## **COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

PRIVACY NOTICE This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6, FORM CF-1 / PP

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NSTRUCTIONS: 1. Property owners whose Statement of Benefits was approved must file this form with the local designating and to a signature there has been compliance with the Statement of Benefits, IIC 6, 1-1-12-1-5 file	to whic

2. This form must be filed with the Form 103-ERA Schedule of extension under IC 6-1.1-3.7 has been granted. A person wild obta of each year.
With the approx

Value between January 1 and May 15, unless a filing on most file between January 1 and the extended due date filing extens

al of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

SECTION 1	THE TAX	TAXPA	ER INFORM		052						1111	
Name of Taxpayer					A PARTY	TOPA .		ounty				
Gavina Inc.				V	CL	EDI		Vigo				
Gavina Inc.  Address of Taxpayer (number and street, city, state, and ZIP code)  925 Fruitridge Ave., Terre Haute, IN 47804						D	DLGF Taxing District Number 002-Harrison					
Name of Contact Person Telephone Number							Email Address kirby@gavina-graphics.com					
Kirby C Johnson					The Park of		K	irby@g	avina-gra	pnic	s.com	
SECTION 2	LO	CATION AND I		_		TY		etim ete d I	State Date (as	- 46	law wast	
Name of Designating Body Terre Haute City Council				Resolution Number [10]				Estimated State Date (month, day, year) 02/02/2021				
Location of Property 925 Fruitridge Ave., Terre Ha	ute, I <b>N</b> 4	7804						02/02/	1 Date ( <i>month</i> 2021	day	year)	
Description of new manufacturing equipment, new new logistical distribution equipment to be acquire		development equi	ipment, new in	formation	n technolo	gy equipment,		stimated 0 04/30/	completion Date 2021	(mont	h, day, year	
Note: Please See Attached List of Manufacturing and IT Equipment							Actual Completion Date (month, day, year) 08/01/2021					
SECTION 3	100,00	EMPLOY	EES AND SA	LARIE	S	18" LT.					BUY.	
EMPLOYEES AND	SALARIES			AS	ESTIMA	ATED ON SB	-1		AC	TUAL		
Current Number of Employees				0				0				
Salaries				0				0				
Number of Employees Retained				0				0				
Salaries				0					0			
Number of Additional Employees				65				60				
Salaries					1,600	,000			1,32	5,28	31	
SECTION 4		cos	T AND VAL	JES	700	1777						
		ACTURING JIPMENT			L DISTRI		SUTION IT EQUIPMENT		IENT			
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST		SESSED ALUE	COST		SESSED ALUE	COST	A	VALUE	
Values Before Project	\$	\$	\$	\$		\$	\$		\$	\$		
Plus: Values of Proposed Project		\$ 1,652,000		\$	0		\$	0		\$	20,500	
Less: Values of Any Property Being Replaced	\$	\$	\$	\$		\$	\$		\$	\$		
Net Values Upon Completion of Project		\$ 1,652,000		\$	0		\$	0		\$	20,500	
ACTUAL	COST	ASSESSED VALUE	COST		SESSED ALUE	COST		ESSED ALUE	COST	A	VALUE	
Values Before Project	\$	\$	\$	\$		\$	\$		\$	\$		
Plus: Values of Proposed Project		\$ 1,864.000		\$	0		\$ 11	,500		\$	61,60	
Less: Values of Any Property Being Replaced	\$	\$	\$	\$		\$	\$		\$	\$		
Net Values Upon Completion of Project		\$ 1,864,000		\$	0		\$ 11	,500		\$	61,60	
NOTE: The COST of the property is confident	al pursuant to	IC 6-1.1-12.1-5.	<b>6</b> (c).									
SECTION 5 WAST	E CONVERT	ED AND OTHE	R BENEFIT	PRO	_		_					
WASTE CONVERTE	D AND OTH	ER BENEFITS			AS	ESTIMATED		3-1	AC.	TUAL		
Amount of Solid Waste Converted						0			0			
Amount of Hazardous Waste Converted Other Benefits:			-		-		0	-			)	
Real Property Buildout & La	ndscapir	ng				174,0	000		949	,390	)	
SECTION 6	EK SE	TAXPAY	ER CERTIF	ICATIO	N	4.000			MAKER			
I hereby certify that the representations in	this stateme	ent are true.										
Signature of Authorized Representative			Title					Di	ate Signed (m	onth, c	lay year)	

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

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

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

We h	nave reviewed the CF-1 and find that:	4		
V	The property owner IS in substantial compliance			
	The property owner IS NOT in substantial compliance			
	Other (specify)			
Reason	ons for the Determination (attach additional sheets if necessary)			
				التاثاثات سيخسب
Signatu	ture of Authorized Member			Date Signed (month, day, year) 6-13-2024
Atteste	Michelle Lederard	Designating Body 12771 Haute	City (	Council
If the	property owner is found not to be in substantial compliance, the proper			
	has been set aside for the purpose of considering compliance.			
ime of	of Hearing AM Date of Hearing (month, day, ye	ear) Location of Hearing		
	D PM			
OU.	HEARING RESULTS (to be	completed after the hear	ina)	AND DESCRIPTIONS
	☐ Approved			e Instruction 5 above)
Reasor	ons for the Determination (attach additional sheets if necessary)			
lienatu	ure of Authorized Momber			Data Skined (month day year)
i <b>ig</b> natu	ure of Authorized Member			Date Signed (month, day, year)
		Designating Body		Date Signed (month, day, year)
S <b>ig</b> natu Atteste	ed By	Designating Body [IC 6-1.1-12.1-5.9(e)]		Date Signed (month, day, year)