

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) Toyota Motor Engineering & Manufacturing, N.A., INC.		▶ 1b. Standard Industrial Classification (SIC) Code - Sec. 2(10) (4 or 6 Digit Code) 3711	
▶ 1c. Address of Facility (real property or personal property location) 8777 Platt Road		▶ 1d. City/Township/Village (indicate which) York Township	▶ 1e. County Washtenaw
▶ 2. Type of Approval Requested <input checked="" type="checkbox"/> New (Sec. 2(4)) <input type="checkbox"/> Transfer (1 copy only) <input type="checkbox"/> Speculative Building (Sec. 3(8)) <input type="checkbox"/> Rehabilitation (Sec. 3(1)) <input type="checkbox"/> Research and Development (Sec. 2(9))		▶ 3a. School District where facility is located Milan/Saline	▶ 3b. School Code 81100/81120
		▶ 4. Amount of years requested for exemption (1-12 Years) 12 years after completion of project	
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).			
<p>Construction of a new \$107.7 million automotive research and development, and safety testing facility totaling 450,000 sq. feet across two buildings with approximately \$9 million of office equipment, furniture, and fixtures. The total investment is equal to approximately \$116.7 million.</p>			
6a. Cost of land and building improvements (excluding cost of land)		▶ <u>\$107,739,000.00</u>	
* Attach list of improvements and associated costs. * Also attach a copy of building permit if project has already begun.		Real Property Costs	
6b. Cost of machinery, equipment, furniture and fixtures		▶ <u>\$9,000,000.00</u>	
* Attach itemized listing with month, day and year of beginning of installation plus total costs		Personal Property Costs	
6c. Total Project Costs		▶ <u>\$116,739,000.00</u>	
* Round Costs to Nearest Dollar		Total of Real & Personal Costs	
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>4/1/06</u>	<u>12/31/08</u>	▶ <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased
Personal Property Improvements ▶	<u>4/1/06</u>	<u>12/31/08</u>	▶ <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
▶ 9. No. of existing jobs at this facility that will be retained as a result of this project. 0		▶ 10. No. of new jobs at this facility expected to create within 2 years of completion. 465	
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 and obsolescence statement for property. 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 (contact local unit) 8/24/04		▶ 12c. Is this application for a speculative building (Sec. 3(8))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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, (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 Commission.

13a. Preparer Name James A. Kersteiner	13b. Telephone Number (859) 746-4396	13c. Fax Number (859) 746-4392	13d. E-mail Address jim.kersteiner@tema.toyota.com
14a. Name of Contact Person J. David Mince	14b. Telephone Number (734) 995-5185	14c. Fax Number	14d. E-mail Address david.mince@tema.toyota.com
▶ 15a. Name of Company Officer (No Authorized Agents) Charles H. Brown, Vice President & Secretary			
15b. Signature of Company Officer (No Authorized Agents) <i>Charles H. Brown</i>		15c. Fax Number	15d. Date 1/6/09
▶ 15e. Mailing Address (Street, City, State, ZIP Code) 25 Atlantic Ave., Erlanger, KY 41018		15f. Telephone Number (859) 746-4334	15g. E-mail Address chuck.brown@tema.toyota.com

LOCAL GOVERNMENT ACTION & CERTIFICATION - complete all boxes.

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 included with the submittal.

▶ 16. Action taken by local government unit <input type="checkbox"/> Abatement Approved for _____ Years (1-12) After Completion <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Denied (Include Resolution Denying)	16b. The State Tax Commission Requires the following documents be filed for an administratively complete application: Check or Indicate N/A if Not Applicable <input type="checkbox"/> 1. Original Application plus attachments, and one complete copy <input type="checkbox"/> 2. Resolution establishing district <input type="checkbox"/> 3. Resolution approving/denying application. <input type="checkbox"/> 4. Letter of Agreement (Signed by local unit and applicant) <input type="checkbox"/> 5. Affidavit of Fees (Signed by local unit and applicant) <input type="checkbox"/> 6. Building Permit for real improvements if project has already begun <input type="checkbox"/> 7. Equipment List with dates of beginning of installation <input type="checkbox"/> 8. Form 3222 (if applicable) <input type="checkbox"/> 9. Speculative building resolution and affidavits (if applicable)
16a. Documents Required to be on file with the Local Unit Check or Indicate N/A if Not Applicable <input type="checkbox"/> 1. Notice to the public prior to hearing establishing a district. <input type="checkbox"/> 2. Notice to taxing authorities of opportunity for a hearing. <input type="checkbox"/> 3. List of taxing authorities notified for district and application action. <input type="checkbox"/> 4. Lease Agreement showing applicants tax liability.	
16c. LUCI Code	16d. School Code
17. Name of Local Government Body	▶ 18. Date of Resolution Approving/Denying this Application

Attached hereto is an original and one copy of the application and all documents listed in 16b. I also certify that all documents listed in 16a are on file at the local unit for inspection at any time.

19a. Signature of Clerk	19b. Name of Clerk	19c. E-mail Address
19d. Clerk's Mailing Address (Street, City, State, ZIP Code)		
19e. Telephone Number	19f. 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: Mail 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 48909-7971**

(For guaranteed receipt by the STC, it is recommended that applications are sent by certified mail.)

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

**INFORMATION FOR TAX ABATEMENT FOR
Toyota Motor Engineering & Manufacturing, N.A., INC.**

ORIGINAL APPLICATION:

<u>Furniture</u>	<u>Cost</u>	<u>Acquisition Date</u>	
Office Furniture and Fixtures	\$ 9,000,000	8/1/2008	Other - F&F
Total for Furniture and Fixtures	\$ 9,000,000		
 <u>Construction Breakdown</u>			
Sitework	\$ 15,000,000	8/1/2008	Land & Site
Structure	27,300,000	8/1/2008	Building
Electrical	10,800,000	8/1/2008	Building
Mechanical	16,200,000	8/1/2008	Building
General Conditions	23,900,000	8/1/2008	
Total for Construction	\$ 93,200,000		
Total Project Cost	\$ 102,200,000		

AMENDED APPLICATION

<u>Furniture</u>	<u>Cost</u>	<u>Acquisition Date</u>	
Office Furniture and Fixtures	\$ 9,000,000	8/1/2008	Other - F&F
Total for Furniture and Fixtures	\$ 9,000,000		
 <u>Construction Breakdown</u>			
Sitework	\$ 15,508,000	8/1/2008	Land & Site
Structure	30,937,460	8/1/2008	Building
Electrical	13,005,309	8/1/2008	Building
Mechanical	19,507,964	8/1/2008	Building
General Conditions	28,780,267	8/1/2008	
Total for Construction	\$ 107,739,000		
Total Project Cost	\$ 116,739,000		

York Township
Building Department
Phone: (734) 439 8842

Building
11560 Stony Creek Road
Fax: (734) 439 3016

Permit #: P07-06-076-B
Milan, MI 48160

Hours: Monday 9 a.m. - 4 p.m. Tuesday - Friday 9 a.m. - 12 p.m.

8777 PLATT RD
S -19-02-200-004

TOYOTA MOTOR NORTH AMERICA, I
4410 GOSS RD
ANN ARBOR MI 48105

Date of Issue: 06/04/07

Date Expires: 09/25/09

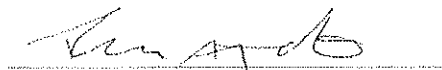
*PLEASE CALL 734-439-8842 FOR AN
INSPECTION.*

Walbridge Aldinger
4410 Goss Rd
Ann Arbor MI 48105
(313) 999 5383

Work Description: Full permit issuance 11-7-07/replaces foundation permit only issued 6-4-07- J Building

Permit Item	Work Type	Quantity	Item Total
Commerical Construction	Commercial Construct	1.00	\$98,100.00
Plan Review	Plan Review	50.00	\$1,542.30
Plan Review	Plan Review	50.00	\$144.26

York Township Building Official



\$99,786.56