please indicate	e)	
9. Name of business receiving	assistance	10. Industry of recipient (S	IC code)	
Brighton East	office Center  n, TIF, grant, infrastructure, etc.)			
11. Type of assistance (e.g. loa	ın, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)	
TIF				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
3-9-99	1-6-00	placed in service	\$300,000	
		8-30-00		
	ned between July 1, 1995 and D 8 and future years, please comp		e lines 17 through 20. For	
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage le assistance	evel goals for business receiving	
19. Actual jobs created since b	pusiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving as number of employees at each corresponding benefit level.)			project placed in service: (Please rees at each wage level and indicate evel.)	
21. Job Creation Ho	ourly Wage 22. Hourly Value of Voluntary	23. Job Creation	Hourly Wage 24. Hourly Value Level of Voluntary	
Full-time Part-time (exc	cl. benefits) Benefits (\$)	Full-time Part-time	•	
less	s than \$7.00		less than \$7.00	
\$7.	00 to \$7.99		\$7.00 to \$7.99	
\$8.	00 to \$9.99		\$8.00 to \$9.99	
2 SIC	0.00 to \$11.99		\$10.00 to \$11.99	
\$12.00 and higher		13	\$12.00 and higher	
If necessary, please attach add	_	If necessary, please attach		
Please complete lines 25 throu		if necessary, piease attach	additional documentation.	
	job creation levels documented	26. Date this Minnesota B	usiness Assistance Form completed	
			-	
1- 10	·	6-1-		
27. Have all wage and job go		not submit future forms for		
This form raplaces -!!			ota Business Assistance Form.	

#### RECEIVED JUN 1 2001

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 th	rough 16 for all agreements.	Development
1. Funding government a	igency name	2. Contact name
City of New	Prague	Jerry Bohnsack
3. Agency street address		4. City
118 N. Centr	al	New Prague
5. Zip code	6. Phone number (area code)	8. Type of government agency
- co-	(952) 758-4401	X CityCountyRegionalState
56071	7. Fax number (area code)	
	(952) 758–6279	Other (Please indicate)
9. Name of business rece	iving assistance	10. Industry of recipient (SIC code)
Neil Dornbu	sch Associates	Industrial Pumps
11. Type of assistance (e.	g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)
TIF		TIF District 5-2 (NDA Project)
13. Date of business	14. Date assistance first	15. Date project (building/ 16. Dollar value of business
assistance agreement 7-17-1995	provided	machinery/etc.) was assistance late
7-17-1993		placed in service $37,000$ $924/01$
For assistance agreement	s signed between July 1, 1995 and D	ecember 31, 1997, complete lines 17 through 20. For
	g 1998 and future years, please comp	
17. Job creation goals for	business receiving assistance	18. Average hourly wage level goals for business receiving
2		assistance 10,00 - 15.00/hr.
19. Actual jobs created si	ince business received assistance	20. Actual average hourly wage paid to employees hired since
4		business received assistance \$14.33
	ng assistance: (Please indicate each wage level and indicate the	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate
corresponding benefit lev	_	the corresponding benefit level.)
21. Job Creation	Hourly Wage 22. Hourly Value	23. Job Creation Hourly Wage 24. Hourly Value
Thell since Dead since	Level of Voluntary	Level of Voluntary
Full-time Part-time	(excl. benefits) Benefits (\$)	Full-time Part-time (excl. benefits)  Benefits (\$)
	less than \$7.00	less than \$7.00
	\$7.00 to \$7.99 \$8.00 to \$9.99	\$7.00 to \$7.99 \$8.00 to \$9.99
	\$10.00 to \$11.99	\$10.00 to \$11.99
If necessary places attack	\$12.00 and higherh additional documentation.	\$12.00 and higher
		If necessary, please attach additional documentation.
	hrough 27 for all agreements.	
_	-and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
April 1996		May 30, 2001

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

No -- please submit the 2000 Minnesota Business Assistance Form.

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

### RECEIVED JUN

1 2001

### 1990 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name		
City of New Prague		Jerry Bohnsack		
3. Agency street address		4. City		
118 N. Central		New Prague		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
56071 (952) 758-4401 7. Fax number (area code)		X CityCountyRegionalState		
	(952) 758–6279	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)	
MN Valley Engine	ering	Metal Fabricating		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Loan		TIF #6		
		MN Valley Engineering		
13. Date of business	14. Date assistance first	15. Date project (building/ 16. Dollar value of business		
assistance agreement provided		machinery/etc.) was	assistance	
March 1997	March 1997	placed in service  January 1998 500,000		

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

17. Job creation goals for business receiving assistance 98			18. Average h assistance		level goals for busing	ness receiving
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance  15/00		oyees hired since		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		6 6 26	$\frac{\frac{3}{2}}{\frac{1}{4}}$	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, please attack				olease attac	h additional docume	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage-and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
1998	May 30, 2001
27. Have all wage and job goals been achieved? XYes — do	
□ No — ple:	ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 3 2001

1. Funding government agency	name	2. Contact name		
City of New Ulm		David Schnobrich		
3. Agency street address		4. City		
100 North Broadway PO Box 636		New Ulm		
5. Zip code	6. Phone number (area code)	8. Type of government age	ncy	
56073-0636	(507) 359-8245			
36073-0636	7. Fax number (area code)	CityCounty	RegionalState	
	(507) 359-9752	Other (Please indicat	te)	
9. Name of business receiving		10. Industry of recipient (S	IC code)	
S. & H. Capital,	LLC	3544/3545	:	
11. Type of assistance (e.g. loan	n. TIF, grant, infrastructure, etc.)	12. Name of TIF district (in	f applicable)	
Tax Increment Fi		ED-11	i	
13. Date of business	14. Date assistance first	15. Date project (building/ machinery/etc.) was	i	
assistance agreement 9/15/98-TIF Plan	provided July 6, 1999	placed in service	assistance	
12/1/98-Development	, -	June 30, 1999	\$33,375	
For assistance agreements signed between July 1, 1995 and De agreements signed during 1998 and future years, please complete. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance		
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving ass number of employees at each v corresponding benefit level.)			project placed in service: (Please vees at each wage level and indicate level.)	
	urly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value	
	Level of Voluntary l. benefits) Benefits (\$)	•	Level of Voluntary	
,	than \$7.00		less than \$7.00	
	00 to \$7.99		\$7.00 to \$7.99	
<del></del>	00 to \$9.99		\$8.00 to \$9.99	
4	.00 to \$11.99		\$10.00 to \$11.99	
	.00 and higher	6 -	\$12.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		
Please complete lines 25 throu	gh 27 for all agreements.	<del> </del>	<del></del>	
	job creation levels documented	26. Date this Minnesota B	usiness Assistance Form completed	
February 24, 200		April 11, 2001		
27. Have all wage and job goa		not submit future forms for ase submit the 2000 Minnes	this project. sota Business Assistance Form.	

### 00-0808

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)
RECEIVED MAY

S 2001



Please complete lines 1 through 16 for all agreements.

2. Contact name  City of New Ulm  3. Agency street address 10.0 North Broadway P.O. Box 636  5. Zip code 56073-0636  6. Phone number (area code) (507) 359-8245 7. Fax number (area code) (507) 359-8245 7. Pax number (area code) (507) 359-9752  9. Name of business receiving assistance Rebound Properties, Inc. 13. Date of business assistance agreement provided 13. Date of business assistance agreement provided 10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30/97  10/30	•	,		- 1	
3. Agency street address 100 North Broadway P.O. Box 636  5. Zip code 5. Cip code 5. Cip code 5. Cip code 5. Cip code 7. Fax number (area code) (507) 359-8245 7. Fax number (area code) (507) 359-9752 9. Name of business receiving assistance Rebound Properties, Inc. 11. Type of assistance (e.g. loan. TIF, grant, infrastructure, etc.) 12. Name of TIF district (if applicable) 13. Date of business assistance agreement provided 13. Date of business assistance agreement assigned between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business received assistance 10 19. Actual jobs created since business received assistance corresponding benefit level.) 21. Job Creation Hourly Wage Level cred. benefits) 12. Level cof Voluntary Full-time Part-time (excl. benefits) 12. Level cof Voluntary Full-time Part-time (excl. benefits) 13. Date of business received assistance of the corresponding benefit level.) 23. Job Creation 14. City 15. Date project (building) 16. Dollar value of business machinery/etc.) was placed in service assistance placed in service assistance assistance agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business received assistance 10 20. Actual average hourly wage level goals for business receiving assistance 21. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation 4. City 4. City  New UIm  Stype of government agency  X. City _County _Regional _State  Dother (Please indicate)  12. Name of TIF district (if applicable)  N/A  13. Date project (building) 16. Dollar value of business assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assistance assista	1. Funding government agence	y name	2. Contact name		
100 North Broadway P.O. Box 636   S. Phone number (area code)   S. Zip code   S. Phone number (area code)   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government gency					
P.O. Box 636  5. Zip code  6. Phone number (area code)  (507) 359-8243  7. Fax number (area code) (507) 359-9752  9. Name of business receiving assistance  Rebound Properties, Inc.  11. Type of assistance (e.g. loan. TIF, grant, infrastructure, etc.)  Loan  Loan  13. Date of business assistance assistance in the provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided prov			4. City		
S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government agency   S. Type of government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government government gove	100 North Broa	adway			
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Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part		6. Phone number (area code)	8. Type of government age	ncy	
Rebound Properties   Inc.   3621	56073-0636		X City County	RegionalState	
Rebound Properties, Inc.  11. Type of assistance (e.g. loan, TIF, grant infrastructure, etc.)  12. Name of TIF district (if applicable)  N/A  13. Date of business assistance agreement provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided		(507) 359-9752			
11. Type of assistance te.g. loan. TIF, grant, infrastructure, etc.)   12. Name of TIF district (if applicable)	9. Name of business receiving	g assistance	10. Industry of recipient (S	IC code)	
11. Type of assistance te.g. loan. TIF, grant, infrastructure, etc.)   12. Name of TIF district (if applicable)	Rebound Proper	rties, Inc.	3621		
13. Date of business assistance agreement provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided prov				f applicable)	
13. Date of business assistance agreement provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided prov	11. Type of assistance (e.g. to	an. In gant amuseucture.		- присцения	
13. Date of business assistance agreement provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided prov	Loan	!	N/A		
assistance agreement  10/30/97  10/30/97  \$80,000  For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance  10  \$7.00  19. Actual jobs created since business received assistance  Coals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation  Hourly Wage Level  Of Voluntary  Full-time Part-time (excl. benefits)  Benefits (5)    St. 200 to \$7.99   \$8.00 to \$9.99   \$10.00 to \$11.99   \$12.00 and higher  If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job goals been achieved?   Yes — do not submit future forms for this project.		1.1 Date assistance first		16 Dollar value of business	
placed in service 10/30/97 \$80,000  For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance  10 \$7.00  19. Actual jobs created since business received assistance  10 \$7.00  19. Actual jobs created since business received assistance  10 \$7.00  19. Actual average hourly wage paid to employees hired since business received assistance  10 \$7.00  19. Actual average hourly wage paid to employees hired since business received assistance  10 \$7.00  10. Actual average hourly wage paid to employees hired since business received assistance  10 \$7.00  10. Actual average hourly wage paid to employees hired since business received assistance  10 \$7.00  10. Actual average hourly wage paid to employees hired since business received assistance  10 \$7.00  10. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  11. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary  12. Job Creation Hourly Wage 24. Hourly Value (excl. benefits)  12. Job Creation Hourly Wage 24. Hourly Value (excl. benefits)  12. Job Creation Hourly Wage 25. Hourly Value of Voluntary  12. Job Creation Hourly Wage 26. Description (excl. benefits)  12. Job Creation Hourly Wage 27. Hourly Value of Voluntary  12. Job Creation Hourly Wage 28. Hourly Value of Voluntary  12. Job Creation Hourly Wage 29. Hourly Value of Voluntary  12. Job Creation Hourly Wage 29. Hourly Value of Voluntary  12. Job Creation Hourly Wage 29. Hourly Value of Voluntary  12. Job Creation Hourly Wage 29. Hourly Value of Voluntary  12. Job Creation Hourly Wage 29. Hourly Value of Voluntary  12. Job Creation Hourly Wage 29. Hourly Value of Voluntary  12. Job Creation Hourly Wage 29. Hourly Value of Voluntary  12. Job Creation Hourly Wage 29. Hourly Value of Voluntary  12. Job Creation Hourly		1			
10/30/97   10/30/97   \$80,000	assistance agreement	provided	•	assistance	
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27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.	25. Last date actual wage an	d job creation levels documented	26. Date this Minnesota B	Business Assistance Form completed	
	March 28, 200	01	April 30, 2	2001	
	27. Have all wage and job go				

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY

8 2001

Development

1. Funding government agency	name	2. Contact name		
City of New Ulm		David Schnobrich		
3. Agency street address		4. City		
100 North Broadway				
PO Box 636		New Ulm		
5. Zip code	6. Phone number (area code)	8. Type of government agency	•	
56073-0636	(507) 359-8245 7. Fax number (area code)	X CityCounty	_RegionalState	
	(507) 359-9752	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
B n W Properties		5014		
11. Type of assistance (e.g. loa	n. TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Tax Increment Financing		ED-10		
13. Date of business 14. Date assistance first		15. Date project (building/	16. Dollar value of business	
assistance agreement provided		machinery/etc.) was	assistance	
8/19/97-TIF Plan   10/10/97		placed in service		
10/10/97-Developme	nt Agreement	3/1/98	\$47,500	

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

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance				
	2			\$6	.07	
19. Actual jobs created si	ince business receive	d assistance			wage paid to emple	oyees hired since
2.	9 FTE		business re	business received assistance \$10.51		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation Full-time		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99				\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
\$12.00 and higher					\$12.00 and higher	
If necessary, please attac	h additional docume	ntation.	If necessary, p	olease attacl	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
March 29, 2001	April 13, 2001
	not submit future forms for this project.
□ No — pie	ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

Economic
Development

Please complete lines 1 throu	igh 16 for all agre	ements. RF	CEIVED	ray .	3 2001 E	Development
1. Funding government agen	су пате		2. Contact nam	ie		
City of New Ulm			David Schnobrich			
3. Agency street address			4. City			
100 North Broadw	ay					
PO Box 636	-		New Ulm			
5. Zip code	6. Phone num	ber (area code)	8. Type of gov	ernment age	ency	
56073-0636	(507) 359 7. Fax number		X City	County	Regional	_State
1	(507) 359	9-9752	Other (	Please indica	te)	
9. Name of business receiving			10. Industry of	recipient (S	SIC code)	7
Palm Beach Marin	ecraft, Ind	· .	3732			
11. Type of assistance (e.g. l	oan, TIF, grant inf	mstructure, etc.)	12. Name of T	IF district (	if applicable)	
Loan			N/A			
13. Date of business assistance agreement	14. Date assis provided	tance first	15. Date project (building/ 16. Doilar value of bus machinery/etc.) was assistance placed in service			
12/22/98	1.2/22/9	8	3/5/99	ervice	\$250,	000
For assistance agreements signed during 19 17. Job creation goals for bu	998 and future ye	ars, please comp	lete lines 21 thr	ough 24.	e lines 17 through	
19. Actual jobs created since	e business received	d assistance	20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving number of employees at eac corresponding benefit level.	h wage level and i		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary		on	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time Part-time (	excl. benefits)	Benefits (S)		Part-time	(excl. benefits)	Benefits (\$)
lo	ess than \$7.00				less than \$7.00	
S	57.00 to \$7.99		1		\$7.00 to \$7.99	.86
	58.00 to \$9.99	\$.70	20		\$8.00 to \$9.99	.75
	\$10.00 to \$11.99		3	_	\$10.00 to \$11.99	71
	\$12.00 and higher			-	\$12.00 and highe	
If necessary, please attach additional documentation.		If necessary.	oiease attacl	h additional docum		

25. Last date actual wage and job creation levels documented

July 10, 2000

March 29, 2001

27. Have all wage and job goals been achieved?

No — please submit the 2000 Minnesota Business Assistance Form.

This form and have formed from the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the project of the proje

Please complete lines 25 through 27 for all agreements.

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Fconomic Development

TIM MEZOF

### 1998 Minnesota Business Assistance Form*

(Please return by April 15, 1998)

97-162

Development	Pinase type or	print in dark ink.	20	000
1. Funding government	Igracy name	2. Consci parac		-090
New York Mills	Economic Development	Allan Berube		
3. Agency street address		4. Chy		
Centennial		New York Mill	s	
5. Zip code	6. Phone number (area code)	a. Type of government as		
56567	218-385-2213	X Ciry County	RegionalState	
	7. Fax number (area code)	•	•	
	218-385-4504	X Other (Please indica		
9. Name of huminias rece	tyling assistance	10. Industry of recipient (	SIC code)	
	nishing Services	34791		
11. Type of assistance (e.	g. Joan, TIF, grant infrastructure, sec.)	12 Name of TIF district (	If applicable)	
TIF		1–3		
13. Date of business	14. Date assistance first provided	15. Date project (haildings machinery/est.) was	16. Dollar value of bu	mmezz
Ostistance servement		placed in service	8770@CC	
7-25 <b>-</b> 96	1998	7-25-96	Est \$110,00	0
17. Jub creation poals for	business recolving resistance	IX Average hourly wage	evel goals for business rece	ving
	12	\$6.	50/hour	
19. Acrual jobs creamd si	nce business raceived assurance	20. Acrual average hourly wage paid to employees hired since business received assistance		
	37		75/hour	
Content of purposes months	ng assistance: (Please indicate		project placed in service: (P	CASS
number of employees at a	each wage leve, and indicate the		ces at such wage level and i	
21. Job Creation	Hourly Wage 22. Hourly Value	23. Job Creation		rty Value
11 11	Level of Voluntary (excl. benefits (5)	Full-time Part-time		eluntary
Full-time Prot-time	(	Lan-muc Lett-time		efits (\$)
	less than \$7.00		less than \$7.00	
	\$7 00 to \$7.99		\$7.00 w \$7.99	
	\$8.00 to \$9.99		\$8.00 to 59.99	
	\$10.00 to \$11.99		\$10.00 to \$11.79	
	512.00 and higher		\$12.00 and higher	
If necessary, please attacl		If necessary, picase numb		
•	and job creation levels documented		usiness Assistance Form cor	ppleted
	10, 1997	April 9,		
27. Have all wage and jo	b goals been achieved! Wyca — do	not submit future forms for	this project	

This form replaces all previous forms. Please complete and form for each business assistance agreement your agency signed between July 1, 1993 and December 31, 1997 which provided \$25,000 at more in public funds. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wave and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

### 00-0526

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### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

WINNESON Economic Development

Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
NORTH BRANC	L EDA	DAVID Stuti	ELBERG	
3. Agency street address		4. City		
6408 ELM S	st.	NORTH BRANC	·L	
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
661-674-8113 7. Fax number (area code)		City CountyRegionalState		
55056	55056 651-674-8262 Other (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC of	code)	
NEW town FURNITURE, Inc.		REHALL FURNITURE STORE		
11. Type of assistance (e.g. load		12. Name of TIF district (if ap	plicable)	
TAX ABATEMENT- PROPERTY				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
1-16-1998	2-1-1999	placed in service # 220,000		

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

17. Job creation goals for business receiving assistunce		18. Average h assistance	ourly wage	level goals for busi	ness receiving	
19. Actual jobs created si	nce business receive	ed assistance		rage hourly eceived ass	y wage paid to emplistance	oyees hired since
Goals of business receiving number of employees at corresponding benefit lev	each wage level and			er of emplo	project placed in so byees at each wage t level.)	
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	22. Hourly Value of Voluntary Benefits (\$)		Part-time	Hourly Wage Level (excl. benefits) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	24. Hourly Value of Voluntary Benefits (\$)
If necessary, please attack	h additional docume	entation.	If necessary,	please attac	h additional docum	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
	4-9-2001
27. Have all wage and job goals been achieved? Yes —	do not submit future forms for this project.  Icase submit the 2000 Minnesota Business Assistance Form.

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

when this tax abatement agricult was made, there were no buisness subsidies in place. Thurstone no goals were set FOR this project



(Please return by April 1, 1999)

FOR All Purperments RECEIVED MAY 3 1 2001

Please complete lines 1 through 16 for all agreements.

	=				
1. Funding government agenc	y name	2. Contact name			
City of Oakdale		Richard McNamara	1		
3. Agency street address		4. City			
			·		
1584 Hadley Avenue North		Oakdale			
5. Zip code 6. Phone number (area code)		8. Type of government agenc	у		
-	(651) 730-2809	v	*		
55128	_ `	X CityCountyRegionalState			
	7. Fax number (area code)				
	(651) 730-2818	Other (Please indicate)_			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
, -		•	·		
Imation			i		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	oplicable)		
	-				
TIF		1-8			
13. Date of husiness	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
- 4: 4:	1	placed in service	\$3,500,000 maximum		
7/1/97	8/1/99	<b>1</b> /1/98	over 9 years		
<del></del>	<u> </u>		1 5 / (1012)		

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

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance			
10			\$8.00			
19. Actual jobs created s	ince business receive	d assistance	20. Actual av		y wage paid to emplistance	
1,511		Í			il average s	
Goals of business receive number of employees at corresponding benefit let	each wage level and		Actual perion	mance since per of emplo	e project placed in se byees at each wage l	rvice: (Please
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (S)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (S)
	less than \$7.00				less than \$7.00	Denonia (3)
	\$7.00 to \$7.99				\$7.00 to \$7.99	
***	\$8.00 to \$9.99			-	\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
	\$12.00 and higher				\$12.00 and higher	·
If necessary, please amac	n additional docume	ntation.	If necessary, p	olease attaci	additional docume	ntation.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
12/22/00	5/11/01
27. Have all wage and job goals been achieved? X Yes — do	not submit future forms for this project.

## RECEIVED APR 2 8 2001

00-0599

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines I through 16 for all agreements.

DC/COpfiacit		
2. Contact name		
DAUID DILL		
4. City		
DRIZ, MN		
ode) 8. Type of government agency		
CityCounty RegionalState		
Other (Please indicate)		
10. Industry of recipient (SIC code) Grocery, CAR WASH, VESTRURANT,		
GAS STATION		
etc.) 12. Name of TIF district (if applicable)		
ORR 1-1 Downtown		
15. Date project (building/ machinery/etc.) was assistance		
placed in service 12(14 98 50,000		
and December 31, 1997, complete lines 17 through 20. For complete lines 21 through 24.		
18. Average hourly wage level goals for business receiving assistance		
20. Actual average hourly wage paid to employees hired since business received assistance		
Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
Value 23. Job Creation Hourly Wage 24. Hourly Value mtary Level of Voluntary		
ts (\$) Full-time Part-time (excl. benefits) Benefits (\$)		
less than \$7.00		
\$7.00 to \$7.99		
1.25 \$8,00 to \$9.99 Aprel 1.25		
\$10.00 to \$11.99		
\$12.00 and higher		
If necessary, please attach additional documentation.		
nted 26. Date this Minnesota Business Assistance Form completed		
4/23/01		
— do not submit future forms for this project. — please submit the 2000 Minnesota Business Assistance Form.		

## RECEIVED APR 2 5 2001

00-0608

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

			_ 0. Cop	
1. Funding government agency	name	2. Contact name		
OWATOWNA EDA		DAVID STRAND		
3. Agency street address		4. City		
540 West Hi	us Circle	Owatonna		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55060   Son 444 - 4344   7. Fax number (area code)		CityCounty	_RegionalState	
	507 444-4351	Other (Please indicate)_	<u>EDA</u>	
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
RJF WINDOWS & DOORS		2431		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
UAO				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
FEB. 24, 1999 MAY 4, 1999		placed in service 7/1/99	[®] 50,000	
For assistance agreements sign	ed between July 1, 1995 and D	ecember 31, 1997, complete lin	es 17 through 20. For	

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

17. Job creation goals for business receiving assistance			18. Average h assistance		level goals for busi	ness receiving	
19. Actual job	os created s	ince business receive	ed assistance		erage hourly	y wage paid to empl istance	oyees hired since
	ployees at	ng assistance: (Pleaseach wage level and vel.)			er of emplo	e project placed in so byces at each wage l t level.)	
21. Job Creati Full-time	ion Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		3 1 2		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, p	please attacl	h additional docume	ntation.	If necessary, p	olease attacl	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 4/20/01	26. Date this Minnesota Business Assistance Form completed 4/20/01
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

### RECEIVED APR 2 5 2001

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

00-0609



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name			
OWATONNA E	EDA	DAVID STRAN	OD		
		4. City			
540 KLEST HILLS Circle		OWATOWA			
5. Zip code 6. Phone number (area code)		8. Type of government agency	y		
55060	E5060 507 444-4344		Perional State		
55000	7. Fax number (area code)	CityCountyRegionalState			
	507 444 - 4351	✓ Other (Please indicate) EDA			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
RIBBONlift, INC.		3569			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)		
LAOI		_			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
July 21, 1999	9/21/99	10/1/99	\$67,000		
	ed between July 1, 1995 and De B and future years, please comp ness receiving assistance				
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving ass number of employees at each v corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
	rrly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value		
	Level of Voluntary   Benefits (\$)	Full-time Part-time (ex-	Level of Voluntary cl. benefits)  Benefits (\$)		
,	than \$7.00	`	s than \$7.00		
			·		
	0 to \$7.99		00 to \$7.99		
	0 to \$9.99		00 to \$9.99		
A	00 to \$11.99		0.00 to \$11.99		
	00 and higher		2.00 and higher		
If necessary, please attach addi	tional documentation.	If necessary, please attach add	litional documentation.		
Please complete lines 25 through					
25. Last date actual wage and j	ob creation levels documented	, ,	ess Assistance Form completed		
4/20/01		4/20/01			
27. Have all wage and job goal	s been achieved? Yes — do No — plea	not submit future forms for this se submit the 2000 Minnesota			
This form replaces all pre	This form replaces all previous forms. Please complete one form for each business assistance agreement your				

(Please return by April 1, 1999)

00-0610



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	y name	2. Contact name	į.	
OWATONNA ED	A	DAVID STRAL	D	
3. Agency street address		4. City		
540 WEST HILLS Circle		OWATONNA		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
=======================================	507 444-4344	City County	Parienal State	
55060	7. Fax number (area code)	CityCountyRegionalState		
	507 444 - 4351	✓ Other (Please indicate) EDA		
9. Name of business receiving assistance		10. Industry of recipient (SIC o	ode)	
RENTAL STATION INC.		7359		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	licable)	
loan				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
7/21/99	8/23/99	placed in service	\$50,000	
	<u> </u>	APEIL 2000	-	
	ed between July 1, 1995 and De		≤ 17 through 20. For	
	and future years, please comp	lete lines 21 through 24.		
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage level assistance	goals for business receiving	
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
Goals of business receiving ass number of employees at each v corresponding benefit level.)		Actual performance since proje indicate number of employees a the corresponding benefit level.	at each wage level and indicate	
	rrly Wage 22. Hourly Value		rly Wage 24. Hourly Value	
	Level of Voluntary Benefits (\$)	Full-time Part-time (excl	Level of Voluntary Level benefits)  Benefits (\$)	
•	, , ,	,	, , , ,	
	than \$7.00		than \$7.00	
	0 to \$7.99		0 to \$7.99	
\$8.0	0 to \$9.99	\$8.0	0 to \$9.99	
	00 to \$11.99		00 to \$11.99	
2 \$12.	00 and higher	<u>2</u> \$12.	00 and higher 100	
If necessary, please attach additional	tional documentation.	If necessary, please attach additional	tional documentation.	
Please complete lines 25 throug				
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busine	ss Assistance Form completed	
4/11/01		4/11/01		
27. Have all wage and job goal	s been achieved? Yes — do n	not submit future forms for this p se submit the 2000 Minnesota B		
This form	This fame and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			

# RECEIVED APR 2 5 2001

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

00-0611

1. Funding government agenc				
		2. Contact name		
OWATONUA ECOL		DAVID M. ST	TRAIN	
DEVELOPMENT	- DUTHDRITY	4. City		
3. Agency street address		l ۾		
S40 WEST HILLS CIECLE		DWATOWA		
5. Zip code	6. Phone number (area code)	8. Type of government agency	у	
55060	507 444-4344	CityCountyRegionalState		
	7. Fax number (area code)			
	507 444-4351	∨ Other (Please indicate) EDA		
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
HOMETOWN M	OTORS	-	1538	
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	oplicable)	
LOAN				
	<del></del>		T	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
11/18/98	8/19/199	placed in service	\$ 50,000	
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage leve assistance	el goals for business receiving	
19. Actual jobs created since b	rusiness received assistance	20. Actual average hourly was business received assistant	ge paid to employees hired since ce	
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since pro- indicate number of employees the corresponding benefit leve	at each wage level and indicate	
21. Job Creation Ho	urly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Ho	ourly Wage 24. Hourly Value Level of Voluntary	
Full-time Part-time (exc	L benefits) Benefits (\$)	Full-time Part-time (ex	cl. benefits)  Benefits (\$)	
less	than \$7.00	less	s than \$7.00	
	00 to \$7.99	\$7.	.00 to \$7.99	
\$7.0				
\$7.0 \$8.0	00 to \$9.99	\$8.	00 to \$9.99	
\$7.0 \$8.0	00 to \$9.99	\$8. \$10	00 to \$9.99 0.00 to \$11.99 2°° //°°	
\$7.0 1 \$8.0 \$10 1 \$12	00 to \$9.99 0.00 to \$11.99 0.00 and higher	\$8. 1 \$10 \$112	0.00 to \$9.99 0.00 to \$11.99 2.00 and higher	
\$7.0 1 \$8.0 \$10 1 \$12	00 to \$9.99 0.00 to \$11.99 0.00 and higher	\$8. \$10	0.00 to \$9.99 0.00 to \$11.99 2.00 and higher	
\$7.0  1 \$8.0  1 \$10  1 \$12  If necessary, please attach add  lease complete lines 25 throu	00 to \$9.99  .00 to \$11.99  .00 and higher itional documentation.  gh 27 for all agreements.	\$8.	00 to \$9.99 0.00 to \$11.99 2.00 and higher 2 0 2 0 10 10 10 10 10 10 10 10 10 10 10 10 1	
\$7.0  \$8.0  \$10  \$12  If necessary, please attach add  lease complete lines 25 throu  25. Last date actual wage and	00 to \$9.99  .00 to \$11.99  .00 and higher itional documentation.	\$8.	0.00 to \$9.99 0.00 to \$11.99 2.00 and higher	
\$7.0  \$8.0  \$10  \$12  \$12  If necessary, please attach add  lease complete lines 25 throu  25. Last date actual wage and  4/9/01	00 to \$9.99  .00 to \$11.99  .00 and higher itional documentation.  gh 27 for all agreements.	\$8. 1 \$10 1 \$10 1 \$10 If necessary, please attach add 26. Date this Minnesota Busin 4/9/01	2.00 to \$9.99  2.00 and higher  2.00 and higher  2.00 and higher  2.00 and higher  2.00 and higher	

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

(0...-)

### RECEIVED MAY 1 4 2081

SUSAN BJORKLUND

2. Contact name

Perham

4. City

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

125 Second Avenue N.E.

City of Perham

3. Agency street address

5. Zip code	6. Phone num	per (area code)	9. TAbe of Rose	immoni ago	ancy .	
	218-34 7. Fax number		X City	County	Regional	State
56573	218-34	6-9364	Other (Please indicate)			
9. Name of business receiv			10. Industry of recipient (SIC code)			
Industrial Finishing Services, Inc.		ces, Inc.				
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		astructure, etc.)	12. Name of TIF district (if applicable)			
Loan						
13. Date of business	14. Date assis	tance first	15. Date project (building/ 16. Dollar value of business		ue of business	
assistance agreement	provided		machinery/etc.) was assistance		:	
11-23-98	11-23-	.98	placed in so	ervice	\$150,00	00.00
For assistance agreements agreements signed during 17. Job creation goals for b	1998 and future ye	ars, please compl	ete lines 21 thr	ough 24.	te lines 17 through :	
10 FT	•		assistance N/A			
19. Actual jobs created since business received assistance 30		20. Actual average hourly wage paid to employees hired since business received assistance \$9.01				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creati	_	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99				\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
	\$12.00 and higher				\$12.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.				
Please complete lines 25 t		<del>-</del>				
25. Last date actual wage and job creation levels documented		26. Date this Minnesota Business Assistance Form completed				
5-10-2001			5-10-2			
27. Have all wage and join	27. Have all wage and job goals been achieved? X Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				stance Form.	
This form replaces all previous forms. Please complete one form for each husiness assistance agreement your						

Trade &—

Economic

Development

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name			
City of Perham		SUSAN BJORKLUND	SUSAN BJORKLUND		
3. Agency street address		4. City			
125 C 1 A		D. ob oo			
5. Zip code	6. Phone number (area code)	Perham 8. Type of government agency			
J. 2.p 5525			1		
	218-346-4455 7. Fax number (area code)	X CityCountyRegionalState			
56573		Other (Please indicate)			
9. Name of business receiving	218-346-9364	10. Industry of recipient (SIC			
7. Name of business receiving	g assistance	To. madshy of recipient (sie code)			
Perham Grain &	Feed, Inc.	0259			
11. Type of assistance (e.g. lo	oan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)		
_	•				
Loan 13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
_		placed in service			
10-15-96	10-15-96		\$135,000.00		
	gned between July 1, 1995 and D		nes 17 through 20. For		
agreements signed during 19	98 and future years, please comp	plete lines 21 through 24.			
17. Job creation goals for bu	siness receiving assistance	18. Average hourly wage leve	el goals for business receiving		
/ 1760		assistance N/A			
4 FT	business received assistance	20. Actual average hourly wage paid to employees hired since			
		business received assistance			
	2		\$10.00		
Goals of business receiving assistance: (Please indicate		Actual performance since project placed in service: (Please			
	number of employees at each wage level and indicate the corresponding benefit level.)		indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation I	Hourly Wage 22. Hourly Valu				
Full-time Part-time (e	Level of Voluntary excl. benefits) Benefits (\$)	I .	Level of Voluntary scl. benefits) Benefits (\$)		
•	ess than \$7.00	`	ss than \$7.00		
	7 00 67 00				
	88.00 to \$9.99		3.00 to \$7.99		
	S10.00 to \$11.99		.0.00 to \$11.99		
	312.00 and higher				
If ficcessary, picase attach a	If necessary, please attach additional documentation.  If necessary, please attach additional documentation.				
Please complete lines 25 thr	Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage a	nd job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
May 1, 2001		May 10, 2001			
27. Have all wage and job	goals been achieved? Yes — d	lo not submit future forms for th			
1	$\sum_{i=1}^{n} N_{i} - n^{i}$	ease submit the 2000 Minnesot	2 Rusiness Assistance Form		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
City of Perham		SUSAN BJORKLUND		
		4. City		
195 Carand Amon	N F	Domb		
5. Zip code		Perham 8. Type of government agency		
J. 24p 0000		8. Type of government agency		
	218-346-4455 7. Fax number (area code)	X CityCountyRegionalState		
56573	218-346-9364	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Richard T. Bucho	)1z	3532		
	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	licable)	
	,			
Loan		16 Day - 1 - 10 - 12 - 1	16. Dollar value of business	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assisance agreement	provided	placed in service		
7-11-97	7–11–97	•	\$150,000.00	
	ned between July 1, 1995 and De	cember 31, 1997, complete lin	es 17 through 20. For	
	8 and future years, please comp			
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level	goals for business receiving	
( TOTAL		assistance N/A		
6 FT 19. Actual jobs created since t	nusiness received assistance	20. Actual average hourly wage paid to employees hired since		
17. Actual jobs created since t	Susmess received addition	business received assistance		
15 F T	•			
Goals of business receiving as	ssistance: (Please indicate	Actual performance since proj		
number of employees at each corresponding benefit level.)	wage level and indicate the	indicate number of employees the corresponding benefit leve	at each wage level and indicate l.)	
	ourly Wage 22. Hourly Value	-	urly Wage 24. Hourly Value	
-	Level of Voluntary		Level of Voluntary	
	cl. benefits)  Benefits (\$)	Full-time Part-time (ex	cl. benefits) Benefits (\$)	
	s than \$7.00	less	s than \$7.00	
\$7.	.00 to \$7.99	\$7.	00 to \$7.99	
\$8	.00 to \$9.99	\$8.	00 to \$9.99	
\$1	0.00 to \$11.99	\$10	0.00 to \$11.99	
\$1	2.00 and higher	\$12	2.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and	i job creation levels documented	26. Date this Minnesota Busin	ness Assistance Form completed	
May 1, 2001		May 10, 2001		
27. Have all wage and job goals been achieved? XYes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				
This form replaces all previous forms. Please complete one form for each husiness assistance agreement your				

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

	•				
1. Funding government agency name		2. Contact name			
City of Perham		SUSAN BJORKLUND			
3. Agency street address		4. City			
125 Second Aven	ne N. F.	Perham			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
			· ·		
	218-346-4455 7. Fax number (area code)	X CityCounty	_RegionalState		
56573	218-346-9364	Other (Please indicate)			
9. Name of business receiving	9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
tr 11 D41	li-a Tao	4931			
Neyens Well Dril	TIE continformation and	12. Name of TIF district (if ap	plicable)		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of 11r district (if ap	plicable)		
Taan					
Loan	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
13. Date of business assistance agreement	provided	machinery/etc.) was	assistance		
assistance agreement	provided	placed in service	absistance		
10/28/1998	10/28/1998	F 341.141	\$85,000.00		
agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance  18. Average hourly wage level goals for business receiving assistance			el goals for business receiving		
3		N/A			
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since			
		business received assistance \$9.00			
Goals of business receiving as	esistence: (Please indicate		oject placed in service: (Please		
number of employees at each corresponding benefit level.)			es at each wage level and indicate		
1	ourly Wage 22. Hourly Value		lourly Wage 24. Hourly Val		
Full-time Part-time (ex	Level of Voluntary (cl. benefits) Benefits (\$)	1	Level of Volunta xcl. benefits) Benefits (\$\frac{3}{2}\$		
1	ss than \$7.00	,	ss than \$7.00		
	.00 to \$7.99		7.00 to \$7.99		
	.00 to \$9.99		8.00 to \$9.99		
	0.00 to \$11.99		10.00 to \$11.99		
31	2.00 and higher		12.00 and higher		
If necessary, please attach ad	lditional documentation.	If necessary, please attach as	dditional documentation.		
Please complete lines 25 thro	ough 27 for all agreements.				
25. Last date actual wage and	d job creation levels documented	26. Date this Minnesota Bus	siness Assistance Form complete		
May 1, 2001		May 1, 2001			
27. Have all wage and job goals been achieved? X Yes — do not submit future forms for this project.					
No — please submit the 2000 Minnesota Business Assistance Form.					

## RECEIVED MAY 1 4 2007

2. Contact name

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

City of Perham		CHCAN PIODELIND		
3. Agency street address		SUSAN BJORKLUND 4. City		
2.120.00		a. Caly		
125 Second Avenu	ue N.E.	Perham		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
	218-346-4455 7. Fax number (area code)	X CityCountyRegionalState		
56573	218-346-9364	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Minnesota Metalworks, Inc.		3499		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
	•			
Loan				
13. Date of business	14. Date assistance first provided	15. Date project (building/	16. Dollar value of business assistance	
assistance agreement	provided	machinery/etc.) was placed in service	assisiance	
10/27/1998	10/27/1998		\$150,000.00	
For assistance agreements sign	ned between July 1, 1995 and Do	ecember 31, 1997, complete lin	es 17 through 20. For	
	8 and future years, please comp			
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level goals for business receiving		
	<b>2</b>	assistance		
3		N/A		
19. Actual jobs created since b	ousiness received assistance	20. Actual average hourly wage paid to employees hired since		
		business received assistance		
3		\$10.50		
Goals of business receiving as		Actual performance since project placed in service: (Please		
number of employees at each	wage level and indicate the		at each wage level and indicate	
corresponding benefit level.)		the corresponding benefit leve	·	
21. Job Creation Ho	ourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Ho	ourly Wage 24. Hourly Value	
Full-time Part-time (ex	cl. benefits)  Benefits (\$)	Full-time Part-time (ex	Level of Voluntary cl. benefits) Benefits (\$)	
,	s than \$7.00		s than \$7.00	
\$7.	.00 to \$7.99		00 to \$7.99	
\$8.	.00 to \$9.99	\$8.	00 to \$9.99	
\$10	0.00 to \$11.99	\$10	0.00 to \$11.99	
\$1:	2.00 and higher	\$1:	2.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busi	ness Assistance Form completed	
		Mars 1 2001		
May 1, 2001	May 1, 2001 May 1, 2001  27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.			
2/. Have all wage and job go				
No — please submit the 2000 Minnesota Business Assistance Form.				

# RECEIVED MAY 1 4 2001 1999 Minnesota Business Assistance Form

Trade & —
ECONOMIC
Development

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements

riease complete mies I un ougi	i 10 101 an agreements.		Developmen	
1. Funding government agency name		2. Contact name		
City of Perham		SUSAN BJORKLUND		
3. Agency street address		4. City		
	Į.	•		
125 Second Aven	ue N.E.	Perham		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
	218-346-4455 7. Fax number (area code)	X CityCounty	RegionalState	
56573	218-346-9364 Other (Please indicate)			
9. Name of business receiving		10. Industry of recipient (SIC of	eode)	
Foster Strand d/	[	• `	,	
Foster's Marine		7699	\	
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
	·			
Loan				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
		placed in service	<b></b>	
3/19/1996	3/19/1996	·	\$75,000.00	
	ned between July 1, 1995 and D 88 and future years, please comp		nes 17 through 20. For	
17. Job creation goals for busi		18. Average hourly wage leve	goals for business receiving	
1		assistance		
1.5 FT		N/A		
19. Actual jobs created since	business received assistance	20. Actual average hourly wa	ge paid to employees hired since	
		business received assistance		
2	•	\$7.50		
Goals of business receiving a	ssistance: (Please indicate	Actual performance since project placed in service: (Please		
number of employees at each wage level and indicate the corresponding benefit level.)		indicate number of employees at each wage level and indicate the corresponding benefit level.)		
	ourly Wage 22. Hourly Value Level of Volumary		ourly Wage 24. Hourly Value Level of Voluntary	
Full-time Part-time (ex	ccl. benefits) Benefits (\$)	Full-time Part-time (ex	scl. benefits) Benefits (\$)	
les	ss than \$7.00	les	s than \$7.00	
\$7	7.00 to \$7.99	\$7	.00 to \$7.99	
82	3.00 to \$9.99	8.2	.00 to \$9.99	
	10.00 to \$11.99		0.00 to \$11.99	
1	2.00 and higher		2.00 and higher	
If necessary, please attach additional documentation. If necessary, please			ditional documentation.	
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage an	d job creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed	
May 1, 2001		May 1, 2001		
27. Have all wage and job g	27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			

#### RECEIVED MAY 1 4 200

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name				
City of Perham		SUSAN BJORKLUND				
3. Agency street address		4. City				
125 Second Aven		Perham				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
	218-346-4455 7. Fax number (area code)	X CityCounty	RegionalState			
56573	218-346-9364	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)			
LPM, Incorporate	d	3479				
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)			
Loan	14 Data againt 5	15 Data assist (huilding)	16 Dollowsky - Charity			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance			
6/19/1996	6/19/1996	placed in service	\$130,000.00			
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.						
17. Job creation goals for busi		18. Average hourly wage leve	goals for business receiving			
4	ness receiving assistance	assistance N/A	goals for outmess receiving			
19. Actual jobs created since t	pusiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance				
1	•	\$11.00				
Goals of business receiving as	ssistance: (Please indicate	Actual performance since project placed in service: (Please				
number of employees at each corresponding benefit level.)		indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation Ho	ourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Ho	ourly Wage 24. Hourly Value Level of Voluntary			
Full-time Part-time (ex	cl. benefits) Benefits (\$)	Full-time Part-time (ex	cl. benefits) Benefits (\$)			
les	s than \$7.00	les	s than \$7.00			
\$7.	.00 to \$7.99	\$7.	.00 to \$7.99			
\$8.	.00 to \$9.99	\$8.	.00 to \$9.99			
\$1	0.00 to \$11.99	\$1	0.00 to \$11.99			
\$1:	2.00 and higher	\$1:	2.00 and higher			
If necessary, please attach ad		If necessary, please attach add	<del>-</del>			
Please complete lines 25 thro	ugh 27 for all agreements.					
25. Last date actual wage and	l job creation levels documented	26. Date this Minnesota Busi	ness Assistance Form completed			
May 1, 2001		May 1, 2001				
27. Have all wage and job go	als been achieved? Yes — de	o not submit future forms for thi	s project.			
L	≌No — ple	ease submit the 2000 Minnesota	Business Assistance Form.			

# RECEIVED MAY 1 4 2001

# 1999 Minnesota Business Assistance Form



(Please return by April 1, 1999)

2. Contact name	riease complete unes 1 throug	n to for all agreements.		Development			
1. Second Avenue N.E.   S. Zip code   G. Phone number (area code)   218-346-4455   7. Fax number (area code)   218-346-9364   Other (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	1. Funding government agency	y name	2. Contact name				
1. Second Avenue N.E.   S. Zip code   G. Phone number (area code)   218-346-4455   7. Fax number (area code)   218-346-9364   Other (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	City of Perham	1	CHCAN RIOPKI IIND				
S. Zip code   6. Phone number (area code)   218-346-4455   7. Fax number (area code)   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346							
6. Phone number (area code)   218-346-4455   7. Fax number (area code)   218-346-4455   7. Fax number (area code)   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   210. Industry of recipient (SIC code)   269   210. Industry of recipient (SIC code)   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269	5. Algono, bacci addicas		4. City				
6. Phone number (area code)   218-346-4455   7. Fax number (area code)   218-346-4455   7. Fax number (area code)   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   210. Industry of recipient (SIC code)   269   210. Industry of recipient (SIC code)   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269   269	125 Second Aven	N F	Parham				
218-346-4455   7. Fax number (area code)   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-346-9364   218-34				,			
218-346-9364   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please indicate   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please   Other (Please							
9. Name of business receiving assistance  Gary's Electric Repair  10. Industry of recipient (SIC code)  7699  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  Loan  13. Date of business assistance agreement provided  9/29/1995  9/29/1995  14. Date assistance first provided  9/29/1995  9/29/1995  15. Date project (building/machinery/etc.) was placed in service  \$45,000.00  For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance  2  19. Actual jobs created since business received assistance  1 Goals of business receiving assistance:  1 Goals of business receiving assistance:  1 Goals of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation  Hourly Wage  22. Hourly Value  Level of Voluntary  Full-time Part-time (excl. benefits)  Benefits (\$)  \$10. Dot Creation  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation  Hourly Wage  22. Hourly Value  Level of Voluntary  Full-time Part-time (excl. benefits)  Benefits (\$)  \$10.00 to \$11.99  \$10.00 to \$11.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.99  \$10.00 to \$19.90  \$10.00 to \$19.90  \$10.00 to \$19.90  \$10.00 to \$19.90  \$10.00 to \$19.90  \$10.00 to \$19.90  \$10.00 to \$19.90  \$10.00 to \$19.90  \$10		218-346-4455 7. Fax number (area code)	,				
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)   12. Name of TIF district (if applicable)	56573	218-346-9364	Other (Please indicate)_				
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  Loan  13. Date of business assistance agreement provided  9/29/1995  9/29/1995  14. Date assistance first provided  9/29/1995  9/29/1995  15. Date project (building/machinery/etc.), was placed in service  \$45,000.00  For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance  2	9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)			
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18. Average hourly wage level goals for business receiving assistance   18. Average hourly wage level goals for business receiving assistance   18. Average hourly wage paid to employees hired since business received assistance   20. Actual average hourly wage paid to employees hired since business received assistance   20. Actual average hourly wage paid to employees hired since business received assistance   20. Actual average hourly wage paid to employees hired since business received assistance   20. Actual average hourly wage paid to employees hired since business received assistance   20. Actual average hourly wage paid to employees hired since business received assistance   20. Actual average hourly wage paid to employees hired since business received assistance   20. Actual average hourly wage paid to employees hired since business received assistance   20. Actual average hourly wage paid to employees hired since business received assistance   20. Actual average hourly wage paid to employees hired since business receiving assistance   20. Actual average hourly wage paid to employees hired since business received assistance   20. Actual average hourly wage paid to employees hired since business received assistance   20. Actual average hourly wage paid to employees attach average hourly wage paid to employees attach under since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)   23. Job Creation   40. Full Purple of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40. Evel of Voluntary   40.				<del></del>			
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25. Last date actual wage and job creation levels documented  May 1, 2001  May 1, 2001  May 1, 2001	If necessary, please attach ad	ditional documentation.	If necessary, please attach ac	Iditional documentation.			
May 1, 2001 May 1, 2001	Please complete lines 25 thro	ough 27 for all agreements.					
	25. Last date actual wage and	d job creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed			
27 Have all wage and job goals been achieved? Ves — do not submit future forms for this project	May 1, 2001		May 1, 2001				
No — please submit the 2000 Minnesota Business Assistance Form.	27. Have all wage and job go						

MAR 30 1939

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

98-224

00-0421

ease complete tines I through	h 16 for all agreements.		38	Development				
1. Funding government agency	name	2 Contact name			1			
Ciry of Pine City	у	Robert Voss	Robert Voss					
3. Agency anner address		4. City			]			
300 - 5TH Screet,	, Suite 1	Pine City, M	N					
5. Zip code	6. Phone number (area code)	8. Type of government	agency		1			
	(320) 629-2575	Y ~		<b>.</b> .	1			
	7. Fax number (area code)	X City _Count	yRegional _	_2me				
55063	(320) 629-6081	Other (Please ind	icana)		ĺ			
3. Name of business receiving	Sentance .	10. Industry of recipient	(SIC code)					
Sterling Water, I	Inc.	Water soften	er, re-condi:	cioning &				
d/b/a Culligan V		recharging/d						
11. Type of assistance (e.g. loss	त, TIF, क्रुकार, धारिक्षणधाराहर, क्राट.)	12. Name of TIP district	(if applicable)					
T.I.F.		Tax Incremen						
13. Dam of business	14. Date assistance first	15. Date project (building		aine of parmers				
assistance agreement	provided	machinery/etc.) was placed in service	_ assistan	*				
Doggebon C 1000	None yet	not yet	\$40.0	าดก	}			
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This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

No - please submit the 2000 Minnesota Business Assistance Form

(Please return by April 1, 1999) RECEIVED APR 1 2 2001 ECONOMIC Development

Please complete lines 1 through 16 for all agreements.

			·			
1. Funding government agency	name	2. Contact name				
City of Prestor	ı	Joe Hoffman				
		•				
3. Agency street address		4. City				
P.O. Box 657		Preston				
210 Fillmore St	. West	11030011				
5. Zip code	6. Phone number (area code)	8. Type of government agency	·			
İ	507/765-2153					
55965	7. Fax number (area code)	X City County	RegionalState			
		Other (Please indicate)				
	507/765-2794					
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Dwa Cown IIC						
Pro-Corn LLC		3970				
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
TIF		District # 1 1				
111		District # 1-1				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
•	!	placed in service				
2/6/98	2/6/98	8/1/98	\$850,000			

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

17. Job creation	business receiving	assistance	18. Average h assistance	ourly wage	level goals for busin	ness receiving	
19. Actual job	nce business receive	ed assistance		rage hourl	y wage paid to emplo istance	oyees hired since	
	ployees at	ng assistance: (Plea each wage level and vel.)		•	er of emplo	e project placed in se byces at each wage le t level.)	·
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (S)	23. Job Creati Full-time		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
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_28		\$12.00 and higher	·	_27		\$12.00 and higher	
If necessary, p	olease attac	h additional docume	entation.	If necessary,	please attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels d	ocumented	26. Date this Minnesota Business Assistance Form completed			
3-30-01		3-30-01			
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.					

P.02/11

original received 5/27/01 & F.t.

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

2. Contact name



Please complete lines I through 16 for all agreements.

1. Funding government agency name

3. Agency street address    SISS NOWTHEN BLOD NW   Carea code	AN SULLIVAN	CITY OF RAMSEY						
S. Zip code   6. Phone number (area code)   763.427-1410			3. Agency street address					
Total County   Regional   State	lansey	15153 NOWTHEN BLUD NW						
9. Name of business receiving assistance  10. Industry of recipient (SIC code)  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  12. Name of TIF district (if applicable)  TIF & TN FRASTRACTURE  13. Date of business	e of government agency							
9. Name of business receiving assistance  10. Industry of recipient (SIC code)  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  12. Name of TIF district (if applicable)  TIF & TNFRASTRUCTURE  13. Date of business assistance agreement provided provided placed in service  7-30-1999  14. Date assistance first provided provided placed in service  12-31-1999  13. Date project (building) 16. Dollar value of business assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance  19. Actual jobs created since business received assistance  19. Actual jobs created since business received assistance  20. Actual average hourly wage paid to employees hired since business receiving assistance  20. Actual average hourly wage paid to employees hired since business receiving assistance  19. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value 23. Job Creation Hourly Wage 24. Hourly Value	CityCountyRegionalState	763-427-1410 7. Fax number (area code)	55203					
9. Name of business receiving assistance  10. Industry of recipient (SIC code)  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  12. Name of TIF district (if applicable)  13. Date of business 14. Date assistance first provided provided provided provided provided provided provided placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 12-31-1999 placed in service 13. Average hourly wage level goals for business receiving assistance 14. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value 23. Job Creation Hourly Wage 24. Hourly Value 24.	Other (Pleuse indicare)	763-427-5543	0000					
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11. Type of assistance (e.g. loan, TiF, grant, infrastructure, etc.)  TIF & TNFRASTRUCTURE  13. Date of business	NUFACTURING	SURES I INC	DIRECTENCLOSU					
13. Date of business assistance agreement provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provid	me of TIF district (if applicable)	oan, TIF, grant, infrastructure, etc.)	11. Type of assistance (e.g. loar					
13. Date of business assistance agreement provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provid	F DISTRICT NO. 6	TRUCTURE .	TIF & INFRASTA					
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7-30-1999 7-30-1999 12-31-1999 311, OSZ  For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance  18. Average hourly wage level goals for business receiving assistance  19. Actual jobs created since business received assistance  20. Actual average hourly wage paid to employees hired since business received assistance  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value  23. Job Creation Hourly Wage 24. Hourly Value		provided	assistance agreement					
17. Job creation goals for business receiving assistance  18. Average hourly wage level goals for business receiving assistance  19. Actual jobs created since business received assistance  20. Actual average hourly wage paid to employees hired since business received assistance  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value  22. Hourly Value  23. Job Creation Hourly Wage 24. Hourly Value	31-1999 311,052	7-30-1999	7-30-1999					
19. Actual jobs crented since business received assistance  20. Actual average hourly wage paid to employees hired since business received assistance  Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value  22. Actual average hourly wage paid to employees hired since business received assistance  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value								
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number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value 23. Job Creation Hourly Wage 24. Hourly Value		business received assistance	19. Actual jobs created since by					
	te number of employees at each wage level and indicate	h wage level and indicate the	number of employees at each w					
Level of Voluntary   Level of Volunt								
less than \$7.00 less than \$7.00	(	• • • • • • • • • • • • • • • • • • • •	•					
\$7.00 to \$7.99 \$7.00 to \$7.99	\$7.00 to \$7.99	7.00 to \$7.99	<b>5</b> 7.0					
\$8.00 to \$9.99\$8.00 to \$9.99	\$8.00 to \$9.99	8.00 to \$9.99						
5 \$10.00 to \$11.99 3 \$10.00 to \$11.99 640	3 \$10.00 to \$11.99 <u>\$40</u>	10.00 to \$11.99	<u>.5</u> \$10.					
\$12.00 and higher \$12.00 and higher <u>40</u>	2 \$12.00 and higher <u>\$40</u>	12.00 and higher	\$12.					
If necessary, please attach additional documentation.  If necessary, please attach additional documentation.	essary, please attach additional documentation.	dditional documentation.	If necessary, please attach addi					
Please complete lines 25 through 27 for all agreements.								
25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form complete	ate this Minnesota Business Assistance Form completed	25. Last date actual wage and job creation levels documented 26						
4-1-2001 7-27-2001	7-27-2001							
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			27. Have all wage and job goals been achieved? XYes — do					

P.03/11 -10: JERN JULIVAN FROM: MILMERE KALANIELI Enclosures, Inc.

New Job Requirements for Business Subsidy Reporting

As of 12-31-2000:

Number Hourly Date Date Wage Benefits Employee New Job Title of Jobs Value Created Filled Last Name Hourly Hurly Of Benefits Created 7-1-00 7-31-00 Plant Manager 7-31-00 OPEN Press Brake Operator 18.00 Nedical Bofferding 0.40 12.00 1-1-00 9-7-00 Grinder 13.25 Melical B 100 m 0.40 4-1-01 (FYI): 0.40 Bofferding 0.40 Vincent 7-1-00 7-31-00 Plant Manager 18,00 Hed. 7-31-00 2-26-01 Press Brake Operator 14,00 Med 1-1-00 2-1-01 Grinder 10.50 Med 0.40 Wendt 10-20-00 1-22-01 Turnet Press Operator 10.25 Med 0.35 3-14-01 OPEN Slop Employee

00-0852

## 1999 Minnesota Business Assistance Form

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Economic

WHESON

(Please return by April 1, 1999) Planes complete lines I through 16 for all agreements Of aincel, audmitted 5/17/01

Please complete lines 1 through	h 16 for all agreements. Olig	ginal submitted 5/17/01 Dev	elopment
1. Funding government agency	name	2. Contact name	
CITY OF RAM	SEY	SEAN SULLIVAN	
3. Agency street address		4. City	
15153 NOWTHEN	BLUD NW	RAMSEY	
5. Zip code	6. Phone number (area code)	8. Type of government agency	1
	763-427-1410 7. Fax number (area code)	CiryCountyRegionalSt	ate (
55303	763-427-5543	Other (Please indicate)	
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)	
LIFE FITNESS		MANUFACTURING   WAREHOUS	s
11. Type of assistance (e.g. long	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	
TIF		TIF DISTRICT NO. Z	
13. Date of business	14. Date assistance first	15. Date project (building) 16. Dollar value	of business
assistance agreement	provided	machinery/etc.) was assistance placed in service	
5-23-99	5-23-99	12-31-99 \$900,000	

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

17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
21. Job Creation Hourly Wage Level of Voluntary  Full-time Part-time (excl. benefits)  less than \$7.00  \$7.00 to \$7.99  \$8.00 to \$9.99  \$10.00 to \$11.99  \$12.00 and higher	23. Job Crention Hourly Wage Level of Voluntary Benefits (\$)    Level (excl. benefits)   S7.00 to \$7.99
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
5-2001	7-27-2001
27. Have all wage and job goals been achieved?	
No — plea	use submit the 2000 Minnesota Business Assistance Form.

L., _ FIT. __S

14150 Sunfish Lake Blvd.

Ramsey, MN 55303

NEW JOB REQUIREMENTS FOR BUSINESS SUBSIDY REPORTING

Number	<u> </u>			Т		<del></del>	7	lourly	
of Jobs	Date	Date					1	alue Of	Employee
Created	Created	Filled	Job Title	}	Wage	Benefits	B	enefits	Last Name
1	5/2/99	6/2/99	Design Engineer I	\$	19.23	Yes	\$	5.77	Cassidy
1	6/12/99	7/12/99	Manuf Engineer II	\$	24.04	Yes	\$	7.21	: Terhaar
1	7/4/99	8/4/99	Designer Level IV	\$	27.88	Yes	\$	8.36	Gergen
1	7/9/99	8/9/99	Region Sales Mgr	\$	24.04	Yes	\$	7.21	Swan
1	7/9/99	8/9/99	Inv Control Coor	\$	16.91	Yes	\$	5.07	Sheils
1	7/30/99	8/30/99	Cross Trainer Key	\$	10.52	Yes	\$	3.16	Navoa
1	8/7/99	9/7/99	Export Coordinator	\$	15.63	Yes	\$	4.69	Kalcun
1	8/8/99	9/9/99	Payroll Specialist	\$	13.50	Yes	\$	4.05	Perkins
1	8/13/99	9/13/99	Customer Serv Rep	\$	10.25	Yes	\$	3.08	Stull
1.	9/4/99	10/4/99	Buyer/Planner	\$	15.38	Yes	\$	4.61	Anderson
1	9/4/99	10/4/99	Marketing Mgr	\$	26.44	Yes	\$	7.93	Du Chateau
1	9/6/99	10/6/99	Director of Finance	\$	53.85	Yes	\$	16.16	Kazik
1	9/18/99	10/18/99	Robot Weld Progra	\$	11.86	Yes	\$	3.56	Salterstrom
1	9/29/99	10/29/99	Quality Assurance	\$	16.50	Yes	\$	4.95	Lewis
1	10/8/99	11/8/99	Customer Serv Rep	\$	12.50	Yes	\$	3.75	Stafford
1	10/15/00	11/15/99	Manuf Engineer II	\$	23.32	Yes	\$	7.00	Darsow
1	11/6/99	12/6/99	Drafter Level II	\$	16.35	Yes	\$	4.91	Janssen
1	11/20/99	12/20/99	Assoc Prod Mgr	\$	22.12	Yes	\$	6.64	Everson
1	12/3/99	1/3/00	Designer Level IV	\$	28.37	Yes	\$	8.51	Monsrud
1	12/3/99	1/3/00	. Product Planner	\$	17.31	Yes	\$	5.19	Sholl
_ 1	12/17/99	1/17/00	Director of Human Res	\$	31.25	Yes	\$	9.38	McIntyre
1	1/7/00	2/7/00	Pre Tech-Supervisor	\$	18.00	Yes	\$	5.40	Poe
1	1/7/00	2/7/00	Painter	\$	10.50	Yes	\$	3.15	Walls
1	2/6/00	3/6/00	Human Res Generalist	\$	15.38	Yes	\$	4.61	Gryz
1	2/13/00	3/13/00	Customer Serv Rep	\$	12.98	Yes	\$	3.89	Costello
1	2/13/00	3/13/00	Manufac Engineer I	\$	24.04	Yes	\$	7.21	Seager
1	2/27/00	3/27/00	Inventory Control Sup	\$	18.75	Yes	\$	5.63	Mickelson
1	2/27/00	3/27/00	Design Engineer I	\$	21.88	Yes	\$	6.56	Luger
1_1	2/30/00	3/30/00	Buyer/Planner	\$	20.67	Yes	\$	6.20	Trabant

# LIFE FITNESS 14150 Sunfish Lake Blvd. Ramsey MN 55303

					_Ramse	v. MN 55303			
1	3/3/00	4/3/00	Administrative Assnt	\$	14.66	Yes	\$	4.40	Vonderharr
1	3/10/00	4/10/00	Engineering Mgr - Mfg	\$	25.00	Yes	\$	7.50	Cameron
1	3/10/00	4/10/00	MIS Network Admin	\$	28.85	Yes	\$	8.66	Barnes
1	3/17/00	4/17/00	Designer Level I	\$	27.88	Yes	\$	8.36	Donner
1	3/24/00	4/24/00	Manufac Engineer I	\$	19.23	Yes	\$	5.77	Kuske
1	4/1/00	5/1/00	Fabricator	\$	10.85	Yes	\$:	3.26	McKenzie
1	4/16/00	5/16/00	Assoc Prod Mgr	\$	16.83	Yes	\$	5.05	Simat
1_	4/17/00	5/17/00	Cost Accountant	\$	18.27	Yes	\$	5.48	Loehlein
1_	4/22/00	5/22/00	Receiving Clerk	\$	10.50	Yes	\$	3.15	Lorentzen
1	4/22/00	5/22/00	Welder	\$	11.25	Yes	\$	3.38	Evenson
1	4/30/00	5/30/00	Training Coordinator	\$	14.90	Yes	\$	4.47	Savaria
1	4/30/00	5/30/00	Cyst Svc & Logist	5	31.73	Yes	\$	9.52	Olson
1	4/30/00	5/31/00	Fab Supervisor	\$	20.19	Yes	\$	6.06	Erickson
1	5/5/00	6/5/00	Engineer Level I	\$	12.00	Yes	\$	3.60	Melchert
1	5/16/00	6/16/00	Drafter Level II	\$	16.17	Yes	\$	4.85	More
1	5/26/00	6/26/00	CNC Machine Oper	\$	11.25	Yes	\$	3.38	Olson
1	5/26/00	6/26/00	Human Res Assn't	\$	12.00	Yes	\$	3.60	Salo
1	5/27/00	6/27/00	Shipping Lead	\$	10.92	Yes	\$	3.28	Lastrapes
i	5/29/00	6/29/00	Quality Assurance	\$	31.25	Yes	\$	9.38	Ten Eyck
1	5/30/00	6/30/00	Product Manager	\$	33.65	Yes	\$	10.10	Zabel
1	6/10/00	7/10/00	Repair & Maintenance	\$	14.97	Yes	\$	4.49	Hackel
1	6/10/00	7/10/00	Export Coordinator	\$	20.67	Yes	\$	6.20	Brown
1	6/15/00	7/15/00	Consultant	\$	21.30	Yes	\$	6.39	Rabinovich
1	6/17/00	7/17/00	Fab Tube Bender	\$	11.25	Yes	\$	3.38	Rinde
1	6/17/00	7/17/00	Design Engineer II	\$	24.01	Yes	\$	7.20	Obrien
1	6/18/00	7/18/00	Manufacturing Mgr	\$	41.35	Yes	\$	12.41	Helder
1	6/24/00	7/24/00	Mechanical Design	\$	20.67	Yes	\$	6.20	Lindemeler
1	6/30/00	7/31/00	Lead - Cross Trainer	\$	11.75	Yes	\$	3.53	Drake
1	6/30/00	7/31/00	Lead - Cross Trainer	\$	10.75	Yes	\$	3.23	Schubert
1	6/30/00	7/31/00	Controller	\$	35.34	Yeş	\$	10.60	Rompa
_1	6/30/00	7/31/00	Marketing Mgr	\$	21.63	Yes	\$	6.49	Forti
1	7/2/00	8/2/00	P Press Opr/Setup	\$	12.69	Yes	\$	3.81	Axelson
1	7/14/00	8/14/00	Robotic Set-Up	\$	10.50	Yes	\$	3.15	Southward
1	7/18/00	8/18/00	Fab Saw Operator	\$	10.50	Yes	\$	3.15	Demarais
1	7/21/00	8/21/00	ID Manager	\$	31.25	Yes	\$	9.38	Luedke
1	7/21/00	8/21/00	Paint Lead	\$	10.50	Yes	\$	3.15	Bloodgood
1	7/21/00	8/21/00	Paint/Assembly Sup	\$	22.12	Yes	\$	6.64	Sellner
1	7/21/00	8/21/00	Quality Assurance	\$	17.31	Yes	\$	5.19	Truong

# LIFE FITNESS 14150 Sunfish Lake Blvd. Ramsey MN 55303

·				 _Kams€	v. MN 55303	 	
1_1_	7/31/00	8/31/00	Mfg Design Eng I	\$ 21.63	Yes	\$ 6.49	Raway
1	8/5/00	9/5/00	Inventory Control Coor	\$ 16.91	Yes	\$ 5.07	Larsen
11	8/11/00	9/11/00	Admin Asst/Receptionist	\$ 12.00	Yes	\$ 3.60	Millner
1	8/15/00	9/15/00	CNC Machine Oper	\$ 11.25	Yes	\$ 3.38	Barry
1	8/15/00	9/15/00	Weld Lead	\$ 11.25	Yes	\$ 3.38	Pope
1	8/15/00	9/15/00	Fab Lead	\$ 12.25	Yes	\$ 3.68	Richter
1	8/18/00	9/18/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Perkins
1	8/25/00	9/25/00	Senior Accountant	\$ 25.48	Yes	\$ 7.64	Schultz
1	8/25/00	9/25/00	Robotic Weld Oper	\$ 17.31	Yes	\$ 5.19	Dunning
1	8/26/00	9/26/00	Lead - Cross Trainer	\$ 10.25	Yes	\$ 3.08	Owens
1	8/27/00	9/27/00	Robotic Weld Oper	\$ 10.25	Yes ,	\$ 3.08	Simonson
1	8/30/00	9/30/00	Fab Set-Up Oper	\$ 11.25	Yes	\$ 3.38	Raduechel
1	9/2/00	10/2/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Anderson
1	9/9/00	10/9/00	Quality Auditor	\$ 13.21	Yes	\$ 3.96	Novak
1	9/9/00	10/9/00	Repair & Maintenance	\$ 15.59	Yes	\$ 4.68	Hager
1	9/9/00	10/9/00	Repair & Maintenance	\$ 16.23	Yes	\$ 4.87	Bass
1	9/12/00	10/12/00	Production Supervisor	\$ 22.12	Yes	\$ 6.64	Selts
3	9/16/00	10/16/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Akemann
3	9/16/00	10/16/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Rundle
_ 1	9/16/00	10/16/00	Receiving Clerk	\$ 10.50	Yes	\$ 3.15	Cornell
3	9/16/00	10/16/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Poe
2	9/16/00	10/16/00	Welder	\$ 12.75	Yes	\$ 3.83	Kast
1_	9/23/00	10/23/00	Strapper/QC-Asy	\$ 10,50	Yes	\$ 3.15	Ramos
2	9/30/00	10/30/00	Welder	\$ 12.75	Yes	\$ 3.83	Cimbura, Jr.
_ 1	9/30/00	10/30/00	Fab Saw Operator	\$ 10.50	Yes	\$ 3.15	Martin
1	9/30/00	10/30/00	Manuf Engineer I	\$ 26.44	Yes	\$ 7.93	Nygaard
1	9/30/00	10/30/00	Product Planner	\$ 19.23	Yes	\$ 5.77	Antrim
1	10/6/00	11/6/00	Material Handler	\$ 10.50	Yes	\$ 3.15	Lewis
1	10/6/00	11/6/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Zieglmeier
1		11/13/00	Quality Technician	\$ 10.50	Yes	\$ 3.15	Goodin
1		11/13/00	Fab Set-Up Oper	\$ 11.25	Yes	\$ 3.38	Levkovich
1		<b>1</b> 1/16/00	Tool & Die Supervisor	\$ 28.85	Yes	\$ 8.66	Rider
1	10/19/00		Fab Sel-Up Oper	\$ 11.25	Yes	\$ 3.38	Cavclc
1	10/19/00		Quality Technician	\$ 10.50	Yes	\$ 3.15	Cavcic
1	10/20/00		Weld Material Hndlr	\$ 10.50	Yes	\$ 3.15	Bustelter
1	10/20/00		Komo Sel-Up Fab	\$ 11.25	Yes	\$ 3.38	Olson
1	10/20/00		Fab Material Hndlr	\$ 10.50	Yes	\$ 3.15	Mansfield
1	10/27/00	11/27/00	Line Operator	\$ 10.25	Yes	\$ 3.08	Dillefson

# LIFE FITNESS 14150 Sunfish Lake Bivd.

				Ramee	v MN 55303	•	
1		11/27/00		\$ 10.50	Yes	\$ 3.15	Moravec
1	10/28/00	11/28/00	Receiving Clerk	\$ 12.77	Yes	\$ 3.83	Denzer
3	11/11/00	12/11/00	Welder	\$ 10.50	Yes	\$ 3.15	Matleson
1		12/11/00		\$ 10.50	Yes	\$ 3.15	Marut
1	11/11/00	12/11/00	Fab Sel-Up Oper	\$ 11.25	Yes	\$ 3.38	Ingle
1	11/11/00	12/11/00	Line Operator	\$ 10.25	Yes	\$ 3.08	Finney
3	11/11/00	12/11/00	Welder	\$ 11.25	Yes	\$ 3.38	Kowalik
3	11/11/00	12/11/00	Welder	\$ 14.60	Yes	\$ 4.38	Johnson
1	11/11/00	12/11/00	Lead - Club Series	\$ 11.50	Yes	\$ 3.45	Chaline
1	11/11/00	12/11/00	Treadmill Line Op	\$ 10.25	Yes	\$ 3.08	Hollister
1	11/11/00	12/11/00	Club Series Assembly	\$ 10.25	Yes ,	\$ 3.08	Masted
1	11/11/00	12/11/00	Receiving Clerk	\$ 10.50	Yes	\$ 3.15	LaCroix
1	11/11/00	12/11/00	Robotic Weld Oper	\$ 10.92	Yes	\$ 3.28	Romanets
1	11/18/00	12/18/00	Line Operator	\$ 10.25	Yes	\$ 3.08	Sieg
1	11/18/00	12/18/00		\$ 13.46	Yes	\$ 4.04	Ebute
2	11/18/00	12/18/00	Robotic Weld Oper	\$ 10.50	Yes	\$ 3.15	Snyder
2	11/18/00	12/18/00	Robotic Weld Oper	\$ 11.14	Yes	\$ 3.34	Zitelman
				\$ -		\$ -	

WINNESON Economic

(Please return by April 1, 1999) A 1H

Please complete lines I through	16 for all agreements. Orgi	nalsubmitted 5/17/	Development		
1. Funding government agency	name	2. Contact name			
CITY OF RAMSE	y	SEAN SULLIVAN	J		
3. Agency street address		4. City			
15153 NOWTHEN B	LUD NW	RAMSEY 8. Type of government agency			
5. Zip code	1	8. Type of government agency			
55303	763.427-1410 7. Fax number (area code)	CityCounty	RegionalState		
22202	763-427-5543	Other (Please indicate)_			
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)		
ANDERSON & DAHL	EN, INC.	MANUFACTURI 12. Name of TIF district (if app	N6		
11. Type of assistance (c.g. loan	n, TTF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)		
TIF, INFRASTRI	ICTURE !	TIF DISTRICT NO	S. 6		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was pluced in service	assistance		
7-16-1999	7-16-1999	12-31-1999	441,000		
	ied between July 1, 1995 and De Band future years, please comp		es 17 through 20. For		
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since b	usiness received assistance	Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assumber of employees at each to corresponding benefit level.)		Actual performance since projection indicate number of employees the corresponding benefit level	at each wage level and indicate		
i e	urly Wage 22. Hourly Value Level of Voluntary		urly Wage 24. Hourly Value Level of Voluntary		
	L benefits) Benefits (\$)		il, benefits) Benefits (\$)		
less	than \$7.00	less	than \$7.00 SEE		
\$7.0	00 to \$7.99		00 to \$7.99 ATT ACHED-		
	00 to \$9.99		00 to \$9.99		
	.00 to \$11.99		.00 to \$11.99		
If necessary, please attach add		If necessary, please attach additional documentation.			
		,,,,			
Please complete lines 25 throu	job creation levels documented	26 Date this Minnesota Busin	less Assistance Form completed		
23. 200 and and will will dill	Jet -,				
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.					

# New Job Requirements for Business Subsidy Reporting

Number of Jobs Created	Date Creuted	Dute Filled	Job Title		Wage	Benefits	Hourly Value Of Benefits	Employee Last Name
1	271/99	2/26/99	Déburring		10.00	7992.05		Kaphing
1	2/1/99	3/22/99	Mfr. Manager		33.65	13152.6	4 6.32	Castle
1	3/1/00	4/24/00	Sales Coordinator		33.65	12725.1	7 6.12	Wilke
5	4/1/99	4/26/99	L-Weld	J	10700	6143.1	2 2.95	Hagerty
	4/1/99	4/26/99	L-Weld		15.00	7594.88	3.65	Sheehan
	4/1/99	5/17/99	L-Weld	1	14.50	7458.83	3,59	McGlynn
	4/1/99	6/22/99	L-Weld	v	12.50	6744.17	3.24	Dohmeyer
	4/1/99	6/7/99	L-Weld	v	12.50	6719.63	3.23	Lewandowski
1	5/1/99	6/1/99	Inspector		15.50	6536.75	3.14	Pettis
1	5/1/99	6/7/99	Saw Operator	٧	14.00	6941.19	3.34	Jahn
4	7/1/99	7/19/99	Project Weld		16.50	7525.58	3.62	Rebeck
	7/1/99	8/9/99	Project Weld		16.50	10259 0	1 4.93	Broesamle
	7/1/99	8/30/99	Project Weld		16,00	7419.93	3.57	Stokes
	7/1799	7/14/99	Project Weld			8719.03		Tatley
1	6/1/99	7/12/99	CAD		20.00	10215.4	7 4.91	Micek
1	8/1/99	8/9/99	Finishing		16.00	9953.42	4,79	Workman
3	8/1/99	8/23/99	L-Weld		16.00	7419.93	3.57	Elliott
	8/1/99	8/31/99	L-Weld		17.00	9310.85	4.48	Evers
	8/1/99	9/27/99	L-Weld		15.00	7400'.89	3.56	Zenzen -
1	9/1/99	10/11/99	Press Brake		16.00	6594.55	3.17	Hagedon
1	12/1/99	12/20/99	Shop Helper	J	10,00	7992.05	3.84	Zetina
1	12/1/99	12/26/99	L-Weld	٧	14.00	6924.77	3.33	Boline
1	2/1/00	2/21/00	Finishing		15.50	6463_46	3.11	Regenauer
2	2/1/00	3/6/00	Machinist	V	13.00	9634.93	4.63	Leinonen
	2/1/00	3/8/00	Machinist		16.5	7773_62	3_74	Knollenberg
1	3/1/00	3/13/00	Maintenance		12.00	7173.30	3.45	Romero
1	3/1/00	4/1/00	Driver	4		6430.79		Scott
2	5/1/00	5/17/00	Project Weld		18.00	7231.52	3.48	Van Heuveln
	5/1/00	5/22/00	Project Weld			6924.77		Bassett
1	4/1/00	5/1/00	Deburring	v		6143.12		Vahl
1	4/1/00	5/8/00	Finishing			9953.42		O'Donoghue
1	5/1/00	6/5/00	Administrative Ass	t. √	<b>/12.0</b>	3562.76		Swanson

# New Job Requirements for Business Subsidy Reporting

Number of Jobs Created	Date Created	Date Filled	Job Title	Wage	Benefits	Hourly Value Of Benefits	Employee Last Name
2	6/1/00	6/19/00	L-Weld	<b>-14.50</b>	7365.89	3.54	Erickson
	6/1/00	6/29/00	L-Weld	15.50	8989.52	4.32	Bircher
1	6/1/00	6/26/00	Saw Operator	12.50	8714.38	2.75	Wendt
1	6/1/00	7/10/00	Human Resources	24.04	9474.47	4.56	Castle
1	7/1700	7/31/00	CAD	18_50	8027.90	3.86	Rincon
1	7/1/00	8/21/00	Fabricating	16.50	6696.29	3.22	Nykanen
2	7/1/00	7/26/00	Project Weld	18.00	8529.54	4.10	Jarrett
	7/1/00	7/31/00	Project Weld	15_00	7400.89	3,56	Harris
1	7/1/00	7/31/80	Grinding/Polish	<b>-13.50</b>	6087.50	2.93	<b>J</b> imerson
1	7/1/00	7/31/00	Glass Operator	15.00	7400.89	3.56	Desantis
1	8/1/00	9/11/00	Sales Coordinator	22.18	9019:38	4.34	Glasenapp
1	9/1/00	10/4/00	Driver	<b>13.00</b>	5 <u>900.69</u>	2.84	Carlson
1	10/1/00	10/30/00	Project Weld	17.00	7510.90	3.61	Wandersee
1	10/1/00	10/30/00	Fabricating	15.00	5003.49	2.41	Granberg
1	10/1/00	10/23/00	Sales	31.25	12578.8	6 6.05	McCabe
					-		
							,
-							·
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			·				
	1					<del>                                     </del>	

00-0137

# RECEIVED MAR 2 8 2001

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade & —
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency	y name	2. Contact name				
RED Wing Por- 3. Agency street address	t authority	SHARI KULIMAN				
3. Agency street address	/	4. Ciry				
419 BUSH Street		REDWING				
5. Zip code	6. Phone number (area code)	8. Type of government agen	Ŋ			
55060	651-385-3623 7. Fax number (area code)	CityCounty				
	651-388-4782	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Antique Among	CA	5932				
11. Type of assistance (e.g. load	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
RLF- 150,000	RP-150,000	Downtown TIF 2				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
4/14/98	10/98	placed in service 7/11/98	540,000			

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

17. Job creation goals for	business receiving	assistance	18. Average hourly wage level goals for business receiving				
10			assistance  \$6.00				
19. Actual jobs created si	nce business receive	d assistance			wage paid to emplo	yees hired since	
15			business received assistance				
Goals of business receivinumber of employees at a corresponding benefit lev	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)						
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Cresti		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (5)	
	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		2	10	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		
If necessary, please attach	h additional docume	ntation.	If necessary, please attach additional documentation.				

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels de	ocumented	26. Date this Minnesota Business Assistance Form completed
3127101		3127101
27. Have all wage and job goals been achieved?		not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

RECEIVED MAR 2 8 2001

00-0138

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1 Funding garment agency	1 0 0 m A	2 Courted assets				
1. Funding government agency	Haine	2. Contact name				
RED WING F	brt Authonty	SHAM KUIMZH				
3. Agency street address		4. City				
419 Bush Str	eet	REDWING				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
	651-385 - 3623 7. Fax number (area code)	CityCounty				
55066	651-388-4782	Other (Please indicate)_				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Lab Bov enter		807				
11. Type of assistance (e.g. loar	n, TTF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)			
Lozin						
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
12131199	12/31/99	placed in service	\$102,500			

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

		<del></del>				
17. Job creation goals for	r business receiving	assistance	18. Average hourly wage level goals for business receiving			
a			assistance 9.00 -10.99			
19. Actual jobs created s	ince business receiv	ed assistance	20. Actual ave	rage hourly	wage paid to empl	oyees hired since
aft 21	PT		business r	eceived ass	9.14	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				er of emplo	e project placed in so byees at each wage l t level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time Part-time	(exc). benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
	less than \$7.00			1	less than \$7.00	
	\$7.00 to \$7.99				\$7.00 to \$7.99	
	\$8.00 to \$9.99		2		\$8.00 to \$9.99	
2	\$10.00 to \$11.99	1.50			\$10.00 to \$11.99	
	\$12.00 and higher				\$12.00 and higher	
If necessary, please attac	h additional docum	entation.	If necessary,	please attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed				
3126/01	3126101				
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.					
□No — ple	ase submit the 2000 Minnesota Business Assistance Form.				

# RECEIVED MAR 2 8 2001

00-0140

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.



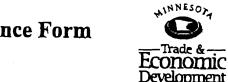
1. Funding government agency	/ name	2. Contact name			
RED WING PORT	AUTHORITY	SHARI KULLMAN			
3. Agency street address		4. City			
419 BUSH ST.		RED WING			
5. Zip code	6. Phone number (area code)				
J. Zip code	651~385-3623	8. Type of government agency	,		
55066	7. Fax number (ares code)	_x CityCounty _	Regional State		
	651-388-4782	Other (Please indicate)_			
9. Name of business receiving	L	10. Industry of recipient (SIC			
_			ramel maker		
KNUDSEN ENTER		2771	1		
11. Type of assistance (e.g. loan	•	12. Name of TIF district (if ap	plicable)		
TIF-\$125,000	IRP-\$150,000	DOWNWOOD MIET			
RIF_\$150,000 13. Date of business	14. Date assistance first	DOWNTOWN TIF1  15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
1/30/98	2/1/98	placed in service			
1/30/90	2/1/30	1/2 in 6/00	\$425,000		
For assistance agreements sign	ed between July 1, 1995 and De	ecember 31, 1997, complete lin	es 17 <b>thr</b> ough 20. For		
agreements signed during 1998					
17. Job creation goals for busin	ess receiving assistance	<ol> <li>Average hourly wage level assistance</li> </ol>	goals for business receiving		
. 2	.o	\$8.00			
19. Actual jobs created since bu	isiness received assistance	20. Actual average hourly wage paid to employees hired since			
l e	A. J. W. 2115/02	business received assistance			
<u></u>		\$10.00 Actual performance since project placed in service: (Please			
Goals of business receiving ass number of employees at each w			at each wage level and indicate		
corresponding benefit level.)		the corresponding benefit level			
1	rly Wage 22. Hourly Value		uly Wage 24. Hourly Value		
-	Level of Voluntary benefits) Benefits (\$)	Full-time Part-time (exc	Level of Voluntary  1. benefits) Benefits (\$)		
· ·	than \$7.00	•	than \$7.00		
	0 to \$7.99		0 to \$7.99		
		\$8.0			
$\frac{-16}{4}$ \$10.0	00 to \$11.99	<u>3</u> 5 \$10			
<del></del>	00 and higher		00 and higher		
If necessary, please attach addit	_	If necessary, please attach addi			
it necessary, prease attach additi	ANIM GOOMMONIAMON.	Trincessary, prouse attach audi	HOME CONTINUES OF		
Please complete lines 25 throug		·			
25. Last date actual wage and jo	b creation levels documented		ess Assistance Form completed		
3/01		3/27/01			
27. Have all wage and job goals	been achieved? Yes — do				
	No plea	se submit the 2000 Minnesota	Business Assistance Form.		
The farmer large all assess	vious forms. Diseas somelete	one form for each business	accictance agreement vous		

RECEIVED MAR 2 2 2001

00-0141

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

			2 c. — p		
1. Funding government agency name		2. Contact name			
RED WING PORT	AUTHORITY	SHARI KULLMAN,	BUSINESS DIRECTO		
3. Agency street address		4. City			
419 BUSH ST.		RED WING	RED WING		
5. Zip code	6. Phone number (area code)	le) 8. Type of government agency			
55066	7. Fax number (area code)	CityCountyRegionalState			
	651-388-4782	Other (Please indicate)_			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
FOOD SERVICE SPECIALITIES		20			
	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
LOAN-\$150,000, TIF-303,950					
DTED MIF - \$200,000		TIF 5-1			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
9/30/97	2/9/98	placed in service 4/1/98	\$653,950		

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

17. Job creation goals for business receiving assistance 30		18. Average hourly wage level goals for business receiving assistance \$14.46					
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			oyees hired since		
30				\$16.3	3.9		
	ployees at	ng assistance: (Pleas each wage level and rel.)		•	er of emplo	project placed in se byces at each wage lot t level.)	,
21. Job Creation Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00				less than \$7.00	
		\$7.00 to \$7.99		~		\$7.00 to \$7.99	
_4_		\$8.00 to \$9.99				\$8.00 to \$9.99	
-10-		\$10.00 to \$11.99				\$10.00 to \$11.99	
-16-		\$12.00 and higher	·	_30		\$12.00 and higher	1.65
If necessary, p	lease attac	h additional docume	ntation.	If necessary,	please attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
3/01	3/26/01			
27. Have all wage and job goals been achieved? Yes — do	ed? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 2 7 2081

1. Funding government agency name		2. Contact name		
City of Renville		Cole S. O'Donnell		
3. Agency street address		4. City		
221 N. Main S	St			
PO Box 371		Renville		
5. Zip code	6. Phone number (area code)	8. Type of government agency	-	
56284	320-329-8366	X_CityCountyRegionalState		
7. Fax number (area code)		State		
320-329-8367		Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Midwest Inves	tors			
dba Golden Ov	al Eggs			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		TIF District #7		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
11/95	6/96	placed in service	\$434,819	
	<u> </u>	1/96	4424,013	

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

17. Job creation goals for	business receiving	assistance			level goals for busi	ness receiving
50 Full Time			assistance	\$7.0	0-\$10.00/h	ır
19. Actual jobs created si	ince business receive	ed assistance		erage hourly	wage paid to empl	oyees hired since
50 Full Time	2		ousniess in	ecerved ass	\$9.96	/hr
Goals of business receivi number of employees at a corresponding benefit lev	each wage level and		_	er of emplo	e project placed in se byces at each wage l t level.)	
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
20 20 10	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	7.80 et 9.50 and	15 25 10		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	1.80 9.50 11.00
	\$12.00 and higher				\$12.00 and higher	
If necessary, please attacl	h additional docume	ntation.	If necessary, p	olease attac	h additional docume	ntation.

#### Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/16/99	3/31/99
27. Have all wage and job goals been achieved? XYes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED APR 2 7 2001

1. Funding government agency	name	2. Contact name			
City of Renville		Cole S. O'Donnell			
3. Agency street address		4. City			
221 N. Main S	St				
PO Box 371		Renville			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
56284	320-329-8366	7. 6	D. C. J. Oraș		
	7. Fax number (area code)		X City County Regional State		
	320-329-8367	Other (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
MinAqua Fishe	ries				
11. Type of assistance (e.g. load	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
loan, TIF		TIF District #	8		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
		placed in service			
11/3/97   11/21/97		7/1/97 \$40,000			
For assistance agreements sign	ned between July 1, 1995 and D	ecember 31 1997 complete line	es 17 through 20. For		
	8 and future years, please comp	=	CO 17 ditough 20. TOI		

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance \$8.00-\$12.00/hr			
7 Full Time				\$8.0	U-\$12.00/n	r
19. Actual jobs created	since business receive	d assistance	20. Actual average hourly wage paid to employees hired since			oyees hired since
7 Full Time 1 Part Time		me	business received assistance \$9.75			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		-	er of emplo	project placed in se byces at each wage label.)		
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
7	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	j,43	<u></u>		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	1.47
If necessary, please atta	ch additional docume	ntation.	If necessary, p	olease attacl	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
3/1/99	3/31/99		
	<ul> <li>Yes — do not submit future forms for this project.</li> <li>No — please submit the 2000 Minnesota Business Assistance Form.</li> </ul>		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 2 7 2001

1. Funding government agency	name	2. Contact name		
City of Renvi	.11e	Cole S. O'Donn	e11	
3. Agency street address		4. City		
221 N. Main S	St			
PO Box 371		Renville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
56284	320-329-8366	V City Courty Desired Cour		
7. Fax number (area code)				
320-329-8367		Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
CAS, Waker Im	plement			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		TIF District	#9	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
7/22/96	6/98	9/96	\$46,018	

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

17. Job creation goals for business receiving as	<ol> <li>Average h assistance</li> </ol>		level goals for busin	ness receiving	
15 Full Time	}			\$7.00-\$15.	00
19. Actual jobs created since business received	20. Actual average hourly wage paid to employees hired since business received assistance				
15 Full Time	ļ	Ę		\$11.35	/hr
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			er of emplo	e project placed in se byees at each wage le t level.)	
21. Job Creation Hourly Wage Level Full-time Part-time (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
less than \$7.00  \$7.00 to \$7.99  2 \$8.00 to \$9.99	<u></u>	<u></u>		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	<u></u>
\$10.00 to \$11.99 \$12.00 and higher	1.50 1.50	3		\$10.00 to \$11.99 \$12.00 and higher	1.50
If necessary, please attach additional documen	tation.	If necessary, p	olease attac	h additional docume	ntation.

#### Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented		26. Date this Minnesota Business Assistance Form completed	
3/16/99		3/31/99	
	d? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.		
<u> </u>	1140 — bica	SC Sachin are 2000 Miniesota Business Assistance Form.	

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.	RECEIVED MAY 2 9 2001	Dev
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Funding government agency name		2. Contact name			
Richfield Housing and		Bruce Palmborg			
Redevelopment Author		Community Developm	ent Department		
3. Agency street address		4. City			
,					
6700 Portland Avenu	ie South	Richfield			
5. Zip code	6. Phone number (area code)	8. Type of government agence	ry		
-	612/861-9760	City County	Designal State		
55423	7. Fax number (area code)	CityCounty _	RegionalState		
	612/861-8974	X_Other (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC code) N/A			
Meridian Properties	s Real Estate		117 11		
Development LLC d/b/a TOLD Development		Company			
11. Type of assistance (e.g. loar	1, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		Interstate-Lyndale-Nicollet (ILN)			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
Contract for Private		placed in service			
Redevelopment 11/6		8/26/99	\$7,028,553		

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

					<del> </del>		_
17. Job creation goals for		sistance				business receiving	1
Phase I: 6.5	new jobs		assistance	(no hou	rly rate	specified)	
Phase II: 8.7	new jobs		Phase I:	\$208,00	0; Phase	II \$288,0000	annually
19. Actual jobs created si	nce business received	assistance	20. Actual ave	rage hourly	wage paid to	employees hired since	
_				eceived assi		_	1.
In excess of th	le 15.2 jobs r	equired.	stated in	No. 18	above.	nual amount	
Goals of business receiving	ng assistance: (Please i	indicate	Actual perform	nance since	project placed	in service: (Please	
number of employees at e	each wage level and in	dicate the	indicate numb	er of emplo	yees at each wa	age level and indicate	1
corresponding benefit lev	rel.)		the correspond	ding benefit	level.)		
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Valu	e
	Level	of Voluntary			Level	of Voluntar	1
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits	Benefits (\$	5
	less than \$7.00				less than \$7.0	0	
	\$7.00 to \$7.99				\$7.00 to \$7.99	·	
	\$8.00 to \$9.99				\$8.00 to \$9.99		
	\$10.00 to \$11.99				\$10.00 to \$11	.99	
	\$12.00 and higher				\$12.00 and hi	gher	
If necessary, please attach	h additional document	ation.	If necessary,	please attach	additional do	cumentation.	
Please complete lines 25 t	hrough 27 for all agr	eements.		, , , , , , , , , , , , , , , , , , , ,			

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
1999	April 30, 2001		
27. Have all wage and job goals been achieved? Yes — do	i? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)

Trade &—
Economic
Development

Please complete lines 1 through 16 for all agreements.

· · · · · · · · · · · · · · · · · · ·	Liense combiete imes 1 milons	U 10 IOI am agreemence			
Authority 3. Agency street address 6700 Portland Avenue South 5. Zip code 55423 612/861-9760 7. Fax number (area code) 612/861-9760 7. Fax number (area code) 612/861-8974 9. Name of business receiving assistance The Limited, Inc. 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) 12. Name of TIF district (if applicable) 13. Date of business assistance agreement provided 14. Date assistance first provided 15. Date project (building/machinery/etc.) was placed in service 12/12/97 12/12/97 12. Name of TIF district (if applicable) 11. Date project (building/machinery/etc.) was placed in service 12/12/2/97 12/12/97 12/12/97 12. Date project (building/machinery/etc.) was placed in service 12/12/2/97 12/12/97 12/12/97 12/12/97 12/12/97 12/12/97 13. Date of business received between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business received assistance 100 new jobs 19. Actual post created since business received assistance 100 new jobs 19. Actual average hourly wage level goals for business received mumber of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) 18. Benefits (5) 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 519.99 19. St.00 to 519.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99 19. St.00 to 511.99	1. Funding government agency	y name			
3. Agency street address 6700 Portland Avenue South 5. Zip code 55423 60. Phone number (area code) 612/861-9760 7. Fax number (area code) 612/861-8974 8. Type of government agency City _County _Regional _State X_Other (Please indicate) Municipal_HRA  10. Industry of recipient (SIC code) N/A 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) 11. Type of assistance agreement provided Contract for Private Redevelopment 12/31/96 8/1/99 11. Date of business assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For assistance agreements signed during 1998 and fature years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 100 new jobs 19. Actual jobs created since business received assistance 199 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) less than \$7.00 \$ \$7.00 to \$7.99 \$ \$10.00 to \$11.99 \$ \$12.00 and higher	Richfield Housing	and Redevelopment	1		
S. Zip code   6.12/861-9760   7. Fax number (area code)   6.12/861-8974	Authority				
S. Zip code   6.12/861-9760   7. Fax number (area code)   612/861-9794   CityCountyRegionalStateX Other (Please indicate)   Municipal HRA	3. Agency street address		•		
Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution   Solution	6700 Portland Aven	ue South	Richfield		
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7. Fax number (area code) 612/861-8974  7. Fax number (area code) 612/861-8974  7. Other (Pease indicate) Municipal HRA  9. Name of business receiving assistance The Limited, Inc.  10. Industry of recipient (SIC code) N/A  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF  TIF  Interchange  13. Date of business assistance agreement Contract for Private Redevelopment 12/31/96  8/1/99  8/1/99  15. Date project (building/machinery/etc.) was placed in service 12/12/97  \$2,390,926  For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance 100 new jobs  18. Average hourly wage level goals for business receiving assistance 199  3. Actual jobs created since business received assistance 199  3. Actual performance since project placed in service: (Please indicate mumber of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value 21. Job Creation Hourly Wage 22. Hourly Value 23. Job Creation Hourly Wage 24. Hourly Value 25. Job Creation Hourly Wage 26. Hourly Value 27. Hourly Wage 28. Hourly Value 28. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  26. Actual average hourly wage paid to employees hired since business received assistance 199  3. Job Creation Hourly Wage 4. Hourly Value 4. Level 57.00 to 57.99  \$8.00 to 59.99 \$10.00 to \$11.99  \$12.00 and higher  If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  26. Date this Minnesota Business Assistance Form completed 4/28/01  27. Have all wage and job goals been achieved? **\textsquare**	5. Zip code	6. Phone number (area code)	8. Type of government agency	′	
Name of business receiving assistance   10. Industry of recipient (SIC code)	55423		City County	Regional State	
9. Name of business receiving assistance The Limited, Inc.  10. Industry of recipient (SIC code) N/A  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) TIF  12. Name of TIF district (if applicable) Interchange 13. Date of business assistance agreement provided provided provided (SIC code) N/A  15. Date project (building/machinery/etc.) was placed in service 21/2/12/97 \$2,390,926  For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  17. Job creation goals for business receiving assistance 100 new jobs 19. Actual jobs created since business received assistance 199 Goals of business receiving assistance: (Please indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value Level Full-time Part-time (excl. benefits) Benefits (5) less than \$7.00 S7.00 to \$7.99 \$38.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  10. Industry of recipient (SIC code) N/A  12. Name of TIF district (if applicable) Interchange  15. Date project (building/machinery/etc.) was placed in service (building/machinery/etc.) was placed in service assistance 10. Interchange  15. Date project (building/machinery/etc.) was placed in service (building/machinery/etc.) was placed in service assistance 10. Actual average bourly wage level goals for business receiving assistance 10. Actual average bourly wage paid to employees hired since business receiving assistance 199 Actual average bourly wage paid to employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Corresponding benefit level.)  22. Actual average bourly wage paid to employees at each wage level and indicate the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value (excl. benefits) Benefits (5)  24. Hourly V			-	_	
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number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)					
the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value of Voluntary  Full-time Part-time (excl. benefits) Benefits (\$)  Level of Voluntary  Full-time Part-time (excl. benefits) Benefits (\$)  Str.00 to \$7.99  \$8.00 to \$9.99  \$10.00 to \$11.99  \$12.00 and higher  If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented  4/28/01  24. Hourly Value  25. Job Creation Hourly Wage 24. Hourly Value  (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)  Full-time Part-time (excl. benefits) Benefits (\$)					
Level of Voluntary   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)     Level of Voluntary   Benefits (\$)     Level   Denefits (\$)   Benefits (\$)     Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than \$7.00   Less than		wage level and indicate the			
Full-time Part-time (excl. benefits)    Level of Voluntary Benefits (\$)   Full-time Part-time (excl. benefits)   Benefits (\$)	21. Job Creation Hor	urly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
less than \$7.00 less than \$7.00   \$7.00 to \$7.99   \$7.00 to \$7.99   \$8.00 to \$9.99   \$10.00 to \$11.99   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$12.00 and higher   \$1					
\$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher  If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented  4/28/01  27. Have all wage and job goals been achieved? *XXPY es — do not submit future forms for this project.	Full-time Part-time (exc	l. benefits) Benefits (\$)	Full-time Part-time (ex	cl. benefits) Benefits (\$)	
\$8.00 to \$9.99  \$10.00 to \$11.99  \$12.00 and higher  If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented  4/28/01  26. Date this Minnesota Business Assistance Form completed  5/1/01  27. Have all wage and job goals been achieved? *XXPY es — do not submit future forms for this project.	less	than \$7.00	less	than \$7.00	
\$10.00 to \$11.99 \$12.00 and higher \$12.00 and higher \$12.00 and higher If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form completed 4/28/01 5/1/01  27. Have all wage and job goals been achieved? XXPYes — do not submit future forms for this project.	\$7.0	00 to \$7.99	\$7.	00 to \$7.99	
\$10.00 to \$11.99 \$12.00 and higher \$12.00 and higher \$12.00 and higher If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form completed 4/28/01 5/1/01  27. Have all wage and job goals been achieved? XXPYes — do not submit future forms for this project.	\$8.0	00 to \$9.99	\$8.	00 to \$9.99	
\$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher \$12.00 and higher					
If necessary, please attach additional documentation.  Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented  4/28/01  26. Date this Minnesota Business Assistance Form completed  5/1/01  27. Have all wage and job goals been achieved? **XXPY es — do not submit future forms for this project.	\$12.00 and higher		\$12	2.00 and higher	
Please complete lines 25 through 27 for all agreements.  25. Last date actual wage and job creation levels documented  4/28/01  26. Date this Minnesota Business Assistance Form completed  5/1/01  27. Have all wage and job goals been achieved? **XXPY es — do not submit future forms for this project.	<del>-</del>			_	
25. Last date actual wage and job creation levels documented  4/28/01  26. Date this Minnesota Business Assistance Form completed  5/1/01  27. Have all wage and job goals been achieved? **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4/28/01 5/1/01  27. Have all wage and job goals been achieved? XXIV es — do not submit future forms for this project.	Please complete lines 25 throu	gh 27 for all agreements.			
27. Have all wage and job goals been achieved? **Yes — do not submit future forms for this project.	25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
	27. Have all wage and job goa				

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED MAY 2 9 2001

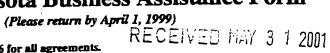
		,			
1. Funding government agency name		2. Contact name			
Richfield Housing	and	Bruce Nordquist			
Redevelopment Auth	ority	Housing and Redeve	lopment Manager		
3. Agency street address		4. City			
6700 Portland Avenu	e South	Richfield			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55423	612/861-9760	City County	Decional State		
33423	7. Fax number (area code)	CityCounty	State		
612/861-8974		X Other (Please indicate) Municipal HRA			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Gramercy Park Coope	rative at	N/A			
Lake Shore Drive					
11. Type of assistance (e.g. loar	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		Gramercy			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
Contract for Privat	e	placed in service			
Redevelopment 7/20/98 None yet		1/22/01	\$2,230,174		

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

egi cemeno sig		, 1990 Ena radic ye	an a, pacease comp		. Ouga 24		
17. Job creation goals for business receiving assistance			18. Average h		level goals for busing	ness receiving	
At leas	t 3 new	v jobs	_	Not less	than \$1	12.50 per ho	ur
19. Actual job	s created si	nce business receive	d assistance		rage hourly eccived assi	wage paid to emplistance	oyees hired since
4				\$13.70/hd	our plus	s benefit pa	ckages
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		•	er of emplo	project placed in se syees at each wage lakevel.)			
21. Job Creati	on	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creati	000	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
		\$7.00 to \$7.99				\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
	_1_	\$10.00 to \$11.99			1	\$10.00 to \$11.99	
_3		\$12.00 and higher		_3		\$12.00 and higher	
If necessary, p	please attac	h additional docume	ntation.	If necessary,	please attacl	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
5/1/01	5/11/01
27. Have all wage and job goals been achieved? XXXYes — do □ No — ple	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.





lete lines 1 through 16 for all agreements.

riense compiete imes i un oug	<del> </del>				
1. Funding government agency	name	2. Contact name	; ;		
Richfield Housing and		Katia Medvetski,			
Redevelopment Authority		Redevelopment Specialist			
3. Agency street address		4. City			
6700 Portland Avenu		Richfield			
5. Zip code	6. Phone number (area code)	8. Type of government agenc	y		
	612/861-9776	City County	RegionalState		
55423	7. Fax number (area code)				
	612/861-8974	X Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)		
Richfield State Age	ency	N/A			
11. Type of assistance (e.g. loan		12. Name of TIF district (if a	pplicable)		
TIF		Urban Village			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
Contract for	·	placed in service			
Private Redevelopm	Projected date 200	1/26/2001	\$9,500,000		
dated November 16.	1998		18 Ab 20 F		
	ed between July 1, 1995 and De and future years, please comp		nes 17 through 20. For		
• • • • • • • • • • • • • • • • • • • •			el goals for business receiving		
17. Job creation goals for busing	less receiving assistance	assistance	er goals for business receiving		
19. Actual jobs created since b	usiness received assistance		ge paid to employees hired since		
		business received assistance			
		A			
Goals of business receiving ass number of employees at each w			ject placed in service: (Please s at each wage level and indicate		
corresponding benefit level.)	vage level and indicate the	the corresponding benefit lev			
· ·	irly Wage 22. Hourly Value	•	ourly Wage 24. Hourly Value		
	urly Wage 22. Hourly Value Level of Voluntary	23. Job Creation H	Level of Voluntary		
· ·	l. benefits)  Benefits (\$)	Full-time Part-time (ex	ccl. benefits)  Benefits (\$)		
less	than \$7.00	lea	s than \$7.00		
	0 to \$7.99		.00 to \$7.99		
\$8.0	0 to \$9.99		.00 to \$9.99		
	00 to \$11.99		0.00 to \$11.99		
\$12.	00 and higher	\$1	2.00 and higher		
If necessary, please attach addi	tional documentation.	If necessary, please attach ad	ditional documentation.		
Please complete lines 25 throug	gh 27 for all agreements.		-		
25. Last date actual wage and j	ob creation levels documented	26. Date this Minnesota Busi	ness Assistance Form completed		
5/24/01		5/29/01			
27. Have all wage and job goal	s been achieved? Mrs. Yes — do	not submit future forms for the			
<del></del>	UNU — PIE	ine auditul die 7000 Minineaug	HAMICS ASSISTED FUTIL		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
City of Rochest	er	Terry Spaeth		
3. Agency street address		4. City		
201 4th Street	SE	Rochester		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55904–3781	(507) 285–8082 7. Fax number (area code)	X CityCounty	RegionalState	
(507) 287–7979		Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
PEMSTAR, INC.		3699		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF, DTED Grant/Loan, DAL		N/A		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
3-18-97	1-1-99	placed in service 10/97	\$3,536,000	

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

		,			Ū			
17. Job creation 26 jobs	on goals for s creat	business receiving a ced above -	base of	18. Average h assistance	, ,	level goals for bus	ness receiving	
560 as	specif	fied in 4th	amendment		ım \$7.2	1/hr.		
19. 50 mal 500	STARE OF	त्रे <del>व्यक्षत्र । स्टान्स्य</del>	d ydrweinen p			wage paid to emp	oyees hired since	
				business r	eceived ass	istance		İ
	74	40		Don't	have a	verage wage	level cal	culated,
1	ployees at e	ng assistance: (Pleas each wage level and rel.)			er of emplo	project placed in so byees at each wage t level.)		
21. Job Creati	on	Hourly Wage Level	<ol><li>Hourly Value of Voluntary</li></ol>	23. Job Creati	ion	Hourly Wage Level	24. Hourly Value of Voluntary	t
Full-time	Part-time	(excl. benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Benefits (\$)	
		less than \$7.00				less than \$7.00		
		\$7.00 to \$7.99				\$7.00 to \$7.99		
		\$8.00 to \$9.99		_120_		\$8.00 to \$9.99	\$2.70	
		\$10.00 to \$11.99		94		\$10.00 to \$11.99	<u>\$3.30</u>	
		\$12.00 and higher		_526_		\$12.00 and higher	\$3.60	
If necessary, p	lease attacl	h additional docume	ntation.	If necessary,	please attac	h additional docum	entation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
3–28–01	3–29–01		
	1? ☐ Yes — do not submit future forms for this project.  ☑ No — please submit the 2000 Minnesota Business Assistance Form.		

#### RECEIVED MAR 3 0 2001 1999 Minnesota Business Assistance Form

Trade & —
Development

(Please return by April 1, 1999)

Please complete lines	1 through 16 for	all agreements.
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1. Funding government agency	/ name	2. Contact name		
City of Rochester		Terry Spaeth		
3. Agency street address		4. City		
201 4th Street S	SE	Rochester		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
55904–3781 (507) 285–8082 7. Fax number (area code)		X CityCountyRegionalState		
	(507) 287–7979	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC)	code)	
Gauthier Industr	ries	3469		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
TIF				
13. Date of business	14. Date assistance first	15. Date project (building/ 16. Dollar value of bu		
assistance agreement provided		machinery/etc.) was placed in service	assistance	
4-09-97 4-11-97		10-21-97	Present Value	
		10-21-37	TIF - \$291,000	

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

		<del></del>				<del></del>
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving				
State & local goals - 18 jobs		assistance		FO		
above base leve	of prese	ent 80 job	s	\$6.	50 minimum	
19. Actual jobs created since b	business received	assistance	20. Actual ave	erage hourl	y wage paid to emplo	oyees hired since
1			business r	eccived ass	istance	
2	20			\$8.	86/hr.	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		•	er of emplo	project placed in se byees at each wage le t level.)		
	ourly Wage Level cl. benefits)	22. Hourly Value of Voluntary Benefits (S)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (S)
\$7.0 \$8.0 \$10	s than \$7.00 00 to \$7.99 00 to \$9.99 0.00 to \$11.99 2.00 and higher				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	\$2.13 \$2.68
If necessary, please attach add	J	ation.	If necessary, p	lease aπacl	n additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
5/98	03/21/01
27. Have all wage and job goals been achieved?	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through	n to for all agreements.		Development	
Funding government agency	name	2. Contact name		
City of Rochest	er	Terry Spaeth		
3. Agency street address	-	4. City		
,				
201 4th Street	SE	Rochester		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55904–3781	(507) 285–8082 7. Fax number (area code)	X CityCounty	RegionalState	
	(507) 287-7979	Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
Rochester Meats		2013		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Loan provided f	rom Revolving	_		
Loan Fund.		N/A		
13. Date of business assistance agreement	14. Date assistance first provided	<ol> <li>Date project (building/ machinery/etc.) was</li> </ol>	16. Dollar value of business assistance	
1-30-96	1–30–96	placed in service \$40,000		
ž ž	ed between July 1, 1995 and D B and future years, please comp	•	es 17 through 20. For	
17. Job creation goals for busin	ess receiving assistance	18. Average hourly wage level goals for business receiving		
22 jobs by 1/30/98		assistance None specified.		

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving				
22 jobs by 1/30/98		assistance None specified.				
19. Actual jobs created si	nce business receive	ed assistance	20. Actual average hourly wage paid to employees hired since			
38			business received assistance \$7.50/hr.			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, please attach	n additional docume	ntation.	If necessary, p	lease attacl	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
3–16–98	3–21–01			
27. Have all wage and job goals been achieved? 🔀 Yes — do	d? 🔀 Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			

00-0258

### 1999 Minnesota Business Assistance Form

WOSANINA COSANINA

(Please return by April 1, 1999)

Please complete lines 1 throug	h 16 for all agreements. R		2001 Economic Development	
1. Funding government agency	name	2. Contact name		
City of Rocker  1. Agency street address	ord	Mercy Ever 4. City Rockford	5	
6031 Main 8	<i>t</i> .	Rock-ford		
5. Zip code	6. Phone number (area code)	8. Type of government agence		
55373	763-477-10565 7. Fax number (area code)	CityCounty		
55515	763-477-4393	Other (Please indicate)_		
9. Name of business receiving	assistatine	10. Industry of recipient (SIC	code)	
Minnesota Dive	rsifiedProducts	Manufactur	ina	
11. Type of assistance (e.g. loan	it, ite, grant inmistracture, etc.)	12. Name of the district (if ap	bitcupie)	
TIE		3-1 Rockford Inc	dustrial Park	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
attistance agreement	provided	machinery/etc.) was placed in service	assistance	
May 1, 1999	Aug. 1,2001	praced in secorce	4343,236	
For assistance agreements sign agreements signed during 1998	ed between July 1, 1995 and D 3 and future years, please comp	ccamber 31, 1997, complete lit lete lines 21 through 24.	ies 17 through 20. For	
17. Job creation goals for busin	ocas roceiving argistanoc	18. Average hourly wage leve	l goals for business receiving	
na		assistance Na		
19. Actual jobs created since by	usiness received assistance		ge paid to employees hired since	
na		business received assistant		
Goals of business receiving ass number of employees at each w corresponding benefit level.)		Actual performance since proj indicate number of employees the corresponding benefit leve	at each wage level and indicate	
	irly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Ho	urly Wage 24. Hourly Value Level of Voluntary	
1	. benefits) Benefits (5)	Full-time Part-time (exc	il. benefits (S)	
10 less	than \$7.00 <u>150</u>		than \$7.00	
S7.0	0 to \$7.99	<b> \$7.</b> (	00 to \$7.99	
	0 to \$9.99		00 to \$9.99	
\$10.	00 to \$11.99	(F117)	.00 to \$11.99	
	OO MENCI	· · · · · · · · · · · · · · · · · · ·	.00 and higher	
If necessary, please anach addit	tional documentation. purifict	HIf necessary, please attach add	itional documentation.	
Please complete lines 25 throug	th 27 for all agreements.			
25. Laşı dele achıal wage end jo	ob creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
3-29-01		3-29-0		
27. Have all wage and job goals	s been uchicved? ☐ Yes — do ☐ No — plea	not submit future forms for this we submit the 2000 Minnesota	project. Buriners Assistance Form.	

ØĐ'»¿→ S TO 36 B° C Tôïççç÷



Please complete lines 1 through 16 for all agreements. RECEIVED APR 2 0 2001

1. Funding government agency	name	2. Contact name		
City of Su	rte 11	Robert Therre	: 5	
3. Agency street address		4. City		
310 2nd Street	South	Sartell		
5. Zip code	6. Phone number (area code)	8. Type of government agency		1
	(320) 253-2171 7. Fax number (area code)	CityCounty	RegionalState	
	(320) 253-3337	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code) (Call (enter)	1
Care Call		73 Business Si	_	
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)	1
TIF		TIF 3-8		simile of
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	New esthable pe
10/17/97	Sept. 8, 1997	placed in service October 1, 1998	# 295,667	New estimate of The available per The Trubita men
For assistance agreements sign	•	ecember 31, 1997, complete lin	es 17 through 20. For	- Wayeni

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving				
80		assistance	#85	hour		
19. Actual jobs created si	nce business receive	ed assistance	20. Actual ave	rage hourly	wage paid to em	ployees hired since
221				eceived assi		
221			ļ.	8= /han	r and a	1600 C
Goals of business receiving			-		project placed in	•
number of employees at e	_	indicate the		•		e level and indicate
corresponding benefit lev	•		the corresponding benefit level.)			
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
Full-time Part-time	Level (excl. benefits)	of Voluntary Benefits (\$)	Full time	Doet time	Level (excl. benefits)	of Voluntary Benefits (\$)
run-tille l'alt-ulle	,	Delicitis (3)	r un-time	r art-time	` ,	Delicitis (3)
	less than \$7.00		11.2	70	less than \$7.00	
	\$7.00 to \$7.99			39	\$7.00 to \$7.99	
80	\$8.00 to \$9.99	NA		85	\$8.00 to \$9.99	
	\$10.00 to \$11.99		_23	_2_	\$10.00 to \$11.9	9
\$12.00 and higher			36		\$12.00 and high	ier
If necessary, please attack	h additional docume	entation.	If necessary,	please attac	h additional docu	mentation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documente	26. Date this Minnesota Business Assistance Form completed		
April 17, 2001	April 18,2001		
27. Have all wage and job goals been achieved? MYes —	<ul> <li>Yes — do not submit future forms for this project.</li> <li>No — please submit the 2000 Minnesota Business Assistance Form.</li> </ul>		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED HAY 3 1 2001

Funding government agency name		2. Contact name		
Scott County		Brian Hanninen		
3. Agency street address		4. City		
200 Fourth Avenue	West	Shakopee		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55379-1220 952-496-8101 7. Fax number (area code)		City XCountyRegionalState		
	952-496-8180	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
ADC Telecommunica	tions, Inc.	3661		
11. Type of assistance (e.g. loar	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Local effort assistance		N/A		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
01-31-97	08-01-99	placed in service February 1998 \$1,140,000.00		

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

agreements organized and rate of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the							
17. Job creation goals for business receiving assistance Maintain 480 jobs until 06-01-02				18. Average hourly wage level goals for business receiving assistance \$10.00/hour			
Create 7	5 jobs	(above 480)	See #18	Weighted	hourl	y wage of \$1	19.46
19. Actual job	s created si	nce business receive	d assistance			wage paid to emplo	oyees hired since
730 repo	rted 06	5-25-99			eceived ass	istance	
-				\$20.60			
Goals of busin	iess receivi	ng assistance: (Pleas	e indicate			project placed in se	
		each wage level and	indicate the		•	yees at each wage le	ever and indicate
corresponding	•			the corresponding benefit level.)			
21. Job Creati	on	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
Pall diam	Destriction	Level	of Voluntary	Toll door	Dentaine	Level	of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
		\$7.00 to \$7.99				\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
75		\$10.00 to \$11.99				\$10.00 to \$11.99	
<del></del>		\$12.00 and higher		122		\$12.00 and higher	
If necessary, p	lease attacl	n additional documen	ntation.	If necessary, p	olease attacl	additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
06-25-99	04-01-01
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.
☑ No — ple:	ase submit the 2000 Minnesota Business Assistance Form.

(Pleuse return by April I, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 2 2 2001

1. Funding government agency	name	2. Contact name			
City of Sebeka		Linda Bjelland			
		City Clerk/Treasurer			
3. Agency street address		4. City			
PO Box 305		Sebeka			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
56477	218-837-5773	X 55. 5	Design 1 Com		
36477	7. Fax number (area code)	X CityCounty	RegionalState		
	218-837-5443	Other (Please indicate)_			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Diamond Tool, Inc	: •	3599			
	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
1	, , ,	Tax Increment Financing			
TIF		District 1-2			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement provided		machinery/etc.) was assistance			
8/1/98	9/2/98	placed in service			
7/2/90		12/16/98 \$ 100,000			

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

17. Job creation goals for business receiving assistance			18. Average h assistance		level goals for busin	less receiving	
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance				
	ployees at s	ng assistance: (Plear each wage level and rel.)			er of emplo	project placed in se pyecs at each wage le level.)	
21. Job Creati Full-time		Hourly Wage Level	22. Hourly Value of Volumtary			Hourly Wage Level	24. Hourly Value of Voluntary
33	Part-time	(excl. benefits) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	Benefits (S)	4 21 8 20	Part-time 1 1 1	(excl. benefits) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	Benefits (\$)
If necessary, p	please artac	\$12.00 and higher h additional docume			please anac	\$12.00 and higher h additional docume	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
May 1, 2001	May 22, 2001
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.  ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 throug	h 16 for all agreements.		Development	
1. Funding government agenc	y name	2. Contact name PAUL SNOOK		
	AKOPEE (SCOTT CONNTY)		LOPMENT COOR DINATOR	
3. Agency street address 129 Hornes	. 57.50.	4. City SHAKOPEE		
5. Zip code 55 379	6. Phone number (area code) (952) 496-7661 7. Fax number (area code)	8. Type of government agence  X CityCounty	•	
	(952) 233-3801	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
ADC TELECOMMI	NICATIONS, INC.	3661		
11. Type of assistance (e.g. loa	un, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
, LOCAL EFFOR		N/A		
13. Date of business assistance agreement $1-31-97$	14. Date assistance first provided 8-1-99	15. Date project (building/ machinery/etc.) was placed in service Feb 198	16. Dollar value of business assistance	
	ned between July 1, 1995 and D 8 and future years, please comp		ines 17 through 20. For	
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level goals for business receiving		

	17. Job creation goals for MAINTAIN 486  • CREATE 75 JOBS ( AT \$19.46/bt  19. Actual jobs created si  730 P	18. Average hourly wage level goals for business receiving assistance \$10/hr.; WEIGHTED HOMELY WASE -22 OF \$19.46  20. Actual average hourly wage paid to employees hired since business received assistance \$20.60					
	Goals of business receivi number of employees at c corresponding benefit lev	1	•	er of emplo	project placed in so byces at each wage level.)	•	
	/21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
>	TS (\$10/AR	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher hadditional documents	Į.	172 Hayari	y WAGE +	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher HOWELY VALUE OF II	SeN. = 70.60 AV6

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 6-25-99	26. Date this Minnesota Business Assistance Form completed 4-1-01	
27. Have all wage and job goals been achieved? Yes—do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form	PANYS

# RECEIVED APR 2 0 2001

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



	h 16 for all agreements.		Development	
. Funding government agency	y name	2. Contact name		
CITY OF SI	HAKOPEE	PAUL SNOOK ECONOMIC DEVELOPMENT COORDINATOR		
. Agency street address		4. City		
129 HOLMES	Sr. So.	SHAKOPER		
. Zip code	6. Phone number (area code)	8. Type of government agency	у	
<i>5</i> 5379	(952) 496-9661 7. Fax number (area code)	CityCounty _	_RegionalState	
	(952) 233-3801	Other (Please indicate)_		
. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
SEAGATE TECH	HNOLOGY	3572		
1. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ag	oplicable)	
TIF		No. 11		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
4-7-98	8/1/00	placed in service	4,247,600	
7. Job creation goals for busi	29-00 "	accictance L 1	el goals for business receiving ast \$12.00/hr.	
greements signed during 199 17. Job creation goals for busi 850 by 7-2 416 by 8-6 19. Actual jobs created since by	29-00 01-02 (at least 40 at 12/1	assistance at lea	ast \$12.00/hr.	
17. Job creation goals for business receiving as number of employees at each	29-00 01-02 (at least 40 at 12) business received assistance ssistance: (Please indicate	assistance at least according to the assistance at least according to the assistant according to the according to the assistant according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to the according to t	ast #12.00/hr.  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since  Ige paid to employees hired since	
7. Job creation goals for business receiving as number of employees at each corresponding benefit level.)	29-00 01-02 (at least 40 at 12) business received assistance ssistance: (Please indicate	assistance at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease at lease a	ge paid to employees hired since of until 8-1-02 oject placed in service: (Please s at each wage level to report until 8-1-02 ourly Wage 24. Hourly Value	
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17. Job creation goals for business receiving as a sumber of employees at each corresponding benefit level.)  21. Job Creation Ho  Full-time Part-time (expected sumber of employees at each corresponding benefit level.)  21. Job Creation Ho  Full-time Part-time (expected sumber of employees at each corresponding benefit level.)  18. St. St. St. St. St. St. St. St. St. St	business received assistance  ssistance: (Please indicate wage level and indicate the burly Wage 22. Hourly Value of Voluntary Cl. benefits)  s than \$7.00  00 to \$7.99  0.00 to \$11.99  2.00 and higher not specified ditional documentation.	assistance at lease assistance at lease 20. Actual average hourly was business received assistant Not required to report Actual performance since proindicate number of employee the corresponding benefit level 23. Job Creation H  Full-time Part-time (expectation of the provided in the part-time (expectation of the part-time)    Full-time Part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of the part-time (expectation of the part-time)    State of t	ge paid to employees hired since the paid to employees hired since the paid to employees hired since the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the paid to report the pai	

or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)

RECEIVED APR 1 22001



Please complete lines 1 through	h 16 for all agreements.		13 velopment		
1. Funding government agency	•	2. Contact name			
City of SI	oicer	Kimberly	Elton		
3. Agency street address		4. City			
P.O. Box 6	56	Spicer			
5. Zip code	6. Phone number (area code)	8. Type of government agency	,		
	320-796-5562	City County	Regional State		
56288	7. Fax number (area code)	Zerrycountykegionalstate			
	320-796-2044	Other (Please indicate)			
9. Name of business receiving Vine Valley Dis	tribution	10. Industry of recipient (SIC	code)		
11. Type of assistance (e.g. loa	n TIF orant infrastructure, etc.)	12. Name of TIF district (if ap	enlicable)		
•	n, 111, gan, name come, eac.				
TIF			Development		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Do 'et value of business		
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
12/30/97	1999	2/1/98	# 57,000		
	ned between July 1, 1995 and D 8 and future years, please comp		nes 17 through 20. For		
⁰ 17. Job creation goals for busin	ness receiving assistance	f .	l goals for business receiving		
3 full time	and seasona l	assistance #10/hr			
19. Actual jobs created since b	ousiness received assistance	20. Actual average hourly wage paid to employees hired since			
	and seasonal	20. Actual average hourly wage paid to employees hired since business received assistance of F.T. State of Holm			
Goals of business receiving as number of employees at each vooresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
	urly Wage 22. Hourly Value Level of Voluntury	23. Job Creation Ho	burly Wage 24. Hourly Value Level of Voluntary		
	el benefits)  Benefits (S)	Full-time Part-time (ex	scl. benefits)  Benefits (S)		
less	than \$7.00	4 - 1es	s than \$7.00		
\$7.0	00 to \$7.99	57	.CO to \$7.99		
\$3.0	00 to \$9.991	58	.00 to \$9.99		
\$10	0.00 to \$11.99	1 6 si	0.00 to \$11.99		
\$12	.00 and higher	s:	2.00 and higher		
If necessary, please attach add	itional documentation.	If necessary, please attach ad	ditional documentation.		
Please complete lines 25 throu	igh 27 for all agreements.				
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busi	ness Assistance Form completed		
4/9/	198	3-31-9	99		
27. Have all wage and job goa	als been achieved? Yes — do	o not submit future forms for the	s project. a Business Assistance Form.		
<del></del>					

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAR 2 9 2001

1. Funding government agency	name	2. Contact name		
	\	Cua Grand Span		
3. Agency street address	SOR	CHAO CARLSON, EDA DIRECTOR		
surgency substantions				
35 COLLEGE AU 5. Zip code	ENUE NORTH	8. Type of government agency		
5. Zip code	6. Phone number (area code)	8. Type of government agency	'	
	320.363.7301 7. Fax number (area code)	∠ CityCounty	_RegionalState	
56374	320.363.0342	Other (Please indicate)_		
9. Name of business receiving		10. Industry of recipient (SIC	code)	
SKN PROPER	n, TIF, grant, infrastructure, etc.)	3272		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	oplicable)	
TIF		No. 1-3		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
Sept 22, 1998	Dec. 2000	1999	145,000	
V	ned between July 1, 1995 and D		<del></del>	
	8 and future years, please comp		iks 17 mi ough 20. For	
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level goals for business receiving assistance		
5 FTE 3 FTE	E(SEASONAL) *	5 FTE: 13.67	3FTE (SEASONAL): 10:00	
19. Actual jobs created since b	ousiness received assistance	20. Actual average hourly wa	ge paid to employees hired since	
CGC 2 CTC	(c) *	business received assistance		
5 FIE 3 F TE Goals of business receiving as	sistance: (Please indicate	Actual performance since pro	iect placed in service: (Please	
number of employees at each		indicate number of employees at each wage level and indicate		
corresponding benefit level.)		the corresponding benefit level.)		
21. Job Creation Ho	urly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
Full-time Part-time (exc	Level of Voluntary Benefits (\$)	Full-time Part-time (ex	Level of Voluntary cl. benefits (S)	
less	than \$7.00	les	s than \$7.00	
\$7.0	00 to \$7.99	\$7.	.00 to \$7.99	
\$8.0	00 to \$9.99	\$8.	.00 to \$9.99	
3(senser \$10	0.00 to \$11.99 3.4/	3 5 about \$1	0.00 to \$11.99 33.41	
<b>5</b> \$12	2.00 and higher 3.41		2.00 and higher	
If necessary, please attach add	litional documentation.	If necessary, please attach additional documentation.		
Please complete lines 25 throu	igh 27 for all agreements.			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
3/19/01	als been achieved? Yes — do	3/27/01		
27. Have all wage and job goa	als been achieved? Yes — do	not submit future forms for this	s project	
	LINO — ple	ase submit the 2000 Minnesota	DUSINESS ASSISTANCE FORM	

(Please return by January 10, 1999)

RECEIVED MAY 2 2001 Please type or print in dark ink. 2. Contact name 1. Funding government agency name Canosia Township/St. Louis County Russ Georgesen 4. City 3. Agency street address 411 West 1st Street Duluth, MN 6. Phone number (area code) 8. Type of government agency 5. Zip code (218) 725-5200 County/Township 55802 7. Fax number (area code) (218)725-5297 9. Name of business receiving assistance 10. Industry of recipient (SIC code) **NWA** 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, 12. Name of TIF district (if applicable) **EDA Grant** District No. 14 14. Date assistance first 13. Date of business 15. Date project (building/ 16. Dollar value of assistance provided machinery/etc.) was business assistance agreement placed in service 7-3-95 4-5-96 10-1-96 \$600,000

For assistance agreements, signed between July 1, 1995 and December 31, 1997, complete boxes 17 through 20 or boxes 21 through 24. For all agreements signed during 1998 and future years, the information in boxes 21 through 24 will be required.

17. Job Creation goals for business receiving assistance Not less than 90% of 200 Duluth Employees as of 12/31/97 / 80 4.4.6, 9/17/0/	18. Average hourly wage level Not applicable				
Actual jobs created since business received assistance     375 Duluth employees at Duluth facility-exceeding requirement by 195	Actual average hourly wage paid to employees hired since business received assistance     Not applicable				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary  Full-time Part-time (excl. benefits) Benefits (\$)	Actual performance since project place in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary  Full-time Part-time (excl. benefits) Benefits (\$)  N/A N/A less than \$7.00 N/A  N/A N/A \$7.00 to \$7.99 N/A  N/A N/A \$8.00 to \$9.99 N/A  N/A N/A \$10.00 to \$11.99 N/A  N/A N/A \$12.00 and higher N/A  If necessary, please attach additional documents.				
documented 12/31/96	26. Date this Minnesota Business Assistance Form completed 4/3/01				
27. Have all wage and job goals been achieved Yes, do n	ot submit future forms for this project.				

assistance agreement

1/31/97

00-0428

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through	16 for all agreements.	RECEIVED APR 1 2 2011 evelopment				
1. Funding government agency Port Authority of t Saint Paul 3. Agency street address	the City of	2. Contact name  Peter M. Klein 4. City				
1900 Landmark Tow 345 St. Peter Stree		Saint Paul				
5. Zip code 55012	6. Phone number (area code) 651/224-5686 7. Fax number (area code) 651/223-5198	8. Type of government agency  X CityCountyRegionalState  X Other (Please indicate) Port Authority				
9. Name of business receiving assistance Bro-Tex, Inc.		10. Industry of recipient (SIC code) 2678				
Tax Exempt Loan -		12. Name of TIF district (if applicable)  N/A				
13 Date of business	14. Date assistance first	15. Date project (building) 16. Dollar value of business				

machinery/etc.) was

placed in service 5/13/97

assistance

\$2,000,000

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

provided

1/31/97

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

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form complete		
N/A	3/29/01		
27. Have all wage and job goals been achieved? Yes — do N/A No — ple	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 2 200 Economi

INNESOZ

<ol> <li>Funding government agency</li> </ol>	name	2. Contact name				
1. Funding government agency Port Authority of	the City of					
Saint Paul		Peter M. Klein				
3. Agency street address		4. City				
1900 Landmark Tov	vers					
345 St. Peter Stree	et	Saint Paul				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55102	651/224-5686					
00102	002,221 0000	XCityCounty	Regional State			
7. Fax number (area code)		citycounty	RegionalState			
651/223-5198		X Other (Please indicate) Port Authority				
	031/220 3130	Other (Please indicate) FOIT Authority				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Versa Iron and I	Machine Company	5084				
			ļ			
11. Type of assistance (e.g. loar		12. Name of TIF district (if applicable)				
Tax Exempt Loar	n – Small Issue					
Pool		N/A				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business			
assistance agreement			assistance			
		machinery/etc.) was placed in service				
3/1/97 3/1/97		40 000 000				
		3/1/98	Ψ2,000,000			

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

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

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documen	ted 26. Date this Minnesota Business Assistance Form completed
N/A	3/29/01
	<ul> <li>do not submit future forms for this project.</li> <li>please submit the 2000 Minnesota Business Assistance Form.</li> </ul>

(Please return by April 1, 1999)



Please complete lines 1 through	h 16 for all agreements. RF	CEIVED APR 1 2 2	Development	
1. Funding government agency	name	2. Contact name		
Port Authority of	the City of			
Saint Paul		Melanie A. Isakson		
3. Agency street address 1900 Landmark Tow	ers	4. City		
345 St. Peter Stre		Saint Paul		
5. Zip code	6. Phone number (area code)	de) 8. Type of government agency		
55102	651/224-5686  7. Fax number (area code)	X City County	_RegionalState	
	651/223-5198	_X Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)	
Viking Automatic		3569		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
Land Sale		Arlington Busine	ess Park	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
5/7/97	5/7/97	12/12/97	\$348,479	
For assistance agreements sign agreements signed during 1998  17. Job creation goals for busin	8 and future years, please comp			
10	-	assistance \$9.00		
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
14		business received assistance	\$16.98	
Goals of business receiving ass number of employees at each v corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
	urly Wage 22. Hourly Value	23. Job Creation Ho	urly Wage 24. Hourly Value	
	Level of Voluntary l. benefits) Benefits (\$)	Full along Doct times (co	Level of Voluntary	
,	,	Full-time Part-time (exc	, , ,	
	than \$7.00		than \$7.00	
	00 to \$7.99		00 to \$7.99	
	00 to \$9.99		00 to \$9.99	
	.00 to \$11.99		0.00 to \$11.99	
	.00 and higher			
If necessary, please attach add	itional documentation.	If necessary, please attach add	litional documentation.	
Please complete lines 25 throu				
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ess Assistance Form completed	
1/24/01		3/29/01		
27. Have all wage and job goa	ls been achieved?   Yes — do  □ No — ple	not submit future forms for this ase submit the 2000 Minnesota		

(Please return by April 1, 1999)



Please complete lines 1 through	h 16 for all agreements.	RECEIVED APR 0 2	2001 Development	
1. Funding government agency Port Authority of Saint Paul	the City of	2. Contact name  Melanie A. Isakson		
3. Agency street address 1900 Landmark Tow 345 St. Peter Street		4. City Saint Paul		
5. Zip code 55102	6. Phone number (area code) 651/224-5686 7. Fax number (area code) 651/223-5198	8. Type of government agency  X CityCountyRegionalState  X Other (Please indicate) Port Authority		
9. Name of business receiving National Checking		10. Industry of recipient (SIC c 2759	ode)	
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  Land Sale		12. Name of TIF district (if applicable) Crosby Lake		
13. Date of business assistance agreement 9/15/97	14. Date assistance first provided 9/15/97	15. Date project (building/ machinery/etc.) was placed in service 7/2/98	16. Dollar value of business assistance \$418,176	

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

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving			
7		assistance	\$9.0	0		
19. Actual jobs created si	nce business receive	ed assistance	20. Actual average hourly wage paid to employees hired since business received assistance \$9.59			oyees hired since
1	0					
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, please attack	h additional docume	ntation.	If necessary, p	lease attacl	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented		26. Date this Minnesota Business Assistance Form completed	
3/12/01		3/29/01	
	?   Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance For		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. 7 2001 1. Funding government agency name 2. Contact name Port Authority of the City of Saint Paul Melanie A. Isakson 3. Agency street address 4. City 1900 Landmark Towers 345 St. Peter Street Saint Paul 6. Phone number (area code) 8. Type of government agency 5. Zip code 55102 651/224-5686 _XCity __County __Regional __State 7. Fax number (area code) 651/223-5198 v Other (Please indicate) Port Authority 10. Industry of recipient (SIC code) 9. Name of business receiving assistance Advance Corporation 3993 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) 12. Name of TIF district (if applicable) Grant N/A13. Date of business 14. Date assistance first 15. Date project (building/ 16. Dollar value of business assistance agreement provided machinery/etc.) was assistance 12/1/95 12/1/95 placed in service \$70,000 12/1/95

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

		,	•				
17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving				
Maintain a minimum of 70 employees		assistance	\$11	.00			
19. Actual job	s created si	nce business received	d assistance		-	wage paid to emplo	oyees hired since
Current jobs - 72		business received assistance \$11.24					
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)					
21. Job Creation	on	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creati	on	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
		\$7.00 to \$7.99				\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	olease attacl	h additional docume	ntation.	If necessary,	please attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
1/23/01	3/29/01
	,
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.
□ No — ple	ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 2 2001

<ol> <li>Funding government agency</li> </ol>		2. Contact name			
Port Authority of t	he City of				
Saint Paul		Peter M. Klein			
3. Agency street address		4. City			
1900 Landmark Tow	vers				
345 St. Peter Stree	et	Saint Paul			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55102 651/224-5686		X CityCounty	Regional State		
	7. Fax number (area code) 651/223-5198				
		X Other (Please indicate) Port Authority			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Addco, Inc. (3N	Properties)	3612			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Land Sale		Arlington - Jackson			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement provided 4/26/97 4/26/97		machinery/etc.) was	assistance		
		placed in service 2/28/98	Land - \$609,840		

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

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving				
25		assistance		\$9.00		
19. Actual jobs created since business received assistance  18		20. Actual average hourly wage paid to employees hired since business received assistance \$10.81				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	ary Level (		24. Hourly Value of Voluntary Benefits (\$)	
	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, please attack	h additional docume	ntation.	If necessary, p	olease attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
1/23/01	3/29/01
	o not submit future forms for this project. ease submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

RECEIVED APR n 2 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name Port Authority of the City of		2. Contact name			
Saint Paul		Melanie A. Isakson			
3. Agency street address 1900 Landmark Tow	ers	4. City			
345 St. Peter Stree		Saint Paul			
5. Zip code	6. Phone number (area code) 651/224-5686	8. Type of government agency			
		X CityCountyRegionalState			
	7. Fax number (area code) 651/223-5198	X Other (Please indicate) Port Authority			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Summit Brewing Co	ompany	5181			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Land Sale		Crosby Lake			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
6/20/97 6/20/97		placed in service	assistance		
		10/1/97	\$366,667		

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

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving				
20		assistance	\$10.	50		
19. Actual jobs created si	nce business receive	ed assistance			wage paid to emplo	oyees hired since
8			business received assistance \$10.50			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creati	on	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99				\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
	\$12.00 and higher				\$12.00 and higher	
If necessary, please attac	h additional docume	ntation.	If necessary,	olease attacl	n additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/9/01	3/29/01
	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through	h 16 for all agreements.	ECEIVED APR 0 ?	2001 Development			
1. Funding government agency	name	2. Contact name				
Port Authority of	the City of					
Saint Paul		Melanie A. Isa	kson			
3. Agency street address 1900 Landmark Tov	vers	4. City				
345 St. Peter Stree	e <b>t</b>	Saint Paul				
5. Zip code <b>55102</b>	6. Phone number (area code) 651/224-5686	8. Type of government agency				
7. Fax number (area code)		X CityCountyRegionalState				
651/223-5198		x Other (Please indicate) Port Authority				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
EMC Corporation		5045				
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
Land Sale		Crosby Lake				
13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance			
assistance agreement 4/24/96	4/24/96	placed in service	assistance			
1, 11, 100	1,21,00	6/20/97	\$240,000			

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

	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<del></del>	
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving			
0.0		assistance \$18.59			
30			\$10.J9		
19. Actual jobs created since business receive	d assistance	20. Actual average	hourly wage paid to empl	oyees hired since	
		business receiv	ed assistance	1	
1		\$14.40			
Goals of business receiving assistance: (Pleas	e indicate	Actual performance	e since project placed in se	ervice: (Please	
number of employees at each wage level and	indicate the	indicate number of	f employees at each wage l	evel and indicate	
corresponding benefit level.)		the corresponding	benefit level.)		
21. Job Creation Hourly Wage	22. Hourly Value	23. Job Creation	Hourly Wage	24. Hourly Value	
Level	of Voluntary		Level	of Voluntary	
Full-time Part-time (excl. benefits)	Benefits (\$)	Full-time Par	t-time (excl. benefits)	Benefits (\$)	
less than \$7.00			less than \$7.00		
\$7.00 to \$7.99			\$7.00 to \$7.99		
\$8.00 to \$9.99			\$8.00 to \$9.99	<del></del>	
\$10.00 to \$11.99			\$10.00 to \$11.99		
\$12.00 and higher		\$12.00 and higher			
If necessary, please attach additional docume	ntation.	If necessary, please	e attach additional docume	ntation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
1/29/01	3/29/01
	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

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Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name			
Port Authority of the City of					
Saint Paul		Melanie A. Is	sakson		
3. Agency street address		4. City			
1900 Landmark Tow	ers				
345 St. Peter Stree	t	Saint Paul			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55102	651/224-5686				
	7. Fax number (area code)	X City County	_RegionalState		
	) ' '	X Other (Please indicate) Port Authority			
	651/223-5198				
9. Name of business receiving assistance The Norgren Group, LLC		10. Industry of recipient (SIC code)			
The Norgren Grou	p, LLC				
(Brissman Kenned	y)	5087			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
`					
Land Sale		Williams Hill			
13. Date of business	ate of business 14. Date assistance first 15. Date project (building/ 1				
assistance agreement	provided	machinery/etc.) was	assistance		
9/8/98 9/8/98		placed in service	\$463,478		
		9/1/99			
	<u> </u>		L		

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

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving				
11			assistance \$8.00			
19. Actual jobs created	since business receive	ed assistance			wage paid to emplo	yees hired since
10			business received assistance \$9.00			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation  Full-time Part-tim	Hourly Wage Level e (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
11	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		less than \$7.00  \$7.00 to \$7.99  \$8.00 to \$9.99  \$10.00 to \$11.99  \$12.00 and higher			
If necessary, please atta	ach additional docume	entation.	If necessary, please attach additional documentation.			ntation.

#### Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
2/8/01	3/29/01
	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

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anie A. Isakson		
nt Paul		
vernment agency		
CountyRegionalState		
<u>x</u> Other (Please indicate) Port Authority		
f recipient (SIC code)		
12. Name of TIF district (if applicable)		
s Hill		
act (building/ y/etc.) was assistance service \$237,837		

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

17. Job creation goals for business receiving assistance  14			18. Average h assistance		level goals for business.	ness receiving
19. Actual jobs created since business received assistance  0				eceived ass	y wage paid to emplosistance 9.00	oyees hired since
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				er of emplo	e project placed in se byees at each wage le t level.)	
21. Job Creation  Full-time Part-	Hourly Wage Level time (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
	\$8.00 to \$9.99 \$10.00 to \$11.99				\$8.00 to \$9.99 \$10.00 to \$11.99	
\$12.00 and higher If necessary, please attach additional documentation.			If necessary, p	olease attacl	\$12.00 and higher h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
2/14/01	3/29/01
	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED APR 0 2 2001 Develop					
1. Funding government agency Port Authority of	name the City of	2. Contact name			
Saint Paul	•	Melanie A. Isa	akson		
3. Agency street address 1900 Landmark Tov		4. City			
345 St. Peter Stre	et	Saint Paul			
5. Zip code	6. Phone number (area code)	8. Type of government agency	,		
55102	651/224-5686				
	7. Fax number (area code)	X CityCounty	_RegionalState		
	651/223-5198	x Other (Please indicate) Port Authority			
9. Name of business receiving assistance Siewert Properties, LLC		10. Industry of recipient (SIC code)			
(Ideal Printers, In	nc.)	2759			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Land Sale		Williams Hill			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
	-	placed in service			
6/15/98	6/15/98	10/1/99	\$252,648		
For assistance agreements sign	- · · · · · · · · · · · · · · · · · · ·	•	nes 17 through 20. For		
agreements signed during 1998					
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage leve	l goals for business receiving		
3		assistance \$8.00			
10 Astrolishs seeds since b	uningen received assistance	20 Astrolouses houses	as asid to ampleyons himd since		

17. Job creation goals for business receiving assistance			_	ourly wage	level goals for busin	ness receiving
3			assistance	\$8.	00	
19. Actual jobs created s	ince business receive	d assistance	20. Actual ave	rage hourly	wage paid to emplo	oyees hired since
8			business re	eceived ass \$8.		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				er of emplo	e project placed in se byees at each wage lot t level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary		on	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99				\$7.00 to \$7.99	
	\$8.00 to \$9.99		8		\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
	\$12.00 and higher				\$12.00 and higher	
If necessary, please attac	h additional docume	entation.	If necessary,	olease attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
1/26/01	3/29/01		
27. Have all wage and job goals been achieved? Yes — do	o not submit future forms for this project. case submit the 2000 Minnesota Business Assistance Form.		

Trade & —
Development

(Please return by April 1, 1999) RECEIVED APR 0 2 2001

Please complete lines 1 through 16 for all agreements.

1. Funding government agency Port Authority of		2. Contact name			
Saint Paul	the City of	Melanie A. Isakson			
3. Agency street address 1900 Landmark To	wers	4. City			
345 St. Peter Stre	et	Saint Paul			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55102	651/224-5686	X City County	Pagional State		
	7. Fax number (area code)	X City County Regional State			
	651/223-5198	X Other (Please indicate) Port Authority			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Aries Precision sh	eet Metal Company	3444			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Land Sale		Williams Hill			
		15.5			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
9/24/98 9/24/98		placed in service \$692,604			

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

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving			
		assistance				
41				\$8.0	00	
19. Actual jobs created si	ince business receive	ed assistance	20. Actual ave	erage hourl	y wage paid to emplo	oyees hired since
34			business received assistance \$10.00			
Goals of business receivi	_		-		project placed in se	
number of employees at each wage level and indicate the		indicate number of employees at each wage level and indicate				
corresponding benefit lev	•		the corresponding benefit level.)			
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
F 11	Level	of Voluntary	F 11 -	<b>D</b>	Level	of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99		·		\$7.00 to \$7.99	
41	\$8.00 to \$9.99		34		\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
\$12.00 and higher					\$12.00 and higher	
If necessary, please attacl	h additional docume	ntation.	If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documente	26. Date this Minnesota Business Assistance Form completed
1/26/01	3/29/01
	do not submit future forms for this project.  olease submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 6 2 2001

1. Funding government agency Port Authority of		2. Contact name		
Saint Paul		Peter	M. Klein	
3. Agency street address 1900 Landmark Tov 345 St. Peter Stree	· - <del>-</del> -	4. City Saint Paul		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55102 651/224-5686  7. Fax number (area code) 651/223-5198		XCityCountyRegionalStateX Other (Please indicate) Port Authority		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	ode)	
G & K Services, In	ne.	7213		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Land Sale		Williams Hill		
13. Date of business assistance agreement provided 11/11/98 14. Date assistance first provided 11/11/98		15. Date project (building/	16. Dollar value of business	
		machinery/etc.) was placed in service	assistance	
		12/1/00	\$405,979	

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

			:				
17. Job creation goals for business receiving assistance				ourly wage	level goals for busin	ness receiving	
50			assistance	\$8.	.00		
19. Actual job	s created si	nce business receive	d assistance	20. Actual ave	rage hourly	wage paid to emple	oyees hired since
25			business re	eceived assi	stance \$9.5	50	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			•	er of emplo	project placed in se oyees at each wage le level.)		
21. Job Creati	on	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creati	on	Hourly Wage Level	<ol><li>Hourly Value of Voluntary</li></ol>
Full-time	Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
		\$7.00 to \$7.99				\$7.00 to \$7.99	
50_		\$8.00 to \$9.99		25		\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	<del>_</del>
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	olease attacl	h additional docume	ntation.	If necessary,	olease attacl	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form comple		
1/26/01	3/29/01		
	1? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)

RECEIVED MAY 3 0 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
City of Saint	Peter	Shannon Sweeney		
3. Agency street address		4. City		
227 South Fron	t Street	Saint Peter, MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
56082 507-931-0661 7. Fax number (area code)		X CityCountyRegionalState		
	507-931-4917	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Super 6 Wash & LubeInc.				
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Revolving Loan Funds				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
September 1998 November 1998		placed in service \$40,000 January 1999		
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20.				

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

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance				
19. Actual jobs created since business received assistance			ł	erage hourly	y wage paid to emplo istance	oyees hired since	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			•	er of emplo	e project placed in se byces at each wage lot t level.)	·	
Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	Hourly Value of Voluntary Benefits (\$)	23. Job Creati Full-time		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
2		\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		3_		\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, p	olease attac	h additional docume		If necessary,	olease attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

	25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
	NΑ	3.29.99			
	27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.				
I					

2. Contact name

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

TOSANHA T
Fconomic
Development

Please complete lines 1 through 16 for all agreements. RECEIVED MAY 3 /1 2001

1. Funding government agency name

City of Saint Peter		Shannon Sweeney		
3. Agency street address		4. City		
227 South Front Street		Saint Peter, MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
56082	507-931-0661 7. Fax number (area code)	X CityCounty	RegionalState	
	507-931-4917	Other (Please indicate)_		1
9. Name of business receiving Dr. Steven Moore of Holistic Health Ca	lba Chirepractic	10. Industry of recipient (SIC of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second		
11. Type of assistance (e.g. loa	ii, iii-, graii, mitastucine, etc.)	12. Name of the district (if ap	рисаоте	
Revolving Loan Fur				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance	
October 1997	11/97	12/97	\$40,000	
	1 Full fime pusiness received assistance	posttime	less than 7.00 fall time	10 12
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since proj	ect placed in service: (Please at each wage level and indicate	8-10
	urly Wage 22. Hourly Value Level of Voluntary cl. benefits) Benefits (\$)		urly Wage 24. Hourly Value Level of Voluntary cl. benefits (\$)  Benefits (\$)	I .
less	than \$7.00	less	than \$7.00	
\$7.	00 to \$7.99	\$7.	CO to \$7.99	
\$8.	00 to \$9.99	\$8.	00 to \$9.99	
\$10.00 to \$11.99		\$10	0.00 to \$11.99	
\$12.00 and higher		\$12	2.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach add	litional documentation.	
Please complete lines 25 throu	igh 27 for all agreements.			_
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ness Assistance Form completed	7
1998		1	(9-99	
27. Have all wage and job goa	als been achieved? Yes — do	not submit future forms for this	project	7

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

No — please submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete	lines 1	through	16 for	الد	agreements.
riease complete	: 1111162 1	un ough	10 101		TEL CENTERIOR

RECEIVED MAY 3 0 2001

1. Funding government agence	y name	2. Contact name			
City of Saint Peter		Shannon Sweeney			
3. Agency street address		4. City			
227 South Fro	nt Street	Saint Peter, MN			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
56082	507-931-0661 7. Fax number (area code)	X City County Regional State			
	507-931-4917	Other (Please indicate)_			
9. Name of business receiving	gassistance	10. Industry of recipient (SIC	code)		
River Valley Ind	ustries				
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)		
Revolving Loan F	unds				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
April 1996	July 1996	placed in service	\$40,000		
greements signed during 19 17. Job creation goals for bus  conditions to Show a		olete lines 21 through 24.	l goals for business receiving services quitalines the emple		
19. Actual jobs created since 12 part time pos 25 positions by	business received assistance	<u> </u>	ge paid to employees hired since		
Goals of business receiving a number of employees at each corresponding benefit level.)	ssistance: (Please indicate	Actual performance since proj	ect placed in service: (Please at each wage level and indicate		
	ourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Ho	urly Wage 24. Hourly Val Level of Volunta		
•	scl. benefits (\$)  Benefits (\$)	1	cl. benefits) Benefits (		
	s than \$7.00		s than \$7.00		
	.00 to \$7.99	₹ \$7.1	00 to \$7.99		
\$2	00 to \$0 00	1 0/2/2/01	00 to \$0 00		

Please complete lines 25 through 27 for all agreements.

If necessary, please attach additional documentation.

\$10.00 to \$11.99

\$12.00 and higher

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
1998	3-29-99		
27. Have all wage and job goals been achieved? Yes — do	d? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.		

\$10.00 to \$11.99

\$12.00 and higher

If necessary, please attach additional documentation.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 3 0 2001

1. Funding government agency name		2. Contact name		
City of Saint	Peter	Shannon Sweeney		
3. Agency street address		4. City		
227 South Fron	t Street	Saint Peter, MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
56082	507-931-0661 7. Fax number (area code)	X City County Regional State		
507-931-4917		Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
LJP Enterprises				
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Revolving Loan Fun	ds			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance	
July 1998	October 1998	July 1998	\$40,000	

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

17. Job creation goals for business receiving assistance			18. Average ho assistance	urly wage	level goals for busin	ness receiving
19. Actual jobs created since business received assistance			20. Actual aver business rec	•	wage paid to emplostance	oyees hired since
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
Job Creation Full-time Part-time	Hourly Wage Level (excl benefits)	Hourly Value of Voluntary Benefits (\$)	23. Job Creation Full-time		Hourly Wage Level (excl. benefits)	of Voluntary Benefits (\$)
<u>-</u>	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	11 48
6	\$10.00 to \$11.99 \$12.00 and higher	1620-2596	-6-		\$10.00 to \$11.99 \$12.00 and higher	1620
If necessary, please attach	h additional docume	ntation.	If necessary, pl	lease attacl	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form complet		
NA	3-29-99		
27. Have all wage and job goals been achieved? Yes — do	ed? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.		

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

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(Please return by April 1, 1999)

RECEIVED MAY 3 0 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name			
City of Saint	Peter	Shannon Sweeney			
3. Agency street address		4. City			
227 South Fron	t Street	Saint Peter, MN			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
56082	507-931-0661 7. Fax number (area code)				
	507-931-4917	7 Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Linguistic Technol	ogies.				
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Revolving Loan Fur	nds				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance		
August 1997	September 1997	September 1997	\$40,000		

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

<u> </u>	, .,,,,					an .
. Job creation goals for	business receiving	assistance	18. Average hourly was	e level goals for busi	ness receiving	1426/01
438	1 job   \$10	borrowed	assistance	\$6.5	5 <b>U</b>	Consury
19. Actual jobs created si		d assistance	20. Actual average hour	ly wage paid to empl	oyees hired since	OUT OF
in the St. Peter	area: 716 E	TE ( 9 emplos	business received as			busines
	1/2"	- ( Temple)	rees) 9/2.0	/hr.		perphou
Goals of business receivi	-	}	Actual performance sine		ervice: (Please	926101
number of employees at o	_	indicate the	indicate number of emp	,	evel and indicate	
corresponding benefit lev	/el.)		the corresponding benef	fit level.)		Loan
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creation	Hourly Wage	24. Hourly Value	
	Level	of Voluntary		Level	of Voluntary	repairs
Full-time Part-time	(excl benefits)	Benefits (\$)	Full-time Part-time	e (excl. benefits)	Benefits (\$)	1-1
4	less than \$7.00	<del></del>		less than \$7.00		
	\$7.00 to \$7.99			\$7.00 to \$7.99		
	\$8.00 to \$9.99			\$8.00 to \$9.99		
	\$10.00 to \$11.99			\$10.00 to \$11.99		
	\$12.00 and higher		75	\$12.00 and higher		
If necessary, please attack	h additional docume	ntation.	If necessary, please atta	ch additional docume	entation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
1998	3-29-99			
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				

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

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(Please return by April 1, 1999)
RECEIVED MAY 3 0 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name		
City of Saint Peter		Shannon Sweeney		
3. Agency street address		4. City		
227 South Fron	t Street	Saint Peter, MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
56082	507-931-0661 7. Fax number (area code)	X CityCounty	RegionalState	
	507-931-4917	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC of	code)	
Kind Veterinary Cl	inic			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
Revolving Loan Fur	nds '			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance	
Dec. 1997	March 1998	July 1998	\$40,000	
Job creation goals for busing Annual FTE  Actual jobs created since to Annual FT	ousiness received assistance	business received assistant	ge paid to employees hired since	
Goals of business receiving as number of employees at each corresponding benefit level.)	sistance: (Please indicate	Actual performance since pro	at each wage level and indicate	
Full-time Part-time (exc	Durly Wage Level of Voluntary Benefits (\$) S than \$7.00 00 to \$7.99 00 to \$9.99 0.00 to \$11.99 0.00 and higher	Full-time Part-time (ex les: \$7 \$8 \$10	ourly Wage Level of Voluntary cl. benefits) s than \$7.00 00 to \$7.99 00 to \$9.99 0.00 to \$11.99 2.00 and higher	
If necessary, please attach add		If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busi	ness Assistance Form completed	
NA		3-29.99		
-27. Have all wage and job go:	als been achieved? Yes — do			
No — please submit the 2000 Minnesota Business Assistance Form.				

2. Contact name

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

RECEIVED MAY	´ 3	0	2001
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City of Saint Peter			Shannon Sweeney			
3. Agency street address			4. City			
227 South Front Street			Saint P	eter, M	N	
5. Zip code	6. Phone number	(area code)	8. Type of gov	emment ag	ency	
56082	507-931-0 7. Fax number (a)	661 rea code)	X City	County	Regional	_State
	507-931-49	917	Other (	Please indica	ate)	
9. Name of business receiv	•		10. Industry of	recipient (	SIC code)	
Brinker Enterpri Woolen Mill						
11. Type of assistance (e.g.	loan, TIF, grant, infrasti	ructure, etc.)	12. Name of T	TF district (	if applicable)	
Revolving Loan I	Revolving Loan Fund					
13. Date of business	14. Date assistant	œ first	15. Date projec		1	lue of business
assistance agreement	provided	1	machinery, placed in s		assistanc	e
Jan. 1997	Feb. 1,	1997	Fe. 19		\$40,00	0
For assistance agreements signed between July 1, 1995 and Dagreements signed during 1998 and future years, please comparation goals for business receiving assistance			lete lines 21 thr	rough 24.	te lines 17 through	
25 new employees			assistance		00/m.	
Actual jobs created sine	ce business received as	sistance	20. 'Actual average hourly wage paid to employees hired since			
6				eceived assi	39.18	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (P indicate number of employees at each wage level and the corresponding benefit level.)				
21. Job Creation	Hourly Wage 22. Level	. Hourly Value of Voluntary	23. Job Creation	on	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
	less than \$7.00				less than \$7.00	
	\$7.00 to \$7.99				\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
\$12.00 and higher					\$12.00 and higher	
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented  26. Date this Minnesota Business Assistance Form completed  3-29-99				
1998 3-29-99		25. Last date actual wage and job creation levels documente	ted 26. Date this Minnesota Business Assistance Form complete	:d
		1998	3-29-99	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				

(Please return by April 1, 1999)
RECEIVED NAY 3 0 2001



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name		
City of Saint Peter		Shannon Sweeney		
3. Agency street address		4. City		
227 South Fron	t Street	Saint Peter, MN		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
56082	507-931-0661 7. Fax number (area code)	X CityCountyRegionalState		
	507-931-4917	Other (Please indicate)		
9. Name of business receiving Robert Hamilton db	assistance a St. Peter Funeral Service	10. Industry of recipient (SIC c	ode)	
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
Revolving Loan Fun	ıd .			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance	
June 1997	9/1/97	1/98	\$40,000	

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

Job creation goals for business receiving assistance  1/10,000 borrows d			Average h assistance	ourly wage	level goals for busin	_
3. Actual jobs created since business received assistance			<b>*</b> -	erage hourly eccived ass		oyees hired since
Goals of business receivinumber of employees at corresponding benefit lev	each wage level and	1		er of emplo	e project placed in se byces at each wage l t level.)	
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
	\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher				\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, please attac	J		If necessary,	please attac	h additional docume	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed				
1998	3-10-99				
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form					
UZINO — pie	ase submit the 2000 lytinnesota Business Assistance Form.				

(Please return by April 1, 1999) RECEIVED MAY 3 0 2001



Please complete lines 1 through 16 for all agreements.

assistance agreement provided machinery/etc.) was placed in service  August 1996  August 1996  For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  Job creation goals for business receiving assistance  Actual jobs created since business received assistance  Actual average hourly wage paid to employees hir business received assistance  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value Level  Of Voluntary  August 1996  August 1996  11/97  Average hourly wage paid to employees hir business received assistance  Actual performance since project placed in service: (Please indicate number of employees at each wage level and the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value Level  Actual performance since project placed in service: (Please indicate number of employees at each wage level and the corresponding benefit level.)	runding government agency i	me	2. Contact name
Saint Peter, MN	City of Saint P	eter ·	Shannon Sweeney
S. Zip code   6. Phone number (area code)   507–931–0661   7. Fax number (area code)   507–931–0661   7. Fax number (area code)   507–931–4917   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   Other (Please indicate)   O	Agency street address		4. City
Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Schools   Scho	227 South Front	Street	Saint Peter, MN
7. Fax number (area code) 507-931-4917  9. Name of business receiving assistance St. Peter Cinema 5 LLC  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  12. Name of TIF district (if applicable)  TIF  13. Date of business assistance agreement provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided	Zip code	. Phone number (area code)	8. Type of government agency
9. Name of business receiving assistance  St. Peter Cinema 5 LLC  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  TIF  District 6  13. Date of business   14. Date assistance first   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provided   provi	56082	507-931-0661 . Fax number (area code)	X CityCountyRegionalState
St. Peter Cinema 5 LLC  11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  TIF  District 6  13. Date of business assistance agreement provided provided provided provided provided provided provided provided provided provided placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service pla		507-931-4917	Other (Please indicate)
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)  12. Name of TIF district (if applicable)  District 6  13. Date of business assistance agreement provided provided placed in service assistance agreement provided placed in service assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  14. Actual jobs created since business received assistance placed in service assistance agreements signed during 1998 and future years, please complete lines 21 through 24.  15. Actual average hourly wage level goals for business received assistance assistance placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage and indicate the corresponding benefit level.)  22. Hourly Value benefits (S) and part-time (excl. benefits) Benefits (S) and part-time (excl. benefits) Benefits (S) and higher standard placed in service: (Please indicate number of employees at each wage level and the corresponding benefit level.)  23. Job Creation Hourly Wage 24. Hourly Value of Voluntary Benefits (S) and higher standard placed in service: (Please indicate number of employees at each wage level and the corresponding benefit level.)  240	Name of business receiving a	istance	10. Industry of recipient (SIC code)
TIF  13. Date of business assistance agreement provided provided provided provided provided provided provided provided provided provided provided provided provided provided placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service placed in service p	St. Peter Cinema 5	LLC	
13. Date of business assistance agreement provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provided provid	. Type of assistance (e.g. loan.	IIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)
August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1997 August 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  Average hourly wage level goals for business received assistance  Actual average hourly wage paid to employees hir business received assistance  Actual average hourly wage paid to employees hir business received assistance  Actual average hourly wage paid to employees hir business received assistance  Actual average hourly wage paid to employees hir business received assistance  Actual average hourly wage paid to employees hir business received assistance  Actual average hourly wage paid to employees and cach wage level and the corresponding benefit level.)  21. Job Creation Hourly Wage Level of Voluntary  Full-time Part-time (excl. benefits) Benefits (S) Full-time Part-time (excl. benefits) Ber Full-time Part-time (excl. benefits) Ber St.00 to \$7.99  \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher  \$12.00 and higher	[ <b>F</b>		District 6
August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1996 August 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  Average hourly wage level goals for business received assistance  Actual average hourly wage paid to employees hir business received assistance  Coals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation  Hourly Wage Level  Of Voluntary  Full-time Part-time (excl. benefits)  Benefits (5)  Full-time Part-time (excl. benefits)  S7.00 to \$7.99  \$8.00 to \$9.99  \$10.00 to \$11.99  \$12.00 and higher			machinery/etc.) was assistance & 4.11. At
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.  7. Job creation goals for business receiving assistance 2. Average hourly wage level goals for business received assistance 2. Actual average hourly wage paid to employees hir business received assistance 2. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value 23. Job Creation Hourly Wage 24. Hourly Value 25. Full-time Part-time (excl. benefits) Benefits (S) 2. Full-time Part-time (excl. benefits) Benefits (S) 2. Full-time Part-time (excl. benefits) Benefits (S) 2. Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standa	August 1996	August 1996	1 -1 18 : 1 11 16 1
business received assistance    Color	Actual jobs created since bu	ness received assistance	
business received assistance    Color	12	· · · · · · · · · · · · · · · · · · ·	assistance 60
number of employees at each wage level and indicate the corresponding benefit level.)  21. Job Creation Hourly Wage 22. Hourly Value of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)  \$\frac{1}{2}\$ less than \$7.00	• •	noss received assistance	business received assistance
Level of Voluntary   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Part-time   (excl. benefits)   Benefits (\$)   Full-time   Full-time   Part-time   (excl. benefits)   Full-time   Full-time   Full-time   Full-time   Full-time   Full-time   Full-time   Full-time   Full-time   Full-time   Full-time   Full-time   Full-time   Fu	imber of employees at each w		Actual performance since project placed in service: (Pleuse indicate number of employees at each wage level and indicate the corresponding benefit level.)
\$7.00 to \$7.99 \$7.00 to \$7.99 \$8.00 to \$9.99 \$8.00 to \$11.99 \$12.00 and higher	I	vel of Volumena	Lavel of Values
\$7.00 to \$7.99  \$8.00 to \$9.99  \$10.00 to \$11.99  \$12.00 and higher  \$12.00 and higher	10	enefits) Benefits (\$)	Full-time Part-time (excl. benefits)  Benefits (5
\$8.00 to \$9.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher \$12.00 and higher		an 37.00	like of the season street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street street stre
\$10.00 to \$11.99 \$10.00 to \$11.99 \$12.00 and higher			
\$12.00 and higher\$12.00 and higher			
		-	
Please complete lines 25 through 27 for all agreements.	ase complete lines 25 throug	27 for all agreements.	
25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form co	Last date actual wage and jo	creation levels documented	26. Date this Minnesota Business Assistance Form complete

00-0985

# original formsedmitted 5/30/01 & I.H.

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines I through 16 for all agreements.

	•		2 c. dopina.k		
1. Yinding government agency name St. Peter		2. Confact name			
Pronomic Development Authority		Rosten Wille, Dir	c. of Com. Dev.		
3. Agency street address		4. City			
227 South Front Street		St. Peter			
5. rp code	6. Phone number (area code)	dc) 8. Type of government agency			
56082-2538	507-931-0661 7. Fax number (area code) 507-931-4917	X CityCountyRegionalStateOther (Please indicate)			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
Torrasol Restoration					
11 Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)			
Disaster Revolving Loan		NA.			
13 Date of business assistance agreement	14. Date assistance first provided	15. Dute project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance		
2/9/99	3/1/99	2/2000	\$130,000		

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

17 Job creation goals for dusiness receiving assistance		assistance	level Roars for pusiness receiving
Gi als of business receiving assistance: (Please indicate number of employees at each wage level and indicate the creresponding benefit level.)		20. Actual average hourly business received ass	y wage paid to employees hired since istance
		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
24. Job Creation  Full-time Part-time	Hourly Wager ** 22. Hourly Value  Level of Voluntary  (excl. benefits) Benefits (5)	23. Job Creation ***** Full-time Part-time	Hourly Wage *** 24. Hourly Value Level of Voluntary
- Turitine	less than \$7.00		(excl. benefits) Benefits (\$) less than \$7.00
	\$7.00 to \$7.99 \$8.00 to \$9.99		\$7.00 to \$7.99 \$8.00 to \$9.99
\$10.00 to \$11.99 \$12.00 and higher			\$10.00 to \$11.99 \$12.00 and higher
If necessary, please attach	additional documentation.	If necessary, please anac	h additional documentation.

Physe complete lines 25 through 27 for all agreements.

** ** *

2. Last date actual wage and job creation levels	documented	26. Date this Minnesota Business Assistance Form completed
	2.7.H.8/28/U	1 0/1/01
27. Have all wage and job goals been achieved?	XYes — do □ No — plea	o not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

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

***Relocated business to St. Peter after 1900entornado. Rehabilitated buidling that was nearly destroyed. RECYCLED DISASTER FUNDS.

8/401 Form resulmitted on 1999 MBAF see school IX D.

00-0986

# ociginal com submitted 5/30/01 & 7.4 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Plea _s a complete lines 1 throu		Development			
1. Junding government agent	1. Funding government agency name St. Peter		2. Contact name		
Monomic Develop	•	Rosten Wille, Di	r. of Com. Dev.		
3. Agency street address		4. City			
2,27 South Front	Street	St. Peter			
5. Zip code	6. Phone number (area code)	8. Type of government agency	y		
56082-2538 507-931-0661 7. Fax number (area code)		X CityCounty	_RegionalState		
		Other (Please indicate)_			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
W.M. Gustafson					
It Type of assistance (e.g. lo	oan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Disaster Revolv	ring Loan	NΛ			
1.5 Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance		
2/16/99 3/1/99		9/9/99	\$100,000		
	gned between July 1, 1995 and D 198 and future years, please com		nes 17 through 20. For		
12. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance			
		<del></del>			

Coals of business receiving assistance: (Please indicate		18. Average hourly wage assistance	level goals for business receiving
		20. Actual average hourly wage paid to employees hired since business received assistance  Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
	less than \$7.00 \$7.00 to \$7.99		less than \$7.00 \$7.00 to \$7.99
	\$8.00 to \$9.99 \$10.00 to \$11.99		\$8.00 to \$9.99 \$10.00 to \$11.99
\$12.00 and higher		If necessary, please attuc	S12.00 and higherh additional documentation.

Pigase complete lines 25 through 27 for all agreements.

おおお

35. Last date actual wage and job creation levels	documented	26. Date this Minnesota Business Assistance Form completed
1	7.H.8/27/01	
17. Have all wage and job goals been achieved?	ed? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.	

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

***The funds used for this project are recycled Disaster Revolving Loan Funds. has leased the building to businesses (that were in that building prior to the '98 tornado.

8/01/01 Form resulmitted on 1999 MBAF per phone l. F.A.

hrly wage

00-0987

# original form submitted 5/30/01 & 7. H.

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.			Development	
1. Funding government agency name St. Peter		2. Contact name		
Fromomic Development Authority		Rosten Wille, Dir	. of Com. Dev.	
3. Agency street address		4. City		
227 South Front	Street	St. Peter		
5. Sip code	6. Phone number (area code)	8. Type of government agency	<u> </u>	
56082-2538	56082-2538 507-931-0661 7. Fax number (area code)		RegionalState	
		Other (Please indicate)_		
9. Name of business receiving	ig assistance ·	10. Industry of recipient (SIC o	code)	
Citizens Schola	rship Foundation			
11. Type of assistance (e.g. l	oan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
Revolving Loan		NA		
1.i, Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was placed in service	assistance	
1/4/99	1/5/99	12/6/99	\$150,000	
17. Job creation goals for bu	isiness receiving assistance	18. Average hourly wage leve assistance		
14, Actual jobs created since	e Dusiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
Challs of business receiving number of employees at eac corresponding benefit level.	h wage level and indicate the	Actual performance since proj indicate number of employees the corresponding benefit leve	at each wage level and indicate	
	Hourly Wage 22. Hourly Value Cevel of Voluntary	RETENTION	urly Wage 24. Hourly Value Level of Voluntary	
Full-time Part-time (		1 \		
	ess than \$7.00	A' ===================================	s than \$7.00 00 to \$2.99	
	68.00 to \$9.99	<b>6</b> X	00 to \$2,99 <u>\$1.75</u> 00 to \$9,99	
\$10,00 to \$11,99		W:	0.00 to \$10.99 <u>\$1.75</u>	
\$12.00 and higher			.00 and higher\$1_75	
I) necessary, please attach additional documentation.		If necessary, please attach add	•	
Please complete lines 25 thr	ough 27 for all agreements.			
·	nd job creation levels documented	26. Date this Minnesota Busin	ness Assistance Form completed	
5/2001		8/1/01		
27. Have all wage and job	goals been achieved? XYes — d			
□ No — pl		ease submit the 2000 Minnesota	Business Assistance Form.	

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

(over)

. 8/01/01 Form evolunitied on 1999 MBAF per phone 27.1.

00-0988

# auginal goen submitted 5/30/01 & I. U.

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

•	MINNESOF
	Trade &
E	conomic
Ī	evelopment

Plea, e complete lines 1 throug	<del>-</del>	Development			
1. i unding government agency name St. Peter		2. Contact name			
Monomic Develop	ment Authority	Rosten Wille, Dir	r. of Com. Dev.		
3. Agency street address		4. City			
227 South Front	Street	St. Peter			
5. Zip code	6. Phone number (area code)	8. Type of government agency	,		
55082-2538 507-931-0661 7. Fax number (area code)		_X CiryCounty	_RegionalState		
		Other (Please indicate)_			
9. Hame of business receiving	assistance .	10. Industry of recipient (SIC	çode)		
Nlake Dirks OD					
It Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Disaster Revolving Loan		NΛ			
13 Date of business 14. Date assistance first provided		15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
6/15/99	7/1/99	placed in service 11/99	\$150,000		
	gned between July 1, 1995 and I 98 and future years, please com		nes 17 through 20. For		
17. Job creation goals for business receiving assistance		18. Average hourly wage level assistance	el goals for business receiving		
19. Actual jobs created since business received assistance		20. Actual average hourly wa business received assistan	ge paid to employees hired since ce		
Cleals of business receiving a number of employees at each			ject placed in service: (Please s at each wage level and indicate		

Please complete lines 25 through 27 for all agreements.

13 necessary, please attach additional documentation.

Hourly Wage

Level

(excl. benefits)

less than \$7.00

\$7.00 to \$3.99

9.00 to \$10.99

\$10.00 to \$12.99

\$12.00 and higher

caresponding benefit level.)

Full-time Part-time

21. Job Creation

24. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
5/2001	8/1/01
27. Have all wage and job goals been achieved? XYcs — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

22. Hourly Value

of Voluntary

Benefits (S)

the corresponding benefit level.)

Full-time Part-time (excl. benefits)

If necessary, please attach additional documentation.

Hourly Wage

Level

less than \$7.00

\$7.00 to \$7.99

\$8.00 to \$9.99

SCP.00 to \$16.99

\$12.00 and higher

24. Hourly Value

of Voluntary

Benefits (\$)

23. Job Creation

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

PLEASE NOTE THAT 2 NEW BUSINESSES NOW ALSO OCCUPY THIS BUILDING.

8/1/01 form resulmitted on 1999 MBAF per phone LY.M.

# ? RECEIVED

# 1999 Minnesota Business Assistance Form

(Please return by April-7, 1999)

Please complete lines 1 through 16 for all agreements.

RECEIVED MAR 2 9 2001



			· Development	
1. Funding government agency	name	2. Contact name		
City of Stillwater		Nile L. Kriesel City Administrator/Treasurer		
3. Agency street address		4. City		
216 North 4th Stree	et	Stillwater		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
	651 430-8801 7. Fax number (area code)	_x CityCounty	RegionalState	
55032	651 430-8809	Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
Schoonover Real Est	tate Co., LLP			
11. Type of assistance (e.g. loan	, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		TIF #1 Downtown & Industrial Park		
13. Date of business assistance agreement provided  Development Agree Effective 8-25-95 August 1997		15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance \$143,000 81/10 per	

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

17 1-1	. ,	•	10 1		111- f b	
17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving				
13 new jobs first year after completi			on assistance			
25 new jobs t	wo vears afte	r completion	n \$27,000	) & \$34	,000	
19. Actual jobs created				erage hourl	y wage paid to empl	oyees hired since
			business r	eceived ass	istance y 15 \$40,000	
15			average	e sarar	y 15 340,000	per year
Goals of business receiving assistance: (Please indicate		se indicate	Actual perform	mance since	e project placed in se	ervice: (Please
number of employees	it each wage level and	l indicate the	indicate numb	er of emplo	oyees at each wage l	evel and indicate
corresponding benefit	evel.)		the correspond	ding benefi	t level.)	
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
	Level	of Voluntary			Level	of Voluntary
Full-time Part-tim		Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
<del></del>	_ less than \$7.00				less than \$7.00	
	_ \$7.00 to \$7.99				\$7.00 to \$7.99	
	_ \$8.00 to \$9.99				\$8.00 to \$9.99	
	_ \$10.00 to \$11.99				\$10.00 to \$11.99	
	_ \$12.00 and higher	r			\$12.00 and higher	
If necessary, please attach additional documentation.		If necessary,	please attac	h additional docume	entation.	
DI 1. 11. 0			···-			,

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
December 31, 1999	March 26, 2001		
	<ul> <li>Yes — do not submit future forms for this project.</li> <li>No — please submit the 2000 Minnesota Business Assistance Form.</li> </ul>		

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Please complete lines 1 through 16 for all agreements.

00-0117

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

1. Funding government agency name		2. Contact name		
Swift County		Susan M. Pirsig		
3. Agency street address		4. City		
301 14th St. N.		Benson		
5. Zip code	6. Phone number (area code)	8. Type of government agence	Fy	
56215	320-842-4769 7. Fax number (area code)	City X_County _	RegionalState	
·	320-843-4850	Other (Please indicate)		
9. Name of business receiving		10. Industry of recipient (SIC	code)	
Custom Ag Products	Inc	3523		
	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	policable)	
Loans	,		***	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance	
7-29-97	9-23-97	12-97	\$275,000	
	ed between July 1, 1995 and De 8 and future years, please comp- ness receiving assistance	lete lines 21 through 24.  18. Average hourly wage lev assistance	el goals for business receiving	
19. Actual jobs created since b	nsiness received assistance	\$8.50 20. Actual average hourly wage paid to employees hired since		
-		business received assistance		
68		\$10.5		
Goals of business receiving as: number of employees at each v corresponding benefit level.)			oject placed in service: (Please is at each wage level and indicate rel.)	
	urly Wage 22. Hourly Value Level of Voluntary	23. Job Creation H	lourly Wage 24. Hourly Value Level of Voluntary	
	L benefits) Benefits (\$)	Full-time Part-time (e:		
less	than \$7.00	les	ss than \$7.00	
\$7.0	<b>XO</b> to \$7.99	\$7	7.00 to \$7.99	
40 58.0	20 to <b>\$</b> 9.9975		3.00 to \$9.9975	
9 510	.00 to \$11.9975		10.00 to \$11.9975	
1 \$12	.00 and higher75	<u>10</u> s1	2.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		
Please complete lines 25 throu	gh 27 for all agreements.			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Bus	iness Assistance Form completed	
June 30, 200	0	3-27-01		
27. Have all wage and job goa	ls been achieved? XYes — do			
		ise submit the 2000 Minnesot		
This form replaces all pro	evious forms. Please complete	one form for each busine:	ss assistance agreement your	

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

- completed as director

RECFIVED MAD -

00-0118

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements

		一つ ピン 自然の グロ	JUNA DEACTO DITTE	
I. Funding government agency name		2. Contact name		
Swift County RDA		Susan M. Pirsig		
3. Agency street address		4. City		
301 14th St. N.				
PO Box 288		Benson		
5. Zip code	6. Phone number (area code)	8. Type of government agency	. 41	
56215	320-842-4769 7. Fax number (area code)	8. Type of government agency  1. F. H. 7	Regional State	
•	1		County Rural Develop	nent
	320-843-4850	X Other (Please indicate)	inance Authority	
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
·			-	
Custom Ag Produc	ts, Inc.	3523	•	
11. Type of assistance (e.g. loan, TIF, grant, infrasmucnice, etc.)		12. Name of TIF district (if applicable)		
TIF		. 1-97 (South)		
	1 14 Day and 5 1	<del></del>	1.65 11 - 51	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
		placed in service		
8-26-97	1999	12-97	\$25,875 (approx)	

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

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance					
50				•	\$8.50		
19. Actual job	s created si	nce business receive	d assistance			wage paid to emplo	yees hired since
•	58			business n	eccived assi		
						<u>\$10.50</u>	
	ployees at a	ng assistance: (Pleas each wage level and rel.)	1		er of emplo	e project placed in se byces at each wage lo t level.)	
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
40		\$8.00 to \$9.99	75	43		\$8.00 to \$9.99	_75
<u> </u>		\$10.00 to \$11.99	75	15		\$10.00 to \$11.99	75
_1_		\$12.00 and higher	75	10		\$12.00 and higher	75
If necessary, p	olease attac	h additional docume	ntation.	If necessary, p	please attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
June 30,2000	3-27-01
	not submit future forms for this project.
	ase submit the 2000 Minnesota Business Assistance Form.

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

- Completed as directed to comply with 2001 requirements

White Charles

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED APR 0 5 2001

1. Funding government agency	name	2. Contact name			
CITY OF VERNDALE		DAWN NELSON			
3. Agency street address		4. City			
101 S. BROWN ST.	PO BOX 156:	VERNDALE			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
56481	56481 218-445-5400 7. Fax number (area code)		X CityCountyRegionalState		
	218-445-5308	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
VERNDALE TRUSS	5 ONC.	2439			
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF		DISTRICT 1-1			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
AMENDED	provided	machinery/etc.) was placed in service	assistance		
06/04/97	02/04/97	10/03/94	\$792000.00		

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

agreements signed during	g 1990 and future ye	ars, picase comp	ica mics 21 ai	rough 24.	•	
17. Job creation goals for RETAIN 20	business receiving a	ssistance	18. Average h		e level goals for busin	ness receiving
ADD 10			\$7.3			
19. Actual jobs created si	noo husinasa mooiya	d assistance			ly wage paid to emplo	was hired since
19. Actual jobs created si	nce ousmess received	u assistance	bysiness r			yees lined since
12			\$9.0	2	Sistance	
Goals of business receivi	ng assistance: (Please	e indicate	Actual perform	mance since	ce project placed in ser	rvice: (Please
number of employees at	each wage level and i	indicate the	indicate numb	er of emp	loyees at each wage le	vel and indicate
corresponding benefit lev	rel.)		the correspond	ling benef	it level.)	
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
	Level	of Voluntary			Level	of Voluntary
Full-time Part-time	(excl. benefits)	Benefits (\$)	Full-time	_	(excl. benefits)	Benefits (\$)
13	less than \$7.00	\$6.32	23	0	less than \$7.00	\$ 0.0
6	\$7.00 to \$7.99	\$7.41	12		\$7.00 to \$7.99	\$ 7.46
6	\$8.00 to \$9.99	\$8.95	11		\$8.00 to \$9.99	\$ 9/22
2	\$10.00 to \$11.99	\$11.00	4		\$10.00 to \$11.99	\$11.38
5	\$12.00 and higher	\$12.78	5		\$12.00 and higher	\$13.72
If necessary, please attac	h additional documer	ntation. way 165	If necessary, p	olease atta	ch additional docume	
•		pergn .				paryit4, Flt
Please complete lines 25 torough 27 for all agreements. Apple					21910	
25. Last date actual wage and job creation levels documented			26. Date this	Minnesota	Business Assistance	Form completed
UNKNOWN			MARCH	30,	2001	
27. Have all wage and jo	b goals been achieve					
□ No — please submit the <b>2000 Minnesota Business Assistance Form</b> .						

8980-00

# REGEIVED AUG 2 3 2001

# Original received 5/22/01 & F.H. 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

THHELDE

Please complete lines 1 through 16 for all agreements.

1. Funding government agenc	y Name	2. Contact name		
City of	Wabasso	Marilyn J. Davis		
3. Agency street address		4. Cly		
1429 Front Street		Wabasso		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
56293 (507)342-5519		X CityCounty	RegionalSue	
7. Pax number (area code)				
	(507) 34202213	Other (Please indicate)		
9. Name of business receiving	auristuace	10. Industry of recipient (SICc 3944-2.7.11.91)	9101 7	
Jonti-Craft		12. Name of TIF district (if applicable)		
11. Type of assistance (e.g. loca, TIF, grast, infrastructure, etc.)		12. Name of the district (17 app	picadw)	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/otc.) was	16. Dollar value of business assistance	
7.29-1995	9-1-2000	placed in service 3-1-2000	150,000.00	

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

17. Job treation goals fo	r business receiving	as piptance	IS. Average h		icvel goals for busin	ness receiving	
19. Acrual jobs creared s	rpuse primites lacelar	ed meriaturics		rage bourty sceived ass	wegs paid to emplo	yees hard since	
Goels of business receive number of employees at corresponding benefit is	each wage level and		Actual performance indicate number the correspond	er of emplo	project placed in se system at each wage in t level.)	rvice: (Flease	
21. Job Creation  Full-time Part-time	Hourly Wago Lovel (cool, benefits)	22. Hourly Velue of Voluntary Bonefits (S)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (5)	
<u> </u>	less than \$7.00 \$7.00 to \$7.99	127	7		less than \$7.00 \$7.00 to \$7.99	1.27	
<u> </u>	\$8,00 to \$9,99` \$10,00 to \$11,99	127	20		\$8.00 to \$9.99 \$10.00 to \$11.99	1.27	91 240 L
If necospary, please attac	312.00 and higher sh additional docume		If necessary.	please attac	\$12.00 and higher hadditional docume	127	1.100

Plants complete times 25 through 27 for all accoments

25. Last date acrual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
	8:23-201
27. Have all wage and job goals been achieved? Yes - do	not submit fature forms for this project.
□No — ple	ue submit the 2000 Minnesota Butiness Assistance Forth.

# 00-0061

## RECEIVED MAR 2 7 2001

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines I through 16 for all agreements.

1. Funding government agency	name	2. Contact name			
WARROAD PORT	AUTHORITY	DICK SOBERBO	ERG, CHAIRMAN		
3. Agency street address		4. City			
P.O. Box 666	,	WARROAD			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
56763	218 - 386 - 1454  7. Fax number (area code)  218 - 384 - 3375	City County  **Other (Please indicate)	RegionalState PORT AUTHORITY		
9. Name of business receiving		10. Industry of recipient (SIC code)			
HELGESON CHA		7261	,		
11. Type of assistance (e.g. loan	n, TIF. gram, infrastructure. etc.)	12. Name of TIF district (if app	plicable)		
TIF		DIST. #1			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/	16. Dollar value of business assistance		
2-1-97	8-1-98	placed in service 2-1-97	\$ 100,000.		

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

17. Job creation goals for business receiving assistance			wage	level goals for busi	\$ 18.27 l.4	
/		assistance	<b>\$</b> 3	8,000 / YR	2.	
19. Actual jobs created si	nce business receiv	ed assistance			wage paid to empl	oyees hired since
/		business re	ceived assi	stance 0,000 /YI	19.23 £.7.4 ?,	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the		•		project placed in servers at each wage l	. 1	
corresponding benefit level.)		the correspond	•	,		
21. Job Creation	Hourly Wage Level	22. Hourly Value of Voluntary	23. Job Creation	on .	Hourly Wage Level	24. Hourly Value of Voluntary
Full-time Part-time	(excl benefits)	Benefits (\$)	Full-time	Part-time	(excl_benefits)	Benefits (\$)
	less than \$7.00				less than \$7.00	·
	\$7.00 to \$7.99				\$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
	\$10.00 to \$11.99				\$10.00 to \$11.99	
\$12.00 and higher				\$12.00 and higher		
If necessary, please attach	n additional docume	entation.	If necessary, p	lease attach	additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3-18-98	3-27-01
27. Have all wage and job goals been achieved? XYes — do No — ple:	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

# 00-0062 RECEIVED MAR 2 7 2001

less than \$7.00

\$7.00 to \$7.99

\$8.00 to \$9.99 \$10.00 to \$11.99

If necessary, please attach additional documentation.

\$12.00 and higher

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 thro	ugh 16 for all agreements.	Development		
1. Funding government agency name		2. Contact name		
WARROAD PORT AUTHORITY		DICK SODERBERG, CHAIRMAN		
3. Agency street address		4. City		
P.O. Box 666		WARROAD		
5. Zip code	6. Phone number (area co	de) 8. Type of government agency		
	218-386-145	CityCountyRegionalState		
56763	7. Fax number (area code)			
	218-386-337	X Other (Please indicate) PORT AUTHORITY		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
DUCKWALL- ALLO STORES, INC		6512		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		tc.) 12. Name of TIF district (if applicable)		
TIF		<b>9</b> 157, #1		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ 16. Dollar value of business assistance		
7-2-97	8-1-99	placed in service 495,423		
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
POSSIBLE WITH R	usiness receiving assistance OXIMUM NO. OF TO EGALD TU OPERATION ROTTOM LINE PRUI	18. Average hourly wage level goals for business receiving assistance # 5. 15 +		
19. Actual jobs created sind	e business received assistance	20. Actual average hourly wage paid to employees hired since		
34		business received assistance		
-	assistance: (Please indicate the wage level and indicate the .)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation	Hourly Wage 22. Hourly Level of Volume	· · · · · · · · · · · · · · · · · · ·		
Full-time Part-time (		- 1		

If necessary, please attach additional documentation.

\$7.00 to \$7.99

\$8,00 to \$9.99

\$10.00 to \$11.99

\$12.00 and higher

riease complete mies 25 ditodgii 27 tot mi agreements				
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
3-27-01	3-27-01			
	achieved? XYes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			

# RECEIVED MAR 2 5 401

00-0181

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

MHESON

A 15700 Combiers west I think	n 10 ior au agreements.		Development
1. Funding government agency name		2. Contact name	
CITY OF WATERVILLE		Teresa Hill	
3. Agency street address		4. City	
P.O. Box 9		•	
200 Third Stre	et south	Waterville	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
56096	(507) 362-8300		٠.
	7. Fax number (area code)	_x CityCounty _	RegionalState
	, <u></u>	Orben (Managara da Alaman)	
		Other (Please indicate)	
9. Name of business receiving assistance		10. Industry of recipient (SIC code)	
Prosch-Dennis	Funeral Mome		
	n, TTF, grant, infrastruoture, etc.)	12 Name of TIE district (18 on	nlleshio)
• • •	n, tir, grain, mnascusture, etc.)	12. Name of TIF district (If applicable)	
TIF		TIF: 1-4	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business
amistance agreement	provided	machinery/etc.) was	EARISTANCE
	Ì	placed in service	Total \$137,850
TIF-Agreement 3/4	_{/97} 1998	1997	Yearly \$13,785.00
	ned between July 1, 1995 and De 8 and future years, please comp		ies 17 through 20. For
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage leve	goals for business receiving
		assistance	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since	
		business received assistance	
Goals of business receiving assistance: (Please indicate		Actual performance since proj	ect placed in service: (Please
number of employees at each corresponding benefit level.)	walls level and indicate and	the corresponding benefit leve	at each wage level and indicate
		• •	-
21. Job Creation Ho	urly Wage 22. Hourly Value Level of Voluntary		urly Wago 24. Hourly Value Level of Voluntary
Full-time Part-time (ex	Level of Voluntary at benefits) Benefits (S)	Full-time Part-time (exc	
•		•	than \$7.00
	than \$7.00		
	00 to \$7.99		00 to \$7.99
\$8.	00 ₪ \$9.99		00 to \$9.99
\$10	).00 to \$11.99	\$10	0,00 to \$11.99
S12	2.00 and higher	\$12	2.00 and higher
If necessary, please stach additional documentation.		If necessary, please attach add	litional documentation.
Please complete lines 25 throu	igh 27 for all agreements.		
25. Last date actual wage and job creation levels documented		26. Date this Minnesota Business Assistance Form completed	
·		3/25/01	
25 (Vans. 1) and a sent felt	Jahan and Stands		miert
27. Have all wage and job goals been achieved? Yes — do not submit finure forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			
This form replaces all previous forms. Please complete one form for each business assistance agreement your			

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

RECEIVED MAY 3

00-0800

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.	Development			
1. Funding government agency name	2. Contact name			
City of Walking	Debkraher			
3. Agency street address	4. City			
III Central Aus	Watkins			
5. Zip code 6. Phone number (area code) 330-)(64-(640)	8. Type of government agency  CityCountyRegionalState			
55389 7. Fax number (area code) 320-164-6401	Other (Please indicate)			
9. Name of business receiving assistance	10. Industry of recipient (SIC code)			
Barrier Technology  11. Type of assistance (e.g. loan, TIF, grant, infragructure, etc.)	2439			
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
loan	TIF District #4			
13. Date of business assistance agreement  14. Date assistance first provided	15. Date project (building/ machinery/etc.) was assistance			
1. 00	placed in service			
11-14-94 8-13-94	12-1-95 \$ 85,500			
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for business receiving assistance	18. Average hourty wage level goals for business receiving			
25	assistance S7/hr			
19, Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since			
16	business received assistance \$10/hu,			
Goals of business receiving assistance: (Please indicate	Actual performance since project placed in service: (Please			
number of employees at each wage level and indicate the corresponding benefit level.)	indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary	Level of Voluntary			
Full-time Part-time (excl. benefits) Benefits (\$)	Full-time Part-time (excl. benefits) Benefits (\$)			
less than \$7.00	less than \$7.00			
\$7.00 to \$7.99	\$7.00 to \$7.99			
\$8.00 to \$9.99	\$8.00 to \$9.99			
\$10.00 to \$11.99	\$10.00 to \$11.99			
\$12.00 and higher	\$12.00 and higher			
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.			
Please complete lines 25 through 27 for all agreements.				
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
3-30-01	3-30-01			
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.				

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

(over)



(Please return by April 1, 1999)Trade &						
Please complete lines 1 through 16 for all agreements.  RECEIVED MAN 2 9 2001 Economic Development						
1. Funding government agency name	•	2. Contact name				
C:M of WELL	COME	JERRY W	ESTPHAL			
3. Agency street address		4. City				
	.Ducan	WELCOME				
	ione number (area code)	8. Type of government age	ency			
56181 (27)	728-8740	CityCountyRegionalState				
7. Fa	x number (area code)					
	728-8740	Other (Please indica				
9. Name of business receiving assista	i	io. Industry of recipient (S	,			
Easy Systems In	•	•	ine & Electronics			
11. Type of assistance (e.g. loan, 7:F,	grant, infrastructure, etc.)	12. Name of TIF district (i	if applicable)			
LOAN			Ì			
	Date assistance first	15. Date project (building	16. Dollar value of business			
assistance agreement p	provided	machinery/etc.) was assistance placed in service				
FES 4 1997 FE	B.4. FA7	JUNE 1997 130,000				
For assistance agreements signed bet	•		te lines 17 through 20. For			
agreements signed during 1998 and			ac bites 1. (mough 20.1.0)			
17. Job creation goals for business re-	ceiving assistance	18. Average hourly wage level goals for business receiving				
30		12.36				
19. Actual jobs created since husiness	received assistance	20. Actual average hourly wage paid to employees hired since				
,	s received assistance	business received assistance				
26.9	_	21.	85			
Goals of business receiving assistance	•		project placed in service: (Please			
number of employees at each wage to corresponding benefit level.)	ever and indicate the	indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation Hourly W	age 22. Hourly Value		Hourly Wage 24. Hourly Value			
Level	of Voluntary		Level of Voluntary			
Full-time Part-time (excl. benefit less than \$ 100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to \$100 to	fits) Benefits (\$)	Full-time Part-time	(excl. benefits) Benefits (\$)			
less than 5	7.90		tess than \$7.00			
Was	0.00	3 4	\$8.00 to \$9.99 . 40			
\$3.00 to \$	C11 00	<del>1</del> —	\$10.00 to \$11.99			
\$12.00 and	l higher	21 2	S12.00 and higher SC			
If necessary, please attach additional	3	If necessary, please attach	additional documentation			
Please complete lines 25 through 27						
25. Last date actual wage and job cre		26. Date thus Minnesota F	Business Assistance Form completed			
9-30-200		٠٦- ٢٦- ١٥٠	<del>-</del>			
1-20-000	_	<b></b>				

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

Wo - please submit the 2000 Minnesota Business Assistance Form.

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

#### RECEIVED MAY 2 9 2001

#### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name			
City of Wells		Zoa Heckman			
3. Agency street address		4. City			
125 South Broad	lway	Wells, Minnesota	a		
5. Zip code	6. Phone number (area code)	8. Type of government agency			
56013	56013   507-553-6373   X City County				
	507-553-5202	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Wells Super Val	u Grocert	<b>5</b> 411			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	olicable)		
Tax Increment		District No. 2-8			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance		
5-1-99	None Yet	3-2-00 \$165-689			

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

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving			
NA	assistance	assistance NA				
19. Actual jobs created s	ince business receive	ed assistance		rage hourly	wage paid to emplo	yees hired since
NA			0.0201622 1	NA		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation  Full-time Part-time	Hourly Wage Level	22. Hourly Value of Voluntary		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
run-une ran-une	(excl. benefits) less than \$7.00	Benefits (\$)	run-time	ran-une	less than \$7.00	Selicinis (4)
2 8	\$7.00 to \$7.99	$\rightarrow$		_4	\$7.00 to \$7.99	
	\$8.00 to \$9.99	-X	_3		\$8.00 to \$9.99	<b>X</b>
	\$10.00 to \$11.99				\$10.00 to \$11.99	
\$12.00 and higher\$12.00 and higher						$\leftarrow$
If necessary, please attac	h additional docume	entation.	If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented		26. Date this Minnesota Business Assistance Form completed			
5-23-01		5-29-01			
27. Have all wage		Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.			



(Please return by April 1, 1999)



Please complete lines 1 through	h 16 for all agreements.	ECEIVED MAY 2 4	2001 Development			
1. Funding government agency		2. Contact name				
WHITE BEAT TOWN	MP	WILLIAM SITURT				
3. Agency street address		4. City				
1749 HAMMOND FO.		WHITE BEAR TIWN	ISHTP			
5. Zip code	6. Phone number (area code)	8. Type of government agency				
	(151) 4121-562) 7. Fax number (area code)	CityCounty	RegionalState			
5010	(651) 426-2259					
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
STATE TOOL						
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)				
LOMN & TIF		1-11				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance			
SEPT. 15, 1997	Ming 18, 19947	placed in service DEC 24. 1947	\$ 110.000			
5. Zip code  5. Zip code  9. Name of business receiving  5. TATE TOOL  11. Type of assistance (e.g. loan  LOMN & TE  13. Date of business  assistance agreement	(1651) 4121-5627  7. Fax number (area code) (1651) 4124-22547  assistance  n, TIF, grant, infrastructure, etc.)  14. Date assistance first provided	CityCounty	RegionalState  TRUNSTIP  code)  16. Dollar value of busine assistance			

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

17. Job creati	on goals for	business receiving	assistance	18. Average hourly wage level goals for business receiving			
3 FULL THE JOHN @HOUSE WHOE IF				assistance Ou/Ittive			
19. Actual job	os c <del>re</del> ated si	ince business receive	d assistance	20. Actual ave	rage hourly	wage paid to empl	oyees hired since
				business r	eceived ass		1
5		•			14	4/11/2-	
Goals of busin	ness receivi	ng assistance: (Pleas	se indicate	Actual perform	mance since	project placed in s	ervice: (Please
		each wage level and	indicate the	indicate numb	er of emplo	yees at each wage l	evel and indicate
corresponding benefit level.)			the correspon	ding benefit	t leveL)		
21. Job Creati	21. Job Creation Hourly Wage 22. Hourly Value		23. Job Creation		Hourly Wage	24. Hourly Value	
		Level	of Voluntary			Level	of Voluntary
Full-time	Part-time	(excl. benefits)	Benefits (\$)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
		\$7.00 to \$7.99			,	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
3		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher		5		\$12.00 and higher	
If necessary, p	olease attaci	h additional docume	ntation.	If necessary, p	lease attacl	n additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form complete		
JAU. 1, 1999	MM 212001		
27. Have all wage and job goals been achieved? ☐ Yes — do☐ No — ple:	not submit future forms for this project.  see submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED MAY 2 4 2001

1. Funding government agency	name	2. Contact name			
WHITE BEAR TOWN	HIP	WILLIAM SHORT			
3. Agency street address		4. City			
1241 HAMMOND R	,	WHITE BEAR TOWN	PIP		
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55110	(651) 424-5627 7. Fax number (area code) (651) 42V -2252	CityCountyRegionalState Other (Please indicate)TINNSITE?			
9. Name of business receiving		10. Industry of recipient (SIC code)			
ST CROIN VINNEY M					
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIF bout and be	·17N	TF DST 1-18			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
NOV. 17. 1997		placed in service 275,000 WKALT 60,000 LONNI (50,000 NIF (VA)			
			Canton Inc. Catala		

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

17. Job creation	on goals for	business receiving a	ssistance	18. Average hourly wage level goals for business receiving			
20				assistance	11 /HP		•
19. Actual job	s created si	nce business receive	d assistance			wage paid to emplo	yees hired since
33				eceived assi	istance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
20		\$8.00 to \$9.99 \$10.00 to \$11.99		12		\$8.00 to \$9.99 \$10.00 to \$11.99	075
		\$12.00 and higher		20		\$12.00 and higher	Dec -335
If necessary,	lease attac	h additional docume	ntation.	If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
JUNE 30, 1999	May 21, 2001
27. Have all wage and job goals been achieved? Yes — do	
L_i No — ple	ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements. RECEIVED MAY 2 4 2001

1. Funding government agency	name	2. Contact name			
WHITE BEAR TOWNS		WILLIAM SHORT			
3. Agency street address		4. City			
1261 HAMMAND RD		WHITE BEAR TWP			
5. Zip code	6. Phone number (area code)	8. Type of government agency	,		
·	(651) 424-5427 7. Fax number (area code)	CityCounty	_RegionalState		
55110	(651) 426-2258	X Other (Please indicate) TOWNSTIP			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
COM-TAL WALTINE 9	engneering				
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
LOM & TIF		TF DIST 1-14			
13. Date of business assistance agreement	14. Date assistance first provided	<ol> <li>Date project (building/ machinery/etc.) was placed in service</li> </ol>	16. Dollar value of business assistance		
WM 16, 1996	July 6, 1997	NW. W. 1448	4460.000		
	11 1 1005 1 D				

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

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance				
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation  Full-time Par	rt-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
<u> 10                                   </u>		\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	5 pc	46.		\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	337-13 EC
If necessary, pleas		additional documer	ntation.	If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form comple		
ppar 16,2001	MM 1, 2001		
27. Have all wage and job goals been achieved? ☐ Yes — do ☐ No — ple:	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAY 2 4 2001

1. Funding government agency	name	2. Contact name			
WHITE BEAR TOWNS	(NP	WILLIAM SHOFT			
3. Agency street address		4. City			
12491 HARWOND BO		WHITE BEAK DA	JUSINE		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,		
·	(651) 424-5427 7. Fax number (area code)	CityCountyRegionalState			
55110	(WSN 424-2250	Cother (Please indicate) TUVISMI?			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
EPI					
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
TIE CEPHT MIE DEINNT LUMI		1-12			
13. Date of business	14. Date assistance first provided	15. Date project (building/ 16. Dollar value of busin machinery/etc.) was assistance			
assistance agreement	JMJ. 24, 2000	placed in service Juy 2, 14447	THE WANT USE, 000  THE WANT 19,000  MIT LAWN 75,000		

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

17. Job creation goals for business receiving assistance			18. Average h		level goals for busing	ness receiving	
1	10			<b>33331411</b> (C		4/14	
19. Actual jobs	created si	nce business receive	d assistance	20. Actual ave	rage hourly	wage paid to emple	oyees hired since
45			business received assistance				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			•	er of emplo	project placed in se byces at each wage lot level.)		
21. Job Creation  Full-time	n Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00				less than \$7.00	
		\$7.00 to \$7.99				\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	<u> - 3 25 </u> 5 型
10		\$12.00 and higher	54/11/2	44		\$12.00 and higher	_ ら竺_
If necessary, ple	ase attac	h additional docume	ntation.	If necessary, p	olease attaci	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
JUNE 26,2000	Many 21, 2001		
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.		
No — ple:	No — please submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)



SOT. 21, 1992

RECEIVED MAY 2 4 2001 Development						
1. Funding government agency		2. Contact name				
WHITE BEAR TWAS	11P	WILLIAM SHORT				
3. Agency street address		4. City				
1261 HAMMIOND PD		WHITE BEAR TOWNSHIP				
5. Zip code	6. Phone number (area code)	8. Type of government agency				
	(USI) 424-5t27	CityCounty	Regional State			
~ ~ ~ ~ ~	7. Fax number (area code)		_			
55110	(651) 426-2256	Other (Please indicate)_	TOWNSMP			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
WITTER OFFINIAL	60.					
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)				
tif brant		1-13				
LONN						
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			

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

JUNE 7, 1999

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving				
10			assistance		= /1thc	
19. Actual jobs created s	ince business receive	ed assistance			y wage paid to emplo	yees hired since
			business r	eceived ass	istance	
<u>ਰ</u> ਦੇ	-			134	11te +	
Goals of business receiving assistance: (Please indicate mumber of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
	\$8.00 to \$9.99				\$8.00 to \$9.99	
10	\$10.00 to \$11.99 \$12.00 and higher		350		\$10.00 to \$11.99 \$12.00 and higher	1034
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
May 21, 2001	way 21, 2001
27. Have all wage and job goals been achieved? Yes — do	
No — plea	ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

00-0053	Economic Development
ie	
Martin	

1. Funding government agency name 2. Contact nam Lucy Mch Port Authority of Winona 3. Agency street address 4. City 207 Lafayette Street - P.O. Box 378 Winona 5. Zip code 6. Phone number (area code) 8. Type of government agency (507)457-8250 55987 ___ City ___County ___Regional ___State 7. Fax number (area code) X Other (Please indicate) Port Authority (507)457-8212 10. Industry of recipient (SIC code) 9. Name of business receiving assistance Dental Downtown Dental 12. Name of TIF district (if applicable) 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) Loan 13. Date of business 14. Date assistance first 15. Date project (building/ 16. Dollar value of business machinery/etc.) was assistance agreement provided assistance placed in service 10-01-99 05-20-99 05-20-99 \$50,000

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

17. Job creation goals for business receiving assistance			18. Average hassistance	ourly wage	level goals for busin	less receiving
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				er of emplo	project placed in se eyees at each wage le level.)	
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	Level		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
<u> </u>	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
	\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		\$8.00 to \$9.99  1 \$10.00 to \$11.99 .78  \$12.00 and higher			
If necessary, please attach additional documentation.			If necessary.	please attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
N/A	March 22, 2001
27. Have all wage and job goals been achieved? X Yes — do	
☐ No — ple	ase submit the 2000 Minnesota Business Assistance Form.

# KECE! (ED

## 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

augh 16 for all agreements 00-0054



Please complete lines 1 through 16 for all agreements.

			Developmen		
1. Funding government agency	name	2. Contact name			
Port Authority of	Winona	Lucy McMartin			
3. Agency street address		4. City			
207 Lafayette Str	eet - P.O. Box 378	Winona			
5. Zip code	6. Phone number (area code)	8. Type of government agency			
55007	(507)457-8250	CityCountyRegionalState			
55987	7. Fax number (area code)				
	(507)457-8212	X Other (Please indicate)_	Port Authority		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
VAS Engineering &	Manufacturing	Hard Disk Drive Assembly			
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
Loan			,		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
		placed in service	\$75,000		

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

17. Job creation goals for business receiving assistance			18. Average h assistance		level goals for busi	ness receiving	
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)					
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)			Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
60		\$8.00 to \$9.99 \$10.00 to \$11.99				\$8.00 to \$9.99 \$10.00 to \$11.99	0
\$12.00 and higher If necessary, please attach additional documentation.			If necessary.	please attac	\$12.00 and higher h additional docume		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
April 2000	March 22, 2001		
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.		
See attached No-ple	No — please submit the 2000 Minnesota Business Assistance Form.		

VAS Engineering and Manufacturing involved a State Minnesota Investment Fund loan and a Port Authority loan. In February 1999 the Port Authority made a loan to a new start-up company who located in Winona. VAS (Value Added Services) planned to manufacture Hard Disk Assemblies for the Enterprise Storage Industry. The largest customer for the start-up Company was Western Digital of Rochester. In April of 2000, the Company closed its doors due to the downturn in the market of the Enterprise Storage Industry. The Port Authority \$75,000 Revolving Loan and a State Economic Recovery Fund Ioan (\$118,000) were paid off in full.

# 00-0107

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED MAR 2 9 2001

1. Funding government agency name		2. Contact name		
City of Winsted		Matthew Podhrads	sky-City Administrator	
3. Agency street address		4. City	·	
183 Main Avenue We	est PO Box 126	Winsted		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55395	320-485-4718  7. Fax number (area code)	X CityCounty	RegionalState	
. 320-485-2858		Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC of	code) _	
RAM Buildings, In	ıc.			
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TII- district (if app	plicable)	
Tax Increment F	inancing	TIF Financing Dis	strict #5	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
T 21 1000		placed in service	\$130,276.20-TIF Assistance	
June 21, 1999	June 21, 1999	August 1, 1999	\$107,187.50-No interest loa	

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

	•	•	•		0		
17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance				
Five 3	Jobs				\$15/ho	our	
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance				
Sevent	een Jol	os			\$15.2	25	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creati Full-time	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	3.5
<u>6</u> 11		\$10.00 to \$11.99		5		\$10.00 to \$11.99	
		\$12.00 and higher	3			\$12.00 and higher	_3.5
If necessary, please attach additional documentation.			If necessary, please attach additional documentation.				

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
June 1999	First Completed Form		
27. Have all wage and job goals been achieved?	d?   Yes — do not submit future forms for this project.  No — please submit the 2000 Minnesota Business Assistance Form.		

### 00-0476

### 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



\$50,000

Please complete lines 1 through 16 for all agreements. RECEIVED APR 0 5 2001 1. Funding government agency name 2. Contact name Janelle Schmitz City of Woodbury 4. City 3. Agency street address 8301 Valley Creek Road Woodbury 6. Phone number (area code) 5. Zip code 8. Type of government agency (651) 714-3533 X City County Regional State 55125 7. Fax number (area code) (651) 714-3501 _ Other (Please indicate)_ 9. Name of business receiving assistance 10. Industry of recipient (SIC code) 1541 CSM Properties Inc 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) 12. Name of TIF district (if applicable) TIF District #9 TIF 14. Date assistance first 13. Date of business 15. Date project (building/ 16. Dollar value of business assistance agreement Original: 11-1-97 provided machinery/etc.) was assistance placed in service

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

CO Issued 3-2-98

1-28-98

17. Job creation goals for business receiving assistance  4			18. Average hourly wage level goals for business receiving assistance \$10				
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance \$8 to \$24 an hour				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation	on Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, p	lease attacl	h additional documer	ntation.	If necessary, p	olease attacl	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

Amended: 11-29-99

rease complete files 25 dirongh 27 for an agreements.					
25. Last date actual wage and job creation levels documented April 3, 2001	26. Date this Minnesota Business Assistance Form completed				
	April 4, 2001				
27. Have all wage and job goals been achieved? WYes — do					
□ No — ple	ase submit the 2000 Minnesota Business Assistance Form.				

### 00-0477

# 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

RECEIVED APR 0 5 2001

1. Funding government agency name		2. Contact name			
City of Woodbury		Janelle Schmitz			
3. Agency street address		4. City			
8301 Valley Cr	reek Road	Woodbury			
5. Zip code 55125	(651) 714-3533		8. Type of government agency  X CityCountyRegionalState Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
Technical Properties, LLC					
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if applicable)			
Loan - Woodbury Growth Fund					
13. Date of business assistance agreement	14. Date assistance first provided July 30, 1999	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance		
July 30, 1999	outy 50, 1555		\$249,900		
	ned between July 1, 1995 and D B and future years, please comp		nes 17 through 20. For		
17. Job creation goals for busin	ness receiving assistance	18. Average hourly wage level goals for business receiving assistance			

17. Job creation goals for business receiving assistance			18. Average h assistance		level goals for bus	iness receiving
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation  Full-time Part-time	Hourly Wage Level (excl benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Average Salary (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
<u> </u>	\$8.00 to \$9.99 \$10.00 to \$11.99 \$50,000			\$	\$8.00 to \$9.99 \$10.00 to \$11.99 660,250	
If necessary, please attach additional documentation.			If necessary, p	olease attacl	h additional docum	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented 3-28-01	26. Date this Minnesota Business Assistance Form completed 3-30-01
27. Have all wage and job goals been achieved? Yes — do No — ple	o not submit future forms for this project.  ease submit the 2000 Minnesota Business Assistance Form.