

Michigan Strategic Fund and Michigan Economic Development Corporation
Applicant Certification Form for Publicly Traded Companies

APPLICANT ENTITY LEGAL NAME *(business entity to receive incentive)*

APPLICANT ENTITY ADDRESS *(include city, state, and zip code)*

APPLICANT EMPLOYER TAX ID NUMBER (EIN)

List the Applicant's Key Individuals Below. All individuals must be completed, even if duplicative.

CEO: _____
(or similarly situated position in charge of Applicant's daily executive operations)

CFO: _____
(or similarly situated position in charge of Applicant's financial affairs)

COO: _____
(or similarly situated position in charge of Applicant's daily affairs)

Person responsible for managing the incentive for the Applicant: _____

Check if the Applicant is a publicly traded domestic issuer and has filed 10K's for the previous 8 years

If box is checked, ONLY the Applicant entity must complete a separate Background Check Disclosure Form.

Check if the Applicant's direct parent is a publicly traded domestic issuer and has filed 10K's for the previous 8 years

If box is checked, ONLY the direct parent must complete a separate Background Check Disclosure Form.
Legal name of Applicant's direct parent: _____

Check if the Applicant is a foreign private issuer that has filed 20-F Forms for the previous 8 years

If box is checked, ONLY the Applicant entity must complete a separate Background Check Disclosure Form.

Check if the Applicant's direct parent is a foreign private issuer that has filed 20-F Forms for the previous 8 years

If box is checked, ONLY the Applicant's direct parent company must complete a separate Background Check Disclosure Form.
Legal name of Applicant's direct parent: _____

Check if the Applicant's ultimate parent directly owns 100% of the Applicant's direct parent company, is a publicly traded domestic issuer, and has filed 10K's for the previous 8 years

If box is checked, ONLY the Applicant's ultimate parent must complete a separate Background Check Disclosure Form.
Legal name of Applicant's ultimate parent: _____

Check if the Applicant's ultimate parent directly owns 100% of the Applicant's direct parent company, is a foreign private issuer, and has filed 20-F Forms for the previous 8 years

If box is checked, ONLY the Applicant's ultimate parent must complete a separate Background Check Disclosure Form.
Legal name of Applicant's ultimate parent: _____

This background check will not be processed until both 1) the Applicant's Bylaws (or Operating Agreement, as applicable), and 2) the Applicant's Organizational Chart are provided.

CERTIFICATION

I consent to the release of information contained herein to the MEDC, the Department of Attorney General, MSF, CCO, or any of their designees, or as required by law. I have the authority to submit this form on behalf of the Applicant and authorize the MSF, MEDC, AG, CCO, or any of their designees to perform background checks on the Applicant and its Key Owner(s).

Signature _____

Title _____

Date _____