



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
toll-free: 866-467-3466
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. (Signed original may be sent directly after faxed or e-mailed submission) Include application fee (see below).

Applicant Business

Contact Person Thomas J. Ruzich			Title President and CEO		
Name of Business Edge Industries, Inc. DBA Cutters Edge			Telephone Number 541-524-9999		
Mailing Address (Street/PO Box) PO Box 846					
City Baker City		State OR	Zip Code 97814	E-mail Address truzich@cuttersedge.com	
Taxpayer ID (SSN/TIN/EIN) [REDACTED]		Form of Organization (Sole Proprietor, Partnership, 's' or 'C' corporation)* 'C' Corporation		U.S. State of Incorporation CA	
Application Fee Enclosed (check payable to "State of Oregon, Business Development Department"):					<input checked="" type="checkbox"/> \$100

Facility & Business Operations

County Where Facility Is Located Baker		City Where Facility Is Located Baker City		Date of Preliminary Certification Application April 30, 2008	
Location of Facility (Street Address, Lot Number of Site) 3855 23 rd St Baker City, OR 97814					

Employment and Compensation

Number of Employees Hired since Preliminary Certification and Working in Full-time, Year-round Positions at Facility:		8
Annual Compensation** (Including Non-mandatory Benefits) of at least Five Hires and General Health Insurance Coverage**—information attached <input type="checkbox"/>		
NA		

Timing and Income Tax Years

This Application Is for Tax Year Beginning On (date) ... July 1, 2011		and Ending On (date) June 30, 2012		Date of Preliminary Certification by Department August 4, 2008	
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:		Year ending 6/30/09, 6/30/10, 6/30/11	
Date Facility or Undeveloped Land Purchased or Leased	Date Construction, Modifications and Installation of Property and/or Improvements Completed	Date Initial Hiring of Employees at Facility Completed	Date Business Operations Commenced at Facility	Total Cost of Facility Investment (\$)	
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 		Date 07/17/2012
Printed Name Thomas J. Ruzich		Title of Authorized Company Representative President and CEO

*If S-corporation or partnership (including LLC/LLP) complete section on the next page.

**Not applicable 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, or at least 100%, with health care coverage as good/better than local municipal workers'.

Individual Partners or Shareholders of Business

Business Name from Page 1

Business Taxpayer ID Number from Page 1

Edge Industries, Inc DBA Cutters Edge

[Redacted]

Individual Partner or Shareholder Name

Social Security Number

[Redacted]

[Redacted]

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