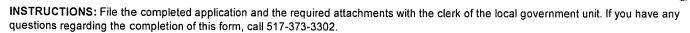
Michigan Department of Treasury 1012 (Rev. 12-20), Page 1 of 4

## **Application for Industrial Facilities Tax Exemption Certificate**

issued under authority of Public Act 198 of 1974, as amended. Filing is mandatory.



| To be completed by Clerk   | c of Local Government Unit  |  |  |
|--|---|--|--|
| Signature, of Clerk  |   |  |  |
| Signature, or cyerk  | Date Received by Local Unit   |  |  |
| Muy Shillings  | 3-25-2021   |  |  |
| STC U  | Ise Only  |  |  |
| ▶ Application Number   | Date Received by STC  |  |  |
| APPLICANT INFORMATION  |   |  |  |
| All boxes must be completed.   |   |  |  |
| 1a. Company Name (Applicant must be the occupant/operator of the facility)     Advance Turning & Manufacturning  | ▶ 1b. Standard Industrial Classification (SIC) Code - Sec. 2(10) (4 or 6 Digit Code) NAICS 332721                 |  |  |
| ▶ 1c. Facility Address (City, State, ZIP Code) (real and/or personal property location)  | ▶ 1d. City/Township/Village (indicate which)  | ▶ 1e. County                               |  |
| 4025 Morrill Road, Jackson, MI 49201   | Blackman Township   | Jackson                                    |  |
| ▶ 2. Type of Approval Requested  | ▶ 3a. School District where facility is located   | ▶ 3b. School Code                          |  |
| New (Sec. 2(5)) X Transfer 2012-069  | Northwest   | 38140                                      |  |
| Speculative Building (Sec. 3(8)) Rehabilitation (Sec. 3(6))  | 4. Amount of years requested for exemption (1-1   | 1  |  |
| Research and Development (Sec. 2(10)) Increase/Amendment   | 11  |  |  |
| 5. Per section 5, the application shall contain or be accompanied by a general description   | on of the facility and a general description of the p   | roposed use of the facility, the general   |  |
| nature and extent of the restoration, replacement, or construction to be undertaken, a d<br>more room is needed.   | lescriptive list of the equipment that will be part of  | the facility. Attach additional page(s) if |  |
| Industrial facility, owned or leased by Scott Machine, Inc., a County of Jackson, Michigan within a Plant Rehabilitation or which is attached.                                   | nd located at 4025 Morrill Road, Bl<br>r Industrial Development District. I                                       | ackman Township,<br>FT Cert No 2012-069    |  |
| 6a. Cost of land and building improvements (excluding cost of land)  | <u> </u>  |  |  |
| * Attach list of improvements and associated costs.  | Re  | eal Property Costs                         |  |
| * Also attach a copy of building permit if project has already begun. 6b. Cost of machinery, equipment, furniture and fixtures   | <b>▶</b> 1,   | 024,000                                    |  |
| * Attach itemized listing with month, day and year of beginning of inst  |   | rsonal Property Costs                      |  |
| 6c. Total Project Costs  | ▶ 1,  | 024,000                                    |  |
| * Round Costs to Nearest Dollar  |   | tal of Real & Personal Costs               |  |
| <ol> <li>Indicate the time schedule for start and finish of construction and equipment installat<br/>certificate unless otherwise approved by the STC.</li> </ol>                | tion. Projects must be completed within a two year  | period of the effective date of the        |  |
| · · · · · · · · · · · · · · · · · · ·  | End Date (M/D/Y)  |  |  |
| Real Property Improvements   | ▶ Owned   | Leased                                     |  |
| 10/31/0010 10  | /30/2023  |  |  |
| Personal Property Improvements • 12/31/2012  | So/2023 X Owned   | Leased                                     |  |
| ▶ 8. Are State Education Taxes reduced or abated by the Michigan Economic Develop Commitment to receive this exemption. Yes No   | oment Corporation (MEDC)? If yes, applicant mus   | it attach a signed MEDC Letter of          |  |
| ▶ 9. No. of existing jobs at this facility that will be retained as a result of this project.  | ▶ 10. No. of new jobs at this facility expected to  | create within 2 years of completion.       |  |
| 11. Rehabilitation applications only: Complete a, b and c of this section. You must attac<br>obsolescence statement for property. The Taxable Value (TV) data below must be as o | l<br>th the assessor's statement of SEV for the entire p<br>f December 31 of the year prior to the rehabilitation | plant rehabilitation district and on.      |  |
| a. TV of Real Property (excluding land)  |   |  |  |
| b. TV of Personal Property (excluding inventory)   |   |  |  |
| c. Total TV  | ·················· <u></u>  |  |  |
| ▶ 12a. Check the type of District the facility is located in:  |   |  |  |
| Industrial Development District Plant Rehabi   | litation District   |  |  |
| ▶ 12b. Date district was established by local government unit (contact local unit)<br>09/28/1995   | ▶ 12c. Is this application for a speculative buildi  Yes X No   | ng (Sec. 3(8))?                            |  |
|  |   |  |  |

## APPLICANT CERTIFICATION - complete all boxes.

The undersigned, authorized officer of the company making this application certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way and that all are truly descriptive of the industrial property for which this application is being

It is further certified that the undersigned is familiar with the provisions of P.A. 198 of 1974, as amended, being Sections 207.551 to 207.572, inclusive, of the Michigan Compiled Laws; and to the best of his/her knowledge and belief, (s)he has complied or will be able to comply with all of the requirements thereof which are prerequisite to the approval of the application by the local unit of government and the issuance of an Industrial Facilities

| Exemption Certificate by the State Tax  | k Commission.  | ,   |   |  |
|---|--|---|---|--|
| 13a. Preparer Name  | 13b. Telephone Number  | 13c. Fax Number   | 13d. E-mail Address                                       |  |
| Kristin Flick   | (517) 783-2713   | (517) 783-4251  | kristin.flick   |  |
| 14a. Name of Contact Person   | 14b. Telephone Number  | 14c. Fax Number   | 14d. E-mail Address                                       |  |
| Kristin Flick   | (517) 783-2713   | (517) 783-4251  | @advanceturning.com                                       |  |
| ▶ 15a. Name of Company Officer (No Auti<br>Kristin Flick  |  |   |   |  |
| 15b Signature of Company Officer (No Aut  | horized Agents)  | 15c. Fax Number   | 15d. Date   |  |
| MATER THE   | ر ال   | (517) 783-4251  | 3-24-21   |  |
| 1/15e Mailing Address (Street, City, State, ZIP Code)<br>4005 Morrill Road, Jackson, MI 49201     |  | 15f. Telephone Number (517) 783-2713  | 15g. E-mail Address<br>same as above                      |  |
| LOCAL GOVERNMENT ACTI   |  |   |   |  |
| This section must be completed by the<br>at the Local Unit and those included w                   | e clerk of the local governing unit befor<br>ith the submittal.                  | re submitting application to the S  | state Tax Commission. Check items on file                 |  |
| ▶ 16. Action taken by local government un   |  | 16b. The State Tax Commission Requires the following documents be filed for an administratively complete application:     |   |  |
| Abatement Approved for  | Yrs Real (1-12), Yrs Pers (1-12)   | Check or Indicate N/A if Not Applicable   |   |  |
| After Completion Yes  | No   | Original Application plus attachments, and one complete copy  |   |  |
| Denied (Include Resolution Denying)   |  | 2. Resolution establishing district     3. Resolution approving/denying application.                                      |   |  |
| 16a. Documents Required to be on file with the Local Unit Check or Indicate N/A if Not Applicable |  | 4. Letter of Agreement (Signed by local unit and applicant)     5. Affidavit of Fees (Signed by local unit and applicant) |   |  |
| Notice to the public prior to hearing establishing a district.                                    |  | 6. Building Permit for real improvements if project has already begun   |   |  |
| Notice to taxing authorities of opportunity for a hearing.  |  | 7. Equipment List with dates of beginning of installation   |   |  |
| 3. List of taxing authorities notified for district and application action.                       |  | 8. Form 3222 (if applicable)  |   |  |
| Lease Agreement showing applicants tax liability.   |  | Speculative building resolution and affidavits (if applicable)  |   |  |
| 16c. School Code  |  | L   |   |  |
| 17. Name of Local Government Body   |  | ▶ 18. Date of Resolution Approving/Denying this Application   |   |  |
|   |  |   |   |  |
| Attached hereto is an original applic<br>unit for inspection at any time, and t                   | ation and all documents listed in 16<br>that any leases show sufficient tax l    | 6b. I also certify that all documiability.  | ents listed in 16a are on file at the local               |  |
| 19a. Signature of Clerk   | 19b. Name of Clerk   | 19c. E-   | 19c. E-mail Address                                       |  |
| 19d. Clerk's Mailing Address (Street, City, S   | tate, ZIP Code)  |   |   |  |
| 9e. Telephone Number 1  |  | 19f. Fax Number   |   |  |
| State Tax Commission Rule Number 5<br>ach year will be acted upon by Decen                        | 7: Complete applications approved by<br>onber 31. Applications received after Oc | the local unit and received by the closer 31 may be acted upon in the   | ne State Tax Commission by October 31 the following year. |  |
| or faster service, email the complet  |  |   |   |  |
| an additional submission option is t  | o mail the completed application an  | nd required documents to:   |   |  |

Michigan Department of Treasury State Tax Commission PO Box 30471 Lansing, MI 48909

| STC USE ONLY |                   |                       |                 |                     |  |  |
|--------------|-------------------|-----------------------|-----------------|---------------------|--|--|
| ▶ LUCI Code  | ▶ Begin Date Real | ▶ Begin Date Personal | ▶ End Date Real | ▶ End Date Personal |  |  |

4177 (1-11) Parcel

TE OF MICHICA

999-08-39 - 600-008-10 STATE OF MICHIGAN
RICK SNYDER DEPARTMENT OF TREASURY

Lansing

ANDY DILLON STATE TREASURER

May 18, 2012

Thomas J. Dwyer Scott Machine, Inc. 4025 Morrill Road Jackson, MI 49201

GOVERNOR

Dear Sir/Madam:

Pursuant to the requirements of Public Act 198 of 1974, as amended, the State Tax Commission (Commission) has issued an Industrial Facility Exemption Certificate numbered 2012-069, to Scott Machine, Inc., located in Blackman Charter Township, Jackson County. This certificate was issued at the May 14, 2012 meeting of the Commission and the investment amounts approved are as follows:

Real Property:

\$

Personal Property:

\$1,024,000

The State Education Tax to be levied for this certificate is 6 mills.

In accordance with MCL 24.304, the local unit of government or applicant has sixty days from the date of this letter to request a hearing to correct an error contained in the enclosed certificate.

Notification of completion of this project shall be filed with the Commission within 30 days of project completion. Within 90 days of project completion, a report of final costs shall be filed with the assessing officer of the local unit and the Commission.

If you have further questions regarding the issuance of this industrial facility exemption certificate, please call 517-373-2408.

Sincerely,

Kelli Sobel, Executive Secretary

State Tax Commission

Kelli-Jornf

Enclosure

cc: Evelyn E. Markowski, Assessor, Blackman Charter Township



## **Industrial Facilities Exemption Certificate**

New Certificate No. 2012-069

Pursuant to the provisions of Public Act 198 of 1974, as amended, the State Tax Commission hereby finds that the industrial property, as described in the approved application, hereafter referred to as the industrial facility, owned or leased by Scott Machine, Inc., and located at 4025 Morrill Road, Blackman Charter Township, County of Jackson, Michigan, within a Plant Rehabilitation or Industrial Development District, is intended for the construction or installation of new industrial property, and complies with Section 9 and other provisions of the act.

Therefore, as provided by MCL 207.551 to 207.572, inclusive, the State Tax Commission hereby certifies the industrial facility as a new industrial facility.

This certificate provides the authority for the assessor to exempt the industrial facility for which this Industrial Facilities Exemption Certificate is in effect, but not the land on which the facility is located, from ad valorem taxation. This certificate further provides the authority to levy a specific tax known as the Industrial Facilities Tax.

This certificate, unless revoked by order of the State Tax Commission as provided by Public Act 198 of 1974, as amended, shall remain in force for a period of **0** year(s) for real property and **11** year(s) for personal property;

Real property component: Beginning December 31, and ending December 30.

The State Education Tax to be levied for the real property component of this certificate is 6 mills.

Personal property component: Beginning December 31, 2012, and ending December 30, 2023.

The State Education Tax to be levied for the personal property component of this certificate is 6 mills, unless exempted by MCL 207.564(4) which was enacted with the creation of the Michigan Business Tax.\*

This Industrial Facilities Exemption Certificate is issued on May 14, 2012.

OF MICHGRAN

Douglas B. Roberts, Chairperson State Tax Commission

SB021

<sup>\*</sup>Contact the local assessor for further clarification regarding the classification and tax applied to the personal property component of this certificate.

BLACKMAN TOWNSHIP 1990 W. PARNALL ROAD JACKSON, MI 49201 Phone : 517-788-4345

Received From: ADVANCE TURNING

Date: 03/25/2021 Time: 11:31:26 AM Receipt: 279475 Receipt: 279475 Cashier: DWARFIELD

IFT 2012-069, TRANSFER FEE PURCHASED SCOTT MACHINE

| LOWGUIGO  | AMOUNT   |
|---|----------|
| ITEM REFERENCE  | APIOUNT  |
| IFT FEE INDUSTRIAL FACILITY TAX<br>INDUSTRIAL FACILITY TAX EXEMP            | \$650.00 |
| gan and seek and seek for the colour feek feek feek feek feek feek feek fee | \$650.00 |
| TOTAL   | \$650.00 |
| CHECK COMERICA 244219<br>Total Tendered:                                    | \$650.00 |
| Total Total   | \$0.00   |
| Change:   | ,        |
| THANK YOU HAVE A GREAT DAY  |          |