**CLOSING ITEM NO.: B-7** 

## AFFIDAVIT OF MAILING OF THIRTY-DAY SALES TAX REPORT (ST-60)

| STATE OF NEW YORK | )     |
|-------------------|-------|
|                   | ) SS. |
| COUNTY OF ALBANY  | )     |

The undersigned hereby states:

That on September 27, 2024, I mailed a Thirty-Day Sales Tax Report (ST-60) executed by County of Lewis Industrial Development Agency (the "Agency") said ST-60 reflecting the appointment of Red Barn Meats, Inc. (the "Company"), as agent of the Agency with respect to the Red Barn Meats, Inc. Project to the following:

NYS Tax Department IDA Unit Building 8, Room 738 W.A. Harriman Campus Albany, New York 12227

I have hereunto set my hand this 27th day of September 2024.

Adam Carson



Nadene E. Zeigler nzeigler@hodgsonruss.com

September 27, 2024

## **CERTIFIED MAIL** RETURN RECEIPT REQUESTED

9589 0710 5270 1481 8460 16

NYS Tax Department **IDA** Unit Building 8, Room 738 W. A. Harriman Campus Albany, New York 12227

Re:

County of Lewis Industrial Development Agency

Red Barn Meats, Inc. Project

## Ladies/Gentlemen:

Enclosed herewith please find an executed Tax Form ST-60 - IDA Appointment of Project Operator or Agent for Sales Tax Purposes Red Barn Meats, Inc. regarding the above-captioned transaction.

If you have any questions or comments regarding the foregoing, please do not hesitate to contact me.

NEZ/nhb Enclosure

cc:

Timothy A. Farley, Esq. (via e-mail)

Cheyenne Steria, Director of Finance & Incentives (via e-mail)

Brittany Davis, Executive Director (via e-mail)

Candace Randall, Esq. (via-e-mail)

U.S. Postal Service CERTIFIED MAIL® RECEIPT

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For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

SARRIER SERVICES & Fees (cyclock) at a derise as a sport postal of the certified Mail Restricted Delivery Services & Fees (cyclock) at a derise as a sport postal of the certified Mail Restricted Delivery Services & Fees (cyclock) at a derise as a sport postal of the certified Mail Restricted Delivery Services & Fees (cyclock) at a derise as a sport postal of the certified Mail Restricted Delivery Services & Fees (cyclock) at a derise as a deriver of the certified Delivery Services & Fees (cyclock) at a deriver of the certified Delivery Services & Fees (cyclock) at a deriver of the certified Delivery Services & Fees (cyclock) at a deriver of the certified Delivery See Reverse for Instructions of the certified Delivery See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON  | DELIVERY   |  |  |  |
|--|---|--|--|--|--|
| <ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the malipiece, or on the front if space permits.</li> </ul> | A. Signature  X  B. Received by (Printed Name)  | ☐ Agent ☐ Addressee C. Date of Delivery  |  |  |  |
| NYS Tax Department IDA Unit Building 8, Room 738 W.A. Harriman Campus  | D. Is delivery address different from item 1? If Yes if YES, enter delivery address below: No  REC'D NY TAX DEPT.  ALBANY, NY 12227 |  |  |  |  |
| Albany, NY 12227  9590 9402 8682 3310 5017 40  2. Article Number (Transfer from service label)  9590 8710 5270 14818460  | Comment Mail Decided and Delivers   | □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricter Delivery □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery |  |  |  |
| PS Form 3811, July 2020 PSN 7530-02-000-9053   | В   | omestic Return Receipt   |  |  |  |



**IDA** information

Name of IDA

Department of Taxation and Finance

## IDA Appointment of Project Operator or Agent For Sales Tax Purposes

The industrial development agency or authority (IDA) must submit this form within 30 days of the appointment of a project operator or agent, whether appointed directly by the IDA or indirectly by the operator or another agent.

For IDA use only

| Name of IDA   | · · · · · · · · · · · · · · · · · · · |             |   | IDA project nui                      | mber (u  | se OSC numb                           | bering system for projects             | after 1998)                           |
|---|---------------------------------------|-------------|---|--------------------------------------|----------|---------------------------------------|--|---------------------------------------|
| County of Lewis Industrial Developement   | Agency                                |             |   | 2301-24- 0                           |          |                                       | •                                      | ·                                     |
| Street address  |                                       |             |   | Telephone nun                        | nber     |                                       | ····                                   |                                       |
| 7551 South State Street   |                                       |             |   | (315) 3                              | 76-30    | 14                                    |  |                                       |
| City  | State                                 | ZIP cod     | le                                      | Email address                        | (option  | al)                                   |  | ····                                  |
| Lowville  | New York                              | 1336        | 7                                       |                                      |          |                                       |  |                                       |
|   |                                       |             |   |                                      |          |                                       |  |                                       |
| Project operator or agent informat  | ion                                   |             |   |                                      |          |                                       |  |                                       |
| Name of IDA project operator or agent   |                                       |             | Mark an X in t                          | he box if directly                   |          | Employer ide                          | entification or Social Secu            | rity number                           |
| Red Barn Meats, Inc.  |                                       |             | appointed by t                          | the IDA:                             | X        | 45-54162                              | 73                                     |                                       |
| Street address  |                                       |             |   | Telephone num                        | ber      | · · · · · · · · · · · · · · · · · · · | Primary operator or age                | nt?                                   |
| 9095 Briot Road   |                                       |             |   | 315 346                              | -1254    |                                       | Yes X                                  | No 🗌                                  |
| City  | State                                 | ZIP cod     | e                                       | Email address                        | (optiona | al)                                   |  | •                                     |
| Croghan   | NY                                    | 1332        | 7                                       |                                      |          |                                       |  |                                       |
|   |                                       |             |   | •                                    |          |                                       |  |                                       |
| Project information   |                                       |             |   |                                      |          |                                       |  |                                       |
| Name of project   |                                       |             |   |                                      |          |                                       |  | · · · · · · · · · · · · · · · · · · · |
| Red Barn Meats, Inc.  |                                       |             |   |                                      |          |                                       |  |                                       |
| Street address of project site  |                                       |             |   |                                      |          |                                       |  |                                       |
| 9095 Briot Road and 9097 Briot Road   |                                       |             |   |                                      |          |                                       |  |                                       |
| City  | State                                 | ZIP cod     | e                                       | Email address                        | (optiona | ıl)                                   |  |                                       |
| New Bremen  | NY                                    | 13367       | 7                                       |                                      |          |                                       |  | l                                     |
| Purpose of project  |                                       |             |   |                                      |          |                                       | ······································ |                                       |
| meat processing facility  |                                       |             |   |                                      |          |                                       |  |                                       |
| meat processing facility  |                                       |             |   |                                      |          |                                       |  | j                                     |
|   |                                       |             |   |                                      |          |                                       |  |                                       |
|   |                                       |             |   |                                      |          |                                       |  | İ                                     |
|   |                                       |             |   |                                      |          |                                       |  |                                       |
|   |                                       |             |   |                                      |          |                                       | •                                      | į                                     |
|   |                                       |             |   |                                      |          |                                       |  | ĺ                                     |
|   |                                       |             |   |                                      |          |                                       |  |                                       |
| Description of goods and services intended to be exempt   | ed from New Yor                       | rk State an | d local sales ar                        | nd use taxes                         |          |                                       |  |                                       |
|   |                                       |             | •                                       |                                      | חבו ג    | TED 000                               | TO TO THE DDG 15                       |                                       |
| EQUIPMENT, MACHINERY, BUILDING IMP  | ROVEMENT                              | 3, 311      | IMPROVE                                 | MEN 12 AND                           | KELA     | TED COS                               | IS TO THE PROJE                        | C1.                                   |
|   |                                       |             |   |                                      |          |                                       |  |                                       |
|   |                                       |             |   |                                      |          |                                       |  |                                       |
| Data mariant an analysis  | Data mariant an                       |             | <del></del>                             | T                                    | 44       |                                       | ten e .                                |                                       |
| Date project operator or agent appointed (mmddyy) 09/ 27 /24  | Date project op<br>agent status en    |             | vv) 12                                  | /31/25                               |          | n 🛪 in the box<br>inal project:       | if this is an extension to             |                                       |
|   | 1 -9                                  | 1           | ,,,                                     |                                      |          |                                       |  |                                       |
| Estimated value of goods and services that will be<br>exempt from New York State and local sales and use tax: | ¢ 1 30                                | 96,475.0    |   | alue of New York<br>mption provided: | State a  | ind local sales                       |  | 740.00                                |
| oxempt ment from forth educe and today educe and deep tax.  | ψ 1,55                                | 0,475.0     | O T and tak dika                        | mpaiori provided.                    |          |                                       | \$ 111                                 | ,718.00                               |
|   |                                       |             |   |                                      |          |                                       | <del></del>                            |                                       |
| Certification: I certify that the above stateme   | ents are true,                        | , comple    | te, and corr                            | ect, and that i                      | no ma    | terial infor                          | mation has been om                     | itted. I                              |
| make these statements with the knowledge t<br>felony or other crime under New York State L                    | nat williully p                       | hla by a    | taise of ital                           | fine and nose                        | iblo io  | with this d                           | ocument may consti                     | tute a                                |
| Tax Department is authorized to investigate t   |                                       |             |   |                                      |          |                                       | s. I also unuersianu                   | mai me                                |
| Print name of officer or employee signing on behalf of the  | ·                                     |             | Print title                             |                                      |          |                                       |  |                                       |
|   | IDA                                   |             | (Vice)                                  | Chair                                |          |                                       |  | - 1                                   |
| JOSEPH R. LAWRENCE  |                                       |             | [ |                                      |          |                                       |  |                                       |
| Signature C   |                                       |             |   | Date 00/27 /2                        | 024      |                                       | hone number                            | ĺ                                     |
| hody to   | ****                                  |             |   | 09/27 /2                             | U24      | [(31                                  | 5 ) 376-3014                           |                                       |
| - <b>v</b>  |                                       |             |   |                                      |          |                                       |  |                                       |
|   |                                       |             |   |                                      |          |                                       |  |                                       |