

Board Summary**Tissue Life, LLC**

Date: September 19, 2017

1528 W. Warm Springs Road, Suite #120, Henderson, NV 89014

Main Location: Las Vegas

Chad Rondolt, Chief Executive Officer
Medical Services and Manufacturing

Business Type: New

County: Clark County

Development Authority Representative: Morgan Bunker, LVGEA

APPLICATION HIGHLIGHTS

- Tissue Life, LLC is considering opening its first United States operation in Southern Nevada.
- The project will have a significant construction component. The company plans to source all architectural, engineering, and general contractors from southern Nevada.
- The company plans to build a biosciences community with help from local academic institutions and business owners as well as healthcare providers, insurance carriers, and physicians.

PROFILE

Tissue Life, LLC is a joint venture between a private American investment firm and a private Australian biotechnology company. The company's mission is to improve clinical outcomes of patients who suffer from injured, diseased or degenerative orthopedic conditions through musculoskeletal cell and tissue donation. The company designs and delivers high quality biologic implants that accelerate the body's natural healing process to restore, repair and/or regenerate the injured area. The company's goal is to transfer high performing product lines from its Australian headquarters to the United States operation which would leverage an innovative product portfolio and over seventeen years of allograft manufacturing excellence as evidenced with over 30,000 successful clinical cases. *Source: Tissue Life, LLC*

SIGNIFICANCE OF ABATEMENTS IN THE COMPANY'S DECISION TO RELOCATE/EXPAND

Tissue Life, LLC is considering locating its United States operation in southern Nevada due to the favorable; business climate, commercial real estate prices, and tax environment. The company notes, as building a medical device company requires a great deal of time, money and resources, it welcomes the opportunity to partner with economic development professionals in seeking a competitive incentives package to assist in off-setting start-up costs. *Source: Tissue Life, LLC*

REQUIREMENTS	Statutory	Application	Sufficient	% Over / Under
Job Creation	50	16	No	-68%
Average Wage	\$21.95	\$40.26	Yes	83%
Equipment Capex (SU & MBT)	\$1,000,000	\$5,000,000	Yes	400%
Equipment Capex (PP)	\$5,000,000	\$5,000,000	Yes	0%

INCENTIVES	Requested Terms	Estimated \$ Amount
Sales Tax Abmt.	2% for 2 years	\$156,250
Modified Business Tax Abmt.	50% for 4 years	\$28,361
Personal Property Tax Abmt.	50% for 10 years	\$36,775
Total		\$221,386

JOB CREATION	Contracted	24-Month Projection	5-Year Projection
	50	16	20

OTHER CAPITAL INVESTMENT	Land	Building Purchase	BTS / Building Improvements
	\$0	\$2,809,820	\$0

ECONOMIC IMPACT ESTIMATES (10-Year Cumulative)	Total	Construction
Total Jobs Supported	45	0
Total Payroll Supported	\$160,023,271	\$0
Total Output Estimate	\$25,392,093	\$0

Estimate includes jobs, payroll & output by the company assisted as well as the secondary impacts to other local businesses.

NEW TAX REVENUE ESTIMATES (10-Year Cumulative)	Direct	Indirect	Total
Local Taxes			
Property	\$309,974	\$710,091	\$1,020,065
Sales	\$0	\$462,126	\$462,126
Lodging	\$0	\$25,998	\$25,998
State Taxes			
Property	\$16,954	\$41,346	\$58,300
Sales	\$50,000	\$157,431	\$207,431
Modified Business	\$135,029	\$149,059	\$284,088
Lodging	\$0	\$8,774	\$8,774
Total	\$511,957	\$1,554,825	\$2,066,782

EMPLOYEE BENEFITS

- Percentage of health insurance covered by company: 65%.
- Health care package cost per employee - \$3,000 annually with options for dependents.
- Overtime, PTO/Sick/Vacation, Merit Increases, Retirement Plan/ Profit Sharing/ 401(k) Bonus.

NOTES

- Percentage of market outside of Nevada: 100%.
- The company is also considering Colorado, California, Oregon, Utah, Arizona, Minnesota, and North Carolina as potential locations.



August 8, 2017

Mr. Steve Hill
Nevada Governor's Office of Economic Development
555 E. Washington Avenue, Suite 5400
Las Vegas, Nevada 89101

Dear Mr. Hill,

Tissue Life, LLC is applying to the State of Nevada for tax abatement incentives to include the Sales and Use Tax Abatement, Modified Business Tax Abatement, and Personal Property Tax Abatement. We request that Tissue Life be placed on the agenda for the September 19, 2017 GOED Board meeting.

Tissue Life will hire 16 new employees in the first 24 months of operations, making an average hourly wage of \$40.26. The company will make a capital investment of \$5,000,000 in equipment.

The Las Vegas Global Economic Alliance has reviewed Tissue Life's application and found it to be in compliance to receive incentive abatements. Tissue Life, LLC has the full support and endorsement of the Las Vegas Global Economic Alliance.

Sincerely,

A handwritten signature in black ink, appearing to read "Morgan Bunker", with a long, sweeping horizontal line extending to the right.

Morgan Bunker
VP Community and Economic Development

Enclosure



8 August 2017

Steve Hill
Executive Director
Nevada Governor's Office of Economic Development
555 E. Washington Ave – Suite #5400
Las Vegas, NV 89101

RE: Governor's Office Incentive Application

Greetings Steve,

I am pleased to submit this letter requesting economic incentives in support of recruiting Tissue Life to southern Nevada. Tissue Life's mission is to dramatically improve clinical outcomes of patients who suffer from injured, diseased or degenerative orthopaedic conditions through the gift of musculoskeletal cell and tissue donation. We accomplish this mission by designing and delivering the highest quality biologic implants that accelerate the body's natural healing process to restore, repair and/or regenerate the injured area.

Allograft manufacturing begins with the generous gift of human donated tissue upon death. Tissue donation is similar to organ donation in that the process is comprised of consent from next-of-kin as well as a rigorous series of federally mandated donor screening procedures. Then the similarities diverge. Unlike organs that are transplanted within hours of recovery, tissue products can be stored for up to five years before they are needed to restore mobility in a patient. The donated tissues are sent from the hospital or recovery suite to a tissue processing facility (e.g. Tissue Life). The tissues begin their transformation into highly complex implants with the use of validated mechanical and chemical processing steps that facilitate the removal of microbial contamination, protein and lipid components. Following these cleaning steps, the allograft is given a product designation, which further refines the product to precise manufacturing specifications. Finally, each production batch undergoes routine testing to ensure it complies with appropriate quality, safety and efficacy requirements prior to distribution to hospitals, surgeons and Fortune 500 medical device firms.

The U.S. orthopaedic devices market was valued at over 20 billion USD in 2016 and is expected to witness slow, yet steady growth of 3% CAGR from 2017 to 2024.¹ This growing market is fueled by aging populations and increased incidences of diabetes, obesity and smoking related complications. Of the multiple segments within the devices market, Tissue Life is focused on the use of osteobiologics for spinal fusion. Today there are over 300,000 spinal fusion procedures performed annually in the U.S. and this this segment will surpass 4 billion USD in revenue by 2024.¹

This large market opportunity has led to the formation of Tissue Life LLC., which is a joint venture between a private American investment firm and a private Australian biotechnology

¹ Orthopaedic Devices Market Report (ID: GMI1501). Global Market Insights, Apr 2017

company headquartered in Sydney, Australia. The goal of the joint venture is to transfer high performing product lines from our Australian headquarters to the United States operation. This transfer leverages an innovative product portfolio and over seventeen years of allograft manufacturing excellence as evidenced with over 30,000 successful clinical cases.

Tissue Life is considering southern Nevada for our U.S. based operations due to the favorable business climate with respect to commercial real estate prices and favorable tax environment. As you can imagine, building a medical device company is quite challenging and requires a huge commitment in terms of time, money and resources. While being one of the first biomedical device manufacturers in southern Nevada has its challenges, we welcome the opportunity to partner with economic development personnel to help us navigate these issues with a competitive incentive package to off-set some of our start-up costs.

We are enthusiastic about building a vibrant biosciences community with help from local academic institutions and business owners as well as healthcare providers, insurance carriers and physicians. Tissue Life is poised to bring high paying scientific/medical jobs to the Las Vegas valley that will diversify the industry and attract outside investment to fuel future biomedical research and commercialization.

We look forward to working with the Nevada Governor's Office of Economic Development to make Nevada our home for U.S. based operations.

I welcome any questions or comments that may further your understanding and approval of our application.

Warm Regards,



Chad J. Ronholdt
Chief Executive Officer
Tissue Life

M: 303.910.1318
E: cronholdt@tissuelife.net

[END]



29 August 2017

Steve Hill
Executive Director
Nevada Governor's Office of Economic Development
555 E. Washington Ave – Suite #5400
Las Vegas, NV 89101

RE: Governor's Office Incentive Application – Employee Premium Commitment

Greetings Steve,

It has been brought to my attention that one of the State of Nevada requirements of the economic incentive program, requires that the firm offer a healthcare benefit package that covers at least 65% of the employee's premiums, which is higher than other Federal and State minimums.

Tissue Life is committed to offering competitive benefit programs to our employees and as such, we agree to offer an employee plan or combination of plans that cover at least 65% of their premiums by the end of the twenty-four (24) month period, which begins upon acceptance of the incentive package by Tissue Life.

We look forward to working with the Nevada Governor's Office of Economic Development to make Nevada our home for U.S. based operations.

I welcome any questions or comments that may further your understanding and approval of our application.

Warm Regards,

A handwritten signature in black ink, appearing to read 'CJ Ronholdt', written over a light blue rectangular background.

Chad J. Ronholdt
Chief Executive Officer
Tissue Life

M: 303.910.1318
E: cronholdt@tissuelife.net

[END]

Nevada Governor's Office of
ECONOMIC DEVELOPMENT
Incentive Application

Company Name: Tissue Life
 Date of Application: July 26, 2017

Company is an / a: (check one)
 New location in Nevada
 Expansion of a Nevada company

Section 1 - Type of Incentives

Please check all that the company is applying for on this application:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Sales & Use Tax Abatement | <input type="checkbox"/> Sales & Use Tax Deferral |
| <input checked="" type="checkbox"/> Modified Business Tax Abatement | <input type="checkbox"/> Recycling Real Property Tax Abatement |
| <input checked="" type="checkbox"/> Personal Property Tax Abatement | <input type="checkbox"/> Other: _____ |

Section 2 - Corporate Information

COMPANY NAME (Legal name under which business will be transacted in Nevada) Tissue Life LLC			FEDERAL TAX ID # 81-4047120
CORPORATE ADDRESS 1528 W. Warm Springs Road Suite #120	CITY / TOWN Henderson	STATE / PROVINCE NV	ZIP 89014
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above)	CITY / TOWN	STATE / PROVINCE	ZIP
TELEPHONE NUMBER 702.433.5757	WEBSITE		
COMPANY CONTACT NAME Chad Ronholdt	COMPANY CONTACT TITLE CEO		
E-MAIL ADDRESS cronholdt@tissuelife.net	PREFERRED PHONE NUMBER 303.910.1318		

Has your company ever applied and been approved for incentives available by the Governor's Office of Economic Development? Yes No

If Yes, list the program awarded, date of approval, and status of the accounts (attach separate sheet if necessary):

Section 3 - Program Requirements

Please check two of the boxes below; the company must meet at least two of the three program requirements:

- A capital investment of \$1,000,000 in eligible equipment in urban areas or \$250,000 in eligible equipment in rural areas are required. This criteria is businesses. In cases of expanding businesses, the capital investment must equal at least 20% of the value of the tangible property owned by the business.
- New businesses locating in urban areas require fifty (50) or more permanent, full-time employees on its payroll by the eighth calendar quarter quarter in which the abatement becomes effective. In rural areas, the requirement is ten (10) or more. For an expansion, the business must increase employees on its payroll by 10% more than its existing employees prior to expansion, or by 25 (urban) or 6 (rural) employees, whichever is greater.
- In urban areas, the average hourly wage that will be paid by the business to its new employees is at least 100% of the average statewide hourly in rural areas, the average hourly wage will equal or exceed the lesser of the county-wide average hourly wage or statewide average hourly wage.

Note: Criteria is different depending on whether the business is in a county whose population is 100,000 or more or a city whose population is 60,000 or more (i.e., "urban" area), or if the business is in a county whose population is less than 100,000 or a city whose population is less than 60,000 (i.e., "rural" area).

Section 4 - Nevada Facility

Type of Facility:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Headquarters | <input type="checkbox"/> Service Provider |
| <input checked="" type="checkbox"/> Technology | <input checked="" type="checkbox"/> Distribution / Fulfillment |
| <input type="checkbox"/> Back Office Operations | <input checked="" type="checkbox"/> Manufacturing |
| <input checked="" type="checkbox"/> Research & Development / Intellectual Property | <input type="checkbox"/> Other: _____ |

PERCENT OF COMPANY'S NEVADA LOCATION MARKET OUTSIDE OF NEVADA 100% (need to assess local/regional market for sales opportunity)	EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) Oct 2017 to commence build (Q2 2019 for commercial product)		
NAICS CODE / SIC 621510	INDUSTRY TYPE Medical Devices		
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS Research, Design, Development, Manufacturing and distribution of orthopaedic implants derived from donated human allograft tissues			
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS 6635 S. Eastern Ave Suites 100-101	CITY / TOWN Las Vegas	COUNTY Clark County	ZIP 89119
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP? Colorado, California, Oregon, Utah, Arizona, Minnesota, North Carolina			

Section 5 - Complete Forms (see additional tabs at the bottom of this sheet for each form listed below)

Check the applicable box when form has been completed.

- 5 (A) Equipment List
- 5 (B) Employment Schedule
- 5 (C) Evaluation of Health Plan

Section 6 - Real Estate & Construction (Fill in either New Operations/Startup or Expansion, not both.)

New Operations / Start Up - Plans Over the Next Ten Years	Expansions - Plans Over the Next 10 Years
<p>Part 1. Are you currently/planning on leasing space in Nevada? <u>YES</u></p> <p>If No, skip to Part 2. If Yes, continue below:</p> <p>What year(s)? <u>2017 - 2022</u></p> <p>How much space (sq. ft.)? <u>21,614</u></p> <p>Annual lease cost of space: <u>\$211,626.00</u></p> <p>Do you plan on making building tenant improvements? <u>Yes</u></p> <p>If No, skip to Part 2. If Yes *, continue below:</p> <p>When to make improvements (month, year)? <u>Oct-2017</u></p> <hr/> <p>Part 2. Are you currently/planning on buying an owner occupied facility in Nevada? <u>Yes</u></p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p>Purchase date, if buying (month, year): <u>Nov-2018</u></p> <p>How much space (sq. ft.)? <u>21,614</u></p> <p>Do you plan on making building improvements? <u>Yes</u></p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p>When to make improvements (month, year)? <u>Oct-2017</u></p> <hr/> <p>Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? <u>No</u></p> <p>If Yes *, continue below:</p> <p>When to break ground, if building (month, year)? _____</p> <p>Estimated completion date, if building (month, year): _____</p> <p>How much space (sq. ft.)? _____</p>	<p>Part 1. Are you currently leasing space in Nevada? _____</p> <p>If No, skip to Part 2. If Yes, continue below:</p> <p>What year(s)? _____</p> <p>How much space (sq. ft.)? _____</p> <p>Annual lease cost at current space: _____</p> <p>Due to expansion, will you lease additional space? _____</p> <p>If No, skip to Part 3. If Yes, continue below:</p> <p>Expanding at the current facility or a new facility? _____</p> <p>What year(s)? _____</p> <p>How much expanded space (sq. ft.)? _____</p> <p>Annual lease cost of expanded space: _____</p> <p>Do you plan on making building tenant improvements? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p>When to make improvements (month, year)? _____</p> <hr/> <p>Part 2. Are you currently operating at an owner occupied building in Nevada? _____</p> <p>If No, skip to Part 3. If Yes, continue below:</p> <p>How much space (sq. ft.)? _____</p> <p>Current assessed value of real property? _____</p> <p>Due to expansion, will you be making building improvements? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p>When to make improvements (month, year)? _____</p> <hr/> <p>Part 3. Do you plan on building or buying a new facility in Nevada? _____</p> <p>If Yes *, continue below:</p> <p>Purchase date, if buying (month, year): _____</p> <p>When to break ground, if building (month, year)? _____</p> <p>Estimated completion date, if building (month, year): _____</p> <p>How much space (sq. ft.)? _____</p>

* Please complete Section 7 - Capital Investment for New Operations / Startup.

* Please complete Section 7 - Capital Investment for Expansions below.

BRIEF DESCRIPTION OF CONSTRUCTION PROJECT AND ITS PROJECTED IMPACT ON THE LOCAL ECONOMY (Attach a separate sheet if necessary):

If successful, I plan on sourcing all architectural, engineering, general contractors from southern Nevada. I am having active conversations with Encompass Studios (Architect), Helix Electric (Electrical Engineering firm), Engineering Partners (Mechanical and Plumbing Engineering firm) as well as Nevada Energy. If we decide to move forward, I would source multiple bids from local General Contractors to provide timing and cost estimates (TBD).

Section 7 - Capital Investment (Fill in either New Operations/Startup or Expansion, not both.)

New Operations / Start Up	Expansions
How much capital investment is planned? (Breakout below):	How much capital investment is planned? (Breakout below):
Building Purchase (if buying): <u>\$2,809,820</u>	Building Purchase (if buying): <u>\$0</u>
Building Costs (if building / making improvements): <u>\$0</u>	Building Costs (if building / making improvements): <u>\$0</u>
Land: <u>\$0</u>	Land: <u>\$0</u>
Equipment Cost: <u>\$5,000,000</u>	Equipment Cost: <u>\$0</u>
Total: <u>\$7,809,820</u>	Total: <u>\$0</u>
	Is the equipment purchase for replacement of existing equipment? _____ Current assessed value of personal property in NV: _____ (Must attach the most recent assessment from the County Assessor's Office.)

Section 8 - Employment (Fill in either New Operations/Startup or Expansion, not both.)

New Operations / Start Up	Expansions
How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of new operations?: <u>16</u>	How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of expanded operations?: _____
Average hourly wage of these <u>new</u> employees: <u>\$40.26</u>	Average hourly wage of these <u>new</u> employees: _____
	How many FTE employees prior to expansion?: _____
	Average hourly wage of these <u>existing</u> employees: _____
	Total number of employees after expansion: _____

* FTE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary job" as set forth in NAC 360.474.

OTHER COMPENSATION (Check all that apply):

- Overtime
 Merit increases
 Tuition assistance
 Bonus
 PTO / Sick / Vacation
 COLA adjustments
 Retirement Plan / Profit Sharing / 401(k)
 Other: _____

BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary):

Section 9 - Employee Health Insurance Benefit Program

Is health insurance for employees and an option for dependents offered? Yes (copy of benefit plan must be attached) No

Package includes (check all that apply):

- Medical
 Vision
 Dental
 Other: _____

Qualified after (check one):

- Upon employment
 Three months after hire date
 Six months after hire date
 Other: Start plan mid 2018 - 12 months after hire for non-exempt

Health Insurance Costs:	Percentage of health insurance coverage by:
Cost of health insurance for company (annual amount per employee): <u>\$ 3,000.00</u>	Company: <u>65%</u>
Health Plan annual out-of-pocket maximum (individual): <u>\$ 1,200.00</u>	Employee: <u>35%</u>

[SIGNATURE PAGE FOLLOWS]

Section 10 - Certification

I, the undersigned, hereby grant to the Governor's Office of Economic Development access to all pertinent and relevant records and documents of the aforementioned company. I understand this requirement is necessary to qualify and to monitor for compliance of all statutory and regulatory provisions pertaining to this application.

Being owner, member, partner, officer or employee with signatory authorization for the company, I do hereby declare that the facts herein stated are true and that all licensing and permitting requirements will be met prior to the commencement of operations. In addition, I and /or the company's legal counsel have reviewed the terms of the GOED Tax Abatement and Incentives Agreement, the company recognizes this agreement is generally not subject to change, and any material revisions have been discussed with GOED in advance of board approval.

CHAD J. BONHOLDT
Name of person authorized for signature


Signature

CEO
Title

7 Aug 2017
Date

Nevada Governor's Office of Economic Development
555 E. Washington Ave., Ste 5400 • Las Vegas, Nevada 89101 • 702.486.2700 • (Fax) 702.486.2701 • www.diversifynevada.com

Site Selection Factors

Company Name: Tissue Life LLC

County: Clark County

Section I - Site Selection Ratings

Directions: Please rate the select factors by importance to the company's business (1 = very low; 5 = very high). Attach this form to the Incentives Application.

Availability of qualified workforce:	<u>3</u>	Transportation infrastructure:	<u>3</u>
Labor costs:	<u>1</u>	Transportation costs:	<u>3</u>
Real estate availability:	<u>5</u>	State and local tax structure:	<u>5</u>
Real estate costs:	<u>5</u>	State and local incentives:	<u>5</u>
Utility infrastructure:	<u>4</u>	Business permitting & regulatory structure:	<u>4</u>
Utility costs:	<u>4</u>	Access to higher education resources:	<u>4</u>

OTHER FACTORS & RATINGS:

5(A) Capital Equipment List

Company Name: Tissue Life, LLC

County: Clark County

Section I - Capital Equipment List

Directions: Please provide an estimated list of the equipment [columns (a) through (c)] which the company intends to purchase over the two-year allowable period. For example, if the effective date of new / expanded operations begins April 1, 2015, the two-year period would be until March 31, 2017. Add an additional page if needed. For guidelines on classifying equipment, visit: tax.nv.gov/LocalGovt/PolicyPub/ArchiveFiles/Personal_Property_Manuals. Attach this form to the Incentives Application.

(a) Equipment Name/Description	(b) # of Units	(c) Price per Unit	(d) Total Cost
Computers	20	\$1,500.00	\$30,000.00
Ultra Low Temp Freezer (28.8 cu ft. - 815 L)	20	\$12,000.00	\$240,000.00
High Temp Chamber Dishwasher	1	\$25,000.00	\$25,000.00
Large Bone Grinder	5	\$50,000.00	\$250,000.00
Micro grinder	4	\$10,000.00	\$40,000.00
Megafuge Centrifuge	6	\$8,000.00	\$48,000.00
Sonicator 5.5 Gallon	6	\$500.00	\$3,000.00
Horizontal Laminar Flow Hood 6'	6	\$12,000.00	\$72,000.00
1 hp Band saw	6	\$1,000.00	\$6,000.00
Bone saw	6	\$800.00	\$4,800.00
Heat sealer (impulse)	6	\$250.00	\$1,500.00
Lyophilizer (50 L)	3	\$200,000.00	\$600,000.00
E3-7.5-A, 7.5 hp High Pressure Reciprocating Piston Air Cooled Air Compress	1	\$20,000.00	\$20,000.00
Incubator (30 -70C)	4	\$5,000.00	\$20,000.00
23 cu ft. Refridgerator (2 - 10C)	4	\$5,000.00	\$20,000.00
Under counter refridgerator (2 - 10C)	2	\$2,350.00	\$4,700.00
RO water filtration/softener System	1	\$25,000.00	\$25,000.00
Supercritical CO2 machine (e.g. NovaSterilis 8800)	3	\$150,000.00	\$450,000.00
Terra Universal Modular Controlled Environment/Cleanrooms (~5,000 sq ft)	1	\$800,000.00	\$800,000.00
Laboratory case-work	5	\$20,000.00	\$100,000.00
CNC mills	6	\$80,000.00	\$480,000.00
Microbial identification platform (MALDI-TOF, Vitek, etc.)	1	\$200,000.00	\$200,000.00
CO2 incubators	4	\$10,000.00	\$40,000.00
SAS microbial air sampler	3	\$20,000.00	\$60,000.00
Cleanroom Environmental Monitoring alarm system	1	\$125,000.00	\$125,000.00
Microbial filtration system (bioburden testing)	3	\$25,000.00	\$75,000.00
RNA/DNA analyzer	1	\$60,000.00	\$60,000.00
Flow cytometer	1	\$150,000.00	\$150,000.00
3D printer	2	\$200,000.00	\$400,000.00
Lathe	1	\$50,000.00	\$50,000.00
Drill press	2	\$15,000.00	\$30,000.00
Cell counter	1	\$25,000.00	\$25,000.00
Microscopes (e.g. inverted, light-optical)	4	\$80,000.00	\$320,000.00
ELISA microplate system	2	\$50,000.00	\$100,000.00
Instron biomechanical force testing platform	1	\$25,000.00	\$25,000.00
Security and key card access	1	\$100,000.00	\$100,000.00
TOTAL EQUIPMENT COST			\$5,000,000.00

Is any of this equipment* to be acquired under an operating lease?

Yes

No

*Certain lease hold equipment does not qualify for tax abatements

5(B) Employment Schedule

Company Name: Tissue Life

County: Clark

Section I - Full-Time Equivalent (FTE) Employees

Directions: Please provide an estimated list of full time employees [columns (a) through (d)] that will be hired and employed by the company by the end of the first eighth quarter of new / expanded operations. For example, if the effective date of new / expanded operations is April 1, 2015, the date would fall in Q2, 2015. The end of the first eighth quarter would be the last day of Q2, 2017 (i.e., June 30, 2017). Attach this form to the Incentives Application.

A qualified employee must be employed at the site of a qualified project, scheduled to work an average minimum of 30 per week, if offered coverage under a plan of health insurance provided by his or her employer, is eligible for health care coverage, and whose position of a "primary job" as set forth in NAC 360.474.

(a) New Hire Position Title/Description	(b) Number of Positions	(c) Average Hourly Wage	(d) Average Weekly Hours	(e) Annual Wage per Position	(f) Total Annual Wages
CEO	1	\$72.12	40	\$150,009.60	\$150,009.60
CFO	1	\$57.69	40	\$119,995.20	\$119,995.20
Director Operations	1	\$57.69	40	\$119,995.20	\$119,995.20
Director Quality Control	1	\$57.69	40	\$119,995.20	\$119,995.20
Director Quality Assurance/Regulatory	1	\$57.69	40	\$119,995.20	\$119,995.20
Director Donor Services/Education	1	\$57.69	40	\$119,995.20	\$119,995.20
Medical Director	1	\$57.69	40	\$119,995.20	\$119,995.20
Director of R&D/PD	1	\$57.69	40	\$119,995.20	\$119,995.20
Central Supply Technicians	2	\$19.23	40	\$39,998.40	\$79,996.80
Operations Technicians	6	\$21.63	40	\$44,990.40	\$269,942.40
TOTAL	16			\$40.26	\$1,339,915.20

Section 2 - Employment Projections

Directions: Please estimate full-time job growth in Section 2, complete [columns (b) through (c)]. These estimates are used for state economic impact and net tax revenue analysis that this agency is required to report. The company will not be required to reach these estimated levels of employment.

(a) Year	(b) Number of FTE(s) Projected	(c) Average Hourly Wage	(d) Payroll
3-Year	11	\$40.00	\$915,200.00
4-Year	12	\$39.00	\$973,440.00
5-Year	20	\$37.00	\$1,539,200.00

5(C) Evaluation of Health Plans Offered by Companies

Company Name: Tissue Life, LLC County: Clark County

Total Number of Full-Time Employees: 16

Average Hourly Wage per Employee \$40.26
 Average Annual Wage per Employee (implied) \$83,744.70

Annual Cost of Health Insurance per Employee \$3,000.00
 Percentage of Cost Covered by:
 Company 35%
 Employee 65%

Health Plan Annual Out-of-Pocket Maximum \$1,200

Generalized Criteria for Essential Health Benefits (EHB)
[following requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022]

Covered employee's premium not to exceed 9.5% of annual wage 6.7% MMQ

Annual Out-of-Pocket Maximum not to exceed \$6,600 (2015) \$1,200 MMQ

Minimum essential health benefits covered (Company offers PPO):

- (A) Ambulatory patient services
- (B) Emergency services
- (C) Hospitalization
- (D) Maternity and newborn care
- (E) Mental health/substance use disorder/behavioral health treatment
- (F) Prescription drugs
- (G) Rehabilitative and habilitative services and devices
- (H) Laboratory services
- (I) Preventive and wellness services and chronic disease management
- (J) Pediatric services, including oral and vision care

No Annual Limits on Essential Health Benefits

I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached sufficient plan information for GOED to independently confirm the same.

CHAD J. RONHOLT
 Name of person authorized for signature

CEO
 Title

[Signature]
 Signature

7 Aug 2017
 Date