



Application For Preliminary 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 before beginning any construction, improvements or installation of property at facility, **and** before hiring new employees, **submit** at least a complete and dated copy of this form to **Business Oregon**. (Signed original and attachments may be sent directly following a faxed or e-mailed submission) Include application fee (see page 2).

Proposed Facility/Improvements and Business Operations

Date of Facility Acquisition		When Would Any Construction, Improvements or Installations Begin?		When Would Hiring Begin?	
2/15/12		2/28/12		5/15/12	
County Where Facility Will Be Located		When Would Facility Operations Begin? (month)		Land Use Zoning Designation	
Crook		June 2012		Industrial	
City Where Facility Will Be Located		Inside City's ...		Corporate Limits? Urban Growth Boundary?	
Prineville				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will Operate for How Long?					
20 or more Years					
Location of Facility (Street Address, Lot Number of Site)					
SW Baldwin Road at Cessna Drive at NE 1/4 of Section 12 of Township 15S Range 15EWM					
Describe Intended Operations, and the Property To Be Acquired, Constructed or Installed, That Will Comprise the Facility—information attached <input checked="" type="checkbox"/>					
Apple Inc. intends to construct, own, and operate one or more data centers with an approximate initial cost of \$250 million. Each data center would include a building as well as mechanical equipment, generators, infrastructure, servers, racking systems and other personal property within the building.					
If Any Such Property Will Be Leased, List Owner(s) of Leased Property – <input checked="" type="checkbox"/> not applicable					Term of Lease
					0 Years

Uniqueness of Operations to Oregon

During last 12 months, has yours or a commonly controlled company conducted operations—anywhere in Oregon— at all comparable to what will be undertaken at the proposed facility? Yes No

If 'yes' ... Describe each such In-state Operation, How It Does/does Not Compare or Relate to Proposed Facility—information attached
If it is an existing facility, please describe previous business operations there.

NOT APPLICABLE

Operations' Impact On Local Competition

Is your proposed facility in any way likely to compete with existing businesses inside the city, county or port area, in terms of inputs, resources, labor or customers/local market? Yes No

Explain 'yes' or 'no' answer ... describing customer types and basic impacts on local labor or resource markets or supply—information attached

NOT APPLICABLE

Employment and Compensation*

Proposed Number of New Hires Working in Full-time, Year-round Positions:	35	Minimum Annual Compensation (including Non-mandatory Benefits) for each of At Least Five New Hires	\$80,000
Health Insurance Coverage for Employees at the Facility—information attached <input checked="" type="checkbox"/>			

APPLE PROVIDES A SUITE OF HEALTH INSURANCE ALTERNATIVES FOR EMPLOYEES

*Minimum of five new employees, who receive compensation of 150% or more of the most recently available figure for county per capita income, or at least 100% or more, with health care coverage that equals or exceeds that of local city, port or county employees.

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Applicant Business Firm

Contact Person Terry Ryan			When Income Tax Fiscal Year Starts (month, day) October 2012		
Title Senior Tax Director			Telephone Number 408 425-6218		
Name of Business Firm Apple Inc.			Fax Number 408-974-6002		
Mailing Address (Street/PO Box) 1 Infinite Loop, M/S 36-2TX					
City Cupertino	State CA	Zip Code 95014	E-mail Address terryan@apple.com		


Application Fee Enclosed (check payable to "State of Oregon, Business Development Department"): \$500

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 2/13/12
Printed Name TERRY RYAN	Title of Authorized Company Representative SENIOR TAX DIRECTOR

For Use By The Department

1: Application Complete? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Qualified Location? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Planned Facility, Hiring and Compensation Sufficient? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Possibly <input type="checkbox"/> (*)	Date Business Firm Notified: March 13, 2012
2: Sent to County's Governing Body? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date † 3/26/12	Person to Whom Addressed & *other applicable comments Judge McCabe	
3: Sent to City's Governing Body? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date † 3/26/12	Person to Whom Addressed & *other applicable comments Steve Forrester, City Mgr	
4: Sent to Port's Governing Body? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date † NA	Person to Whom Addressed & *other applicable comments	
Business Development Staff Signature For Above X 		Date 3/22/12	Printed Name Arthur L Fish
5: Final Staff Determination Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/>		To Be Copied: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Port <input type="checkbox"/> Oregon Department of Revenue	
If Denied: <input type="checkbox"/> Notice Sent	Date	Enclosures: <input type="checkbox"/> Explanation of Reasons <input type="checkbox"/> Applicable City/County Materials <input type="checkbox"/> How to Appeal	* Copies Sent as Above <input checked="" type="checkbox"/>

To County or City Government or Port District

The county, city or port in which the facility would locate may object to the exemption from state income/excise taxes pursuant to this application. The department must receive the objection within 60 days of the date marked † above, including a copy of both: (1) this application with a signature and reason for objection as indicated below, and (2) a resolution to the same effect as duly adopted by the city's or county's governing body. A response is necessary, only if objecting to the exemption on this facility, or if having other information material to the department's determination for approving or denying preliminary certification under ORS 285C.500 to 285C.506.

Official Local Objection—resolution attached <input type="checkbox"/>	Explanation		
<input type="checkbox"/> Compete with Existing Businesses			
<input type="checkbox"/> Incompatible with Development Standards			
Potential Noncompliance for Certification	Explanation		
<input type="checkbox"/> Facility Begun Prior to Application Date			
<input type="checkbox"/> Other (eg. health insurance, location)			
Signature: Authorized Representative of City <input type="checkbox"/> /County <input type="checkbox"/> /Port <input type="checkbox"/>	Date	Printed Name	Title
X			