



Application For Annual Certification: Oregon Investment Advantage

(Business Development Income Tax Exemption)
ORS 285C.500-285C.506, 316.778 & 317.391

Complete & Submit to
Business Oregon
775 Summer Street NE, Ste. 200
Salem OR 97301-1280
Phone: 503-986-0123
Fax: 503-581-5115
www.oregon4biz.com

DUE on or before the 30th day after the end of your income tax year, beginning not less than 24 months after the initial start of facility operations, up to the tenth tax year of operations*. (Signed original may be sent directly after faxed or e-mailed submission.) Include application fee (see below).

Applicant Business				
Contact Person Matt Hayes			Title President and CEO	
Name of Business Bennett Research Services, Inc.			Telephone Number 617.746.2600	
Mailing Address (Street/PO Box) Two Seaport Lane				
City Boston	State MA	Zip Code 02210	E-mail Address matt.hayes@bennett.com	
Form of Organization (Sole Proprietor, Partnership, 'S' or 'C' corporation)—Complete ID Numbers on next page S Corporation				U.S. State of Incorporation MA
Application Fee Enclosed (check payable to "State of Oregon, Business Development Department"):				<input type="checkbox"/> \$100

Facility & Business Operations		
County Where Facility Is Located Linn	City Where Facility Is Located Albany	Date of Preliminary Certification Application FEBRUARY 27, 2007
Location of Facility (Street Address, Lot Number of Site) 777 College Park Dr SW, Albany, OR		

Employment and Compensation	
Number of Employees Hired since Preliminary Certification and Working in Full-time, Year-round Positions at Facility:	30
Annual Compensation** (Including Non-mandatory Benefits) of at least Five Hires and General Health Insurance Coverage**—information attached <input type="checkbox"/>	

Timing and Income Tax Years				
This Application Is for Tax Year Beginning On (date) ... JULY 1, 2012		and Ending On (date) JUNE 30, 2013		Date of Preliminary Certification by Department FEBRUARY 27, 2007
Is this Facility's First Annual Certification Application? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If 'NO' List all Prior Years to Right, If 'YES' Fill-out Shaded Spaces Below: 2007,2008,2009,2010,2011			
Date Facility or Undeveloped Land Purchased or Leased 2/27/07	Date Construction, Modifications and Installation of Property and/or Improvements Completed 3/31/07	Date Initial Hiring of Employees at Facility Completed 4/30/07	Date Business Operations Commenced at Facility 4/30/07	Total Cost of Facility Investment (\$) \$170,000
Please Explain Any Delay or Interruption in Reaching Above Dates (waiver may be needed)—information attached <input type="checkbox"/>				

Declaration By Applicant	
I hereby declare to have examined this document and attachments thereto. To the best of my knowledge, they are true, correct and complete in every material respect. If any such information changes, I will notify the department and submit proper written amendments. I understand that the facility will receive the exemption, only if my business firm satisfies the requirements of ORS 285C.500 to 285C.506.	
Signature X	Date JULY 30, 2012
Printed Name Matt Hayes	Title of Authorized Company Representative President and CEO

*First submission allowed immediately for tax year when operations start, if preliminary certification application made before July 1, 2011.
**Optional, if Preliminary Certification was issued before January 1, 2011. Otherwise, minimum of five employees must receive compensation of at least 150% of county per capita income from time of preliminary application certification, or at least 100%, with health care coverage as good/better than local municipal workers'.

