

To be filed with the Board of County Commissioners, the governing boards of the municipality, or both, no later than March 1 of the year the exemption is desired to take effect.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Business name<br><b>Rogue Valley Microdevices, Inc.</b>                                                                                                                                                                                                    | Mailing address 943 Automation way, Suite F                                                                                                                                                                                                                                                                                                         |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Please give name and telephone number of owner or person in charge of this business.<br>Name <b>Jessica Gomez</b>                                                                                                                                          | Telephone number <b>5419518026</b>                                                                                                                                                                                                                                                                                                                  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Exact Location (Legal Description and Street Address) of Property for which this return is filed<br><b>2301 Commerce Park Drive, Palm Bay, FL32905 (See legal description attachment)</b>                                                                  | 4 Date you began, or will begin, business at this facility <b>TBD-Q1 23</b>                                                                                                                                                                                                                                                                         |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Description of the improvements to real property for which this exemption is requested<br><b>HVAC, Power upgrades, Cleanroom installation, wiring and plumbing</b>                                                                                         | Date of commencement of construction of improvements <b>TBD, estimate</b>                                                                                                                                                                                                                                                                           |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Description of the tangible personal property for which this exemption is requested and date when property was, or is to be purchased                                                                                                                      | APPRaiser's USE ONLY                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Class or Item                      Age                      Date of Purchase                      Taxpayer's Estimate of<br>Original Cost                      Cond*                      Fair Market Rent                      Cond*                      |                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | New Construction Value                      0                      TBD-Q/23                      \$ 3,500,000.00                                           \$ 3,500,000.00                                           \$                                    |                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Process Equipment                      0                      TBD-Q23                      \$ 21,400,000.00                                           \$ 21,400,000.00                                           \$                                        |                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Servers, Computer Equipment                      0                      TBD-Q26                      \$ 100,00.00                                           \$ 100,000.00                                           \$                                     |                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                            | \$                      \$                      \$                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                            | \$                      \$                      \$                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                            | \$                      \$                      \$                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                            | \$                      \$                      \$                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                            | \$                      \$                      \$                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                            | \$                      \$                      \$                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                            | \$                      \$                      \$                                                                                                                                                                                                                                                                                                  |
| Average value of inventory on hand:                      *Condition: good, avg (average), or poor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |
| Any additional personal property not listed above for which an exemption is claimed must be returned on form DR-405 (Tangible Personal Property Tax Return) and a copy attached to this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Do you desire exemption as a <input checked="" type="checkbox"/> new business or <input type="checkbox"/> expansion of an existing business                                                                                                                | 9 Trade levels (check as many as apply)<br><input type="checkbox"/> Retail <input checked="" type="checkbox"/> Wholesale <input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Professional<br><input type="checkbox"/> Service <input checked="" type="checkbox"/> Office <input checked="" type="checkbox"/> Other, specify: |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Describe type or nature of your business<br>Micro-Electromechanical systems/Semiconductor device fabrication and production                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Number of full-time employees to be employed in Florida                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | If an expansion of an existing business:<br>Net increase in employment                      %                      Increase in productive output resulting from this expansion                      %                                                      |                                                                                                                                                                                                                                                                                                                                                     |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sales factor for the facility requesting exemption:<br>Total sales in Florida from this facility-one (1) location only    300,000.00    divided by    Total sales everywhere from this facility-one (1) location only    15,000,000.00    =    2    %      |                                                                                                                                                                                                                                                                                                                                                     |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | For office space owned and used by a corporation newly domiciled in Florida                      Date of incorporation in Florida                      TBD-Q123                      Number of full-time employees at this location                      0 |                                                                                                                                                                                                                                                                                                                                                     |
| I hereby request the adoption of an ordinance granting an exemption from ad valorem taxation on the above property pursuant to Section 196.1995, Florida Statutes. I agree to furnish such other reasonable information as the Board of County Commissioners, the governing authority of the municipality, or the Property Appraiser may request in regard to the exemption requested herein. I hereby certify that the information and valuation stated above by me is true, correct, and complete to the best of my knowledge and belief. (If prepared by someone other than the taxpayer, his declaration is based on all information of which he has any knowledge.) |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |
| Date    12-05-2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                            | Signature, preparer                                                                                                                                                                                                                                                                                                                                 |
| Signature, taxpayer <i>Jessica Gomez</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            | Preparer's address    943 Automation Way, Suite F. Medford OR. 97504                                                                                                                                                                                                                                                                                |
| Title    Founder & CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                            | Preparer's telephone number                      5417741900                                                                                                                                                                                                                                                                                         |

**Property Appraiser's Use Only**

|     |                                                                                                                                                                                                                                                                                          |                  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| I   | Total revenue available to the county or municipality for the current fiscal year from ad valorem tax sources                                                                                                                                                                            | \$ 40,722,802.08 |
| II  | Revenue lost to the county or municipality for the current fiscal year by virtue of exemptions previously granted under this section                                                                                                                                                     | \$ 569,669.39    |
| III | Estimate of the revenue which would be lost to the county or municipality during the current fiscal year if the exemption applied for were granted and the property for which the exemption is requested would otherwise have been subject to taxation                                   | \$ 185,997.76    |
| IV  | Estimate of the taxable value lost to the county or municipality if the exemption applied for was granted<br>Improvements to real property \$ 2,975,000      Personal property \$ 21,500,000                                                                                             |                  |
| V   | I have determined that the property listed above meets the definition, as defined by Section 196.012(15) or (16), Florida Statutes, as a<br><input checked="" type="checkbox"/> new business <input type="checkbox"/> expansion of an existing business <input type="checkbox"/> neither |                  |
| VI  | Last year for which exemption may be applied <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> dependent upon the number of years granted by City Council.                                                                             |                  |

Application to be filed not later than March 1

Date 1/17/23

Signature, Property Appraiser [Signature]