

Application for Industrial Facilities Tax Exemption Certificate

Issued under authority of P.A. 198 of 1974, as amended. Filing is mandatory.

INSTRUCTIONS: File the original and two copies of this form and the required attachments (three complete sets) with the clerk of the local government unit. The State Tax Commission (STC) requires two complete sets (one original and one copy). One copy is retained by the clerk. If you have any questions regarding the completion of this form or would like to request an informational packet, call (517) 373-3272.

To be completed by Clerk of Local Government Unit	
Signature of Clerk	Date received by Local Unit
STC Use 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) ThyssenKrupp Materials NA, Inc.	1b. Standard Industrial Classification (SIC) Code - Sec. 2(10) (Four Digit Code) 3356	
1c. Location of Facility (Street, City, State, ZIP Code) 2923 Technology Dr.	1d. Name of City/Township/Village (Indicate which) Rochester Hills	1e. County Oakand County
2. Type of Approval Requested <input type="checkbox"/> New (Sec. 2(4)) <input type="checkbox"/> Speculative Building (Sec. 3(8)) <input type="checkbox"/> Research and Development (Sec. 2(9)) <input checked="" type="checkbox"/> Transfer (1 copy to only) <input type="checkbox"/> Rehabilitation (Sec. 3(1))	3a. School District where facility is located Avondale School District	3b. School Code 63070
	4. Amount of years requested for exemption (1-12 Years) 8	
5. Thoroughly describe the project for which exemption is sought: Real Property (Type of Improvements to Land, Building, Size of Addition); Personal Property (Explain New, Used, Transferred from Out-of-State, etc.) and Proposed Use of Facility. (Please attach additional page(s) if more room is needed). Transfer of IFT #2006-428 from Energy Conversion Devices to ThyssenKrupp Materials NA, Inc.		
6a. Cost of land and building improvements (excluding cost of land) * Attach list of improvements and associated costs. * Also attach a copy of building permit if project has already begun.		<u>\$500,000.00</u> Real Property Costs
6b. Cost of machinery, equipment, furniture and fixtures * Attach itemized listing with month, day and year of beginning of installation plus total costs		<u>Personal Property Costs</u> <u>\$500,000.00</u>
6c. Total Project Costs		<u>Total of Real & Personal Costs</u>
7. Indicate the time schedule for start and finish of construction and equipment installation. Projects must be completed within a two year period of the effective date of the certificate unless otherwise approved by the STC.		
	<u>Begin Date (M/D/Y)</u>	<u>End Date (M/D/Y)</u>
Real Property Improvements	<u>6/1/06</u>	<u>6/1/07</u> <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased
Personal Property Improvements		<input type="checkbox"/> Owned <input type="checkbox"/> Leased
8. Are State Education Taxes reduced or abated by the Michigan Economic Development Corporation (MEDC)? If yes, applicant must attach a signed MEDC Letter of Commitment to receive this exemption. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Number of existing jobs at this facility that will be retained as a result of this project.	10. Number of new jobs at this facility expected to be created within two years of project completion. 15-20	
11. Rehabilitation applications only: Complete a, b and c of this section. You must attach the assessor's statement of valuation for the entire plant rehabilitation district. The SEV data below must be as of December 31 of the year prior to the rehabilitation.		
a. SEV of Real Property (excluding land)		
b. SEV of Personal Property (excluding inventory)		
c. Total SEV		
12a. Check the type of District the facility is located in: <input checked="" type="checkbox"/> Industrial Development District <input type="checkbox"/> Plant Rehabilitation District		
12b. Date district was established by local government unit 9/6/06	12c. Is this application for a speculative building (Sec. 3(8))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

APPLICANT CERTIFICATION

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 submitted.

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, he/she 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 Commission.

13a. Preparer Name Dena Smith	13b. Phone Number (248) 643-3588	13c. Fax Number (248) 643-3502	13d. E-mail Address dena.smith@thyssenkrupp.com
14a. Name of General Partner Dena Smith	14b. Phone Number (248) 643-3588	14c. Fax Number (248) 643-3502	14d. E-mail Address dena.smith@thyssenkrupp.com
15a. Name of Company Officer (See Authorized Signer) Frank G. Kovacs			
15b. Signature of Company Officer (See Authorized Signer) <i>Frank G. Kovacs</i>			15c. Date 8/1/08
15e. Mailing Address (Street, City, State, ZIP) 3155 W. Big Beaver, PO Box 5084, Troy, MI 48007-5084		15d. Phone Number (248) 643-3588	15f. E-mail Address

LOCAL GOVERNMENT ACTION & CERTIFICATION

This section must be completed by the clerk of the local governing unit before submitting application to the State Tax Commission. Check items on file at the Local Unit and those indicated with the committee.

<p>16. Action taken by local government unit</p> <p><input type="checkbox"/> Abatement Approved for <u>0</u> Years (1-12) After Completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Denied (Please Reasonably Detailing)</p>	<p>17b. The State Tax Commission requires the following documents be filed for its administrative review of this application:</p> <p>Indicate N/A if Not Applicable</p> <p><input type="checkbox"/> 1. Original Application plus attachments, and one complete copy</p> <p><input type="checkbox"/> 2. Resolution establishing district</p> <p><input type="checkbox"/> 3. Resolution approving/denying application</p> <p><input type="checkbox"/> 4. Letter of Agreement (Signed by local unit and applicant)</p> <p><input type="checkbox"/> 5. Affidavit of Fees (Signed by local unit and applicant)</p> <p><input type="checkbox"/> 6. Building Permit for real improvements (if project has already begun)</p> <p><input type="checkbox"/> 7. Equipment List with dates of beginning of installation</p> <p><input type="checkbox"/> 8. Form 3222 (if applicable)</p> <p><input type="checkbox"/> 9. Speculative building resolution and affidavits (if applicable)</p>
<p>17a. Documents Required to be on file with the Local Unit</p> <p>Indicate N/A if Not Applicable</p> <p><input type="checkbox"/> 1. Motion to the public prior to hearing establishing a district</p> <p><input type="checkbox"/> 2. Motion to taxing authorities of opportunity for a hearing</p> <p><input type="checkbox"/> 3. List of taxing authorities notified for district and application action</p> <p><input type="checkbox"/> 4. Lease Agreement showing applicants tax liability</p>	<p>17c. Date of Resolution Approving/Denying this Application</p>
17. Name of Local Government Body	

Attached hereto is an original and one copy of the application and all documents listed in 17b. I also certify that all documents listed in 17a are on file at the local unit for inspection at any time.

18a. Signature of Clerk	18b. Name of Clerk	18c. E-mail Address
18d. Clerk's Mailing Address (Street, City, State, ZIP)	18e. Phone Number	18f. Fax Number

State Tax Commission Rule Number 57. Complete applications approved by the local unit and received by the State Tax Commission by October 31 each year will be acted upon by December 31. Applications received after October 31 may be acted upon in the following year.

Local Unit Must file one original and one copy of the completed application and all required attachments to:

State Tax Commission
Michigan Department of Treasury
P.O. Box 30471
Lansing, MI 48209-7971

STC USE ONLY			
Local Unit	Begin Date	End Date	End Date 2