Missouri Department of
Economic Development

Missouri Works Program

Notice of Intent (NOI)

New Jobs Programs

PROJECT REQUIREMENTS (Net new jobs must be created within 2 years of the NOI approval) Note: "Existing" means that the company has operated in Missouri for a minimum of 10 years.						
√ One	Program Category	Minimum New Jobs	Minimum New Private Capital Investment	Minimum Average Wage for New Jobs	Health Insurance Offered and Paid at Least 50%	Program Benefits *Discretionary incentives may be available if certain criteria are met.
✔	**Zone Works** (Must be located in an Enhanced Enterprise Zone.)	2	$100,000	80% of County Average Wage	Yes	Retention of State Withholding Tax for 5 years, or 6 years for existing MO companies.
	Rural Works (All counties except Boone, Buchanan, Clay, Greene, Jackson, St. Charles, St. Louis County and City)	2	$100,000	90% of County Average Wage	Yes	Same as Zone Works (above).
	Statewide Works	10	N/A	90% of County Average Wage	Yes	Retention of State Withholding Tax for 5 years, or 6 years for existing MO companies.*
	Mega Works 120	100	N/A	120% of County Average Wage	Yes	6% of new payroll for 5 years, or 6 years for existing MO companies.*
	Mega Works 140	100	N/A	140% of County Average Wage	Yes	7% of new payroll for 5 years, or 6 years for existing MO companies.*
	Deal Closing Fund	10	N/A	100% of County Average Wage	Yes	Tax Credit within 1 year (must meet certain criteria and receive proposal from DED).
	Qualified Military Projects	10	Real or Personal Property Amount as outlined in the Proposal	90% of County Average Wage	Yes	A term no longer than 15 years. Tax Credits equal to estimated withholding taxes

Mail this Form to:

Missouri Department of Economic Development, Business and Community Solutions
PO Box 118, 301 W. High Street, Room 770, Jefferson City, MO 65102-0118
Phone: 573-751-4539
https://ded.mo.gov/programs/business/missouri-works **E-mail:** ded_bcs.moworks@ded.mo.gov

Missouri Department of
Economic Development

MISSOURI WORKS PROGRAM
NOTICE OF INTENT (NOI)

APPLICANT COMPANY INFORMATION

Qualified Company or Parent Company	Federal Tax ID No. (FEIN)	MITS/Missouri ID No.
AM Properties Two, LLC	27-0746624	

Address of Project / Primary Facility	Number of Current Full Time Employees at this facility	126	Number of Facilities in Missouri	1
7231 E 24th Street				

City	County		Zip Code +4
Joplin	Jasper	Missouri	64804

Tax year of Company	☑ Calendar	☐ Other (Please Describe)	Beginning: MM/DD	Ending: MM/DD

Does the applicant use any of the following? ☐ Payroll Provider ☐ Professional Employer Organization (PEO) ☐ Common Paymaster
(If the company uses a PEO, please provide DED with a copy of the PEO agreement.)

CONTACT INFORMATION (Please provide two (2) people that DED may contact directly regarding this program. At least one must be a company contact.)

Contact Person	Title
Christopher Erisman	First Vice President/Treasurer

Address	City	State	Zip Code
7231 E 24th Street	Joplin	MO	64804

Telephone Number	Fax Number	E-mail
417-680-7380		chris.erisman@amce.com

Contact Person	Title
JoBeth Shumaker	VP - Finance

Address	City	State	Zip Code
7231 E 24th Street	Joplin	MO	64804

Telephone Number	Fax Number	E-mail
417-680-7197		jobeth.shumaker@amce.com

TYPE OF BUSINESS

☐ Fiduciary ☐ C-Corp ☐ S-Corp ☑ LLC ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit ☐ Other_____

OWNERSHIP: Percent of total ownership for **ALL TYPES OF BUSINESSES** must total 100% except for C-Corps. For C-Corps, please attach a list of the Board of Directors and anyone with a 10% or more ownership interest. See the Missouri Works Program Guidelines for the definition of "Owner" by business type.

Name(First, MI, Last) or Company / Trust	DOB	% Ownership	Name(First, MI, Last) or Company / Trust	DOB	% Ownership
CHRISTOPHER L ERISMAN	11/28/197	25 %	KURT E HIGGINS	04/12/1969	25 %
STEVEN C MCNABB	02/06/196	25 %	BARTON J NICHOLS	08/16/1966	25 %
		%			%

Is this company owned 51% or more by women?	☐ YES	☑ NO	Is the company publicly traded?	☐ YES	☑ NO	Symbol

PROJECT INFORMATION

Was the Company offered a Proposal by DED for this project?				☐ YES	☑ NO
IF YES:	Date of the Proposal		Name of Company or Project Name on Proposal		
Has the company performed significant, project-specific site work at the project facility?				☑ YES	☐ NO
Has the company purchased any machinery or equipment related to the project?				☑ YES	☐ NO
Has the company publicly announced its intention to make new capital investment at the project facility?				☑ YES	☐ NO
Is the Project facility the company's permanent facility? If no, explain on additional sheet of paper.				☑ YES	☐ NO
Does the company participate in an employee stock ownership plan?				☑ YES	☐ NO

Is the applicant delinquent in the payment of any non-protested taxes or any other amounts due to the state or federal government or any other political subdivision?	☐ YES	☑ NO
Has the company filed for or publicly announced its intention to file for bankruptcy protection?	☐ YES	☑ NO
Will any additional locations be included as part of the project? (Must be within 60 miles of each other.)	☐ YES	☑ NO
Will any additional companies be creating investment or new jobs for this Project?	☑ YES	☐ NO

Please list any additional companies and/or facilities to be included as part of the project on the Facility Detail Worksheet.

Company Name	Address	City	County	FEIN
Allgeier, Martin and Associates, Ir	7231 E 24th Street	Joplin	Jasper	43-1146318

HEALTH BENEFITS

Will the company offer health benefits to all full-time employees at all facilities in MO and pay at least 50% of the premium? (Cannot be a reimbursement or stipend paid to employee for ACA Exchange.)		☑ YES	☐ NO
Name of the Health Insurance Company	Fusion Health/Cigna	Percentage paid by employer:	75 %

PROJECT FACILITY INFORMATION (Choose one.)

☐ New to MO	☐ New additional facility in MO	☑ Expansion of existing facility	☐ Replacement of existing facility	☐ Relocation of existing facility.

If Relocating, please indicate county and state from which relocating.	**County:**	**State:**
Check the box if project facility is located in a:	☐ Advanced Industrial Manufacturing (AIM) Zone	☐ State Tax Increment Financing (TIF) District
If this is a relocation/replacement: May require a Letter of Release from County	From where: (Current Address)	To where: (Future Address)
Describe the business activities conducted at the facility:	Consulting Engineering	
List all other federal and state programs for which this facility is applying or is currently utilizing.		
When does the Company plan to meet program requirements and start program benefits? (MM/YYYY)	12/31/2026	

Job Title	# of New Jobs	Annualized Wage of New Job
Engineer	4	85,000
Technician	3	70,000
Field Personnel	3	60,000
Office Staff	2	55,000
Total		840,000
Average Wage	70,000	

Years of Benefits	# of New Jobs Per Year	Amount of Capital Investment Per Year
Year 1	2	$ 500,000
Year 2	2	$ 500,000
Year 3	2	$ 500,000
Year 4	2	$ 500,000
Year 5	2	$ 500,000
Year 6*	2	$ 500,000
Total	12	$ 3,000,000

Has the Company been operating and had employees in Missouri for ten years or more? (If 'Yes' complete **Year 6** above.)	☑ YES	☐ NO

* To qualify for 6 years of benefits, the company must provide documentation such as a Personal Property paid receipt or MO Tax Return from at least 10 years ago.

RELATED COMPANIES: If any of the answers below are 'YES' please list the additional companies and/or facilities with locations in Missouri on the Facility Detail Worksheet.

Does the **applicant company** or its subsidiaries own or operate **other** facilities in Missouri that are not included in the Project?	☐ YES	☑ NO
Does the **parent company** or its subsidiaries own or operate **other** facilities in Missouri that are not included in the Project?	☐ YES	☑ NO
Do any of the **individual owners** of the applicant company own or operate any **other** companies in Missouri?	☐ YES	☑ NO

All other Missouri operations as identified above are assumed to be *Related Facilities* as identified in RSMo 620.2005 which may affect program benefits. If the facilities are NOT *related*, please provide a detailed explanation as to why the facilities are not *related*.

CERTIFICATION

I certify the following:

1. I am at least 18 years old.
2. I have authority to make the representations on behalf of the undersigned Applicant with respect to this Notice of Intent form and all accompanying documents, whether submitted simultaneously or in a supplemental manner (collectively "the NOI").
3. I have authority to submit the NOI to the Missouri Departmentof Economic Development (DED) on behalf of the Applicant.
4. The Applicant understands that the NOI and the information contained in it are material representations of fact upon which DED will rely in determining whether to authorize and issue Missouri Works Program incentives. If it is later determined by DED that the Applicant knowingly provided inaccurate information or knowingly omitted material information in its NOI, in addition to other remedies available, DED may deny the NOI or may terminate an authorization of incentives based on the NOI for cause or default.
5. The Applicant reviewed the NOI and certifies, to the best of its knowledge and belief, that the information in the NOI is accurate and complete as of the date submitted to DED.
6. The Applicant agrees that it must provide immediate written notice to DED if at any time the Applicant learns that the NOI contained inaccurate information when submitted to DED or that information has become inaccurate due to changed circumstances.
7. The Applicant authorizes DED to verify the information in its NOI from any source, including,but not limited to, other Missouri state agencies.
8. The Applicant ☐ is ☒ is not delinquent with respect to any non-protested Missouri state taxes (state income, state sales and use, and state insurance). (If answer is affirmative, provide explanation on a separate sheet of paper.)
9. The Applicant ☐ is ☒ is not a named party in any pending or threatened lien actions or other litigation that would materially impact the Applicant's viability. (If answer is affirmative, provide explanation on a separate sheet of paper.)
10. The Applicant, Applicant's owners, principals, and executives:

    a.☐ have ☒ have not within the three-year period preceding this Application, been found guiltyof a felony;

    b.☐ are ☒ are not currently under indictment for or charged with a felony; and,

    c.☐ are ☒ are not currently on parole or probation for a felony.

    (If any of the above answers is affirmative, provide explanation on a separate sheet of paper.)
11. The Applicant hereby affirms it does not and will not knowingly employ an unauthorized alien (as defined in § 285.525, RSMo) in connection with the project that is the subject of the NOI, for the duration of the project. § 285.530, RSMo.
12. The Applicant hereby affirms it is enrolled in, and will continue to participate in, the E-Verify federal work authorization program with respect to employees hired after enrollment who are proposed to work in connection with activities to be conducted under the project that is the subject of the NOI, for the duration of the project.
13. Applicant is providing a copy of its E-Verify Memorandum of Understanding with the U.S. Department of Homeland Security as an attachment to this NOI. § 285.530, RSMo.
14. The Applicant understands that if it is found to have employed an unauthorized alien in Missouri and did not, for that employee, examine the documentation required by federal law, the Applicant may be ineligible for any state-administered or -subsidized tax credits, tax abatements, or loans for a period of five years following any such finding. § 285.025, RSMo.
15. Neither the operations of the Applicant nor the receipt of the requested incentives would violate any existing agreement of Applicant's.
16. The Applicant has obtained or is capable of obtaining all necessary federal, state and local permits and licenses for the project that is the subject of the Application.

17. The Applicant hereby affirms, pursuant to § 135.802.12, RSMo that it has read and understands the Missouri Works Guidelines, and the notice on this NOI form which informs the Applicant of the requirements of the Tax Credit Accountability Act of 2004, as amended (§§ 135.800-.830, RSMo), including the reporting requirements of § 135.805, RSMo, and the penalty provisions of § 135.810, RSMo.
18. The Applicant agrees to give DED, the Missouri Department of Revenue, the Missouri State Auditor, and their authorized representatives, access to any records (electronic and otherwise) of Applicant related to the NOI in order to conduct inspections, audits, or other investigations. The Applicant also agrees to give timely and reasonable access to its personnel for the purpose of interview and discussion related to such records.

Barton Nichols

Signature of Authorized Representative of Applicant

Barton Nichols

Type or Legibly Print Name of Authorized Representative of Applicant

CEO

Type or Legibly Print Title of Authorized Representative of Applicant

AM Properties Two, LLC

Type or Legibly Print Applicant's Name

State of MO)
) ss.
County of Jasper)

On this 2nd day of October, 2025, before me, the undersigned notary public, personally appeared Barton Nichols [name of Applicant's authorized representative], CEO [authorized representative's title or office] of AM Properties Two, LLC [name of Applicant entity], proved to me through identification documents or personally known to me to be the person who signed this document in my presence, and acknowledged to me that such person signed it voluntarily for its stated purpose on behalf of the entity.

TAMMY S. REED
Notary Public - Notary Seal
STATE OF MISSOURI
Jasper County
My Commission Expires Sept. 11, 2028
Commission #12410046

Tammy S. Reed
Notary Public

REQUIRED ATTACHMENTS

CHECK BOX	ATTACHMENTS
☑	**Diversity Hiring Plan**—For Program Agreements effective as of or after 8/28/2019, provide a hiring plan that illustrates good faith efforts to employ racial minorities, contractors who are racial minorities, and contractors who employ at a minimum racial minorities commensurate with percentage of minorities in State of Missouri. The plan must include monitoring of effectiveness of outreach and recruitment strategies in attracting diverse applicants.
☑	**E-Verify Memorandum of Understanding (MOU)** - The company must register with the E-Verify program and submit an executed Memorandum of Understanding. We need the E-Verify for each company that is hiring employees, if those employees are used to qualify for Missouri Works. For more information regarding E-Verify, visit their web site at https://e-verify.gov. **Must be electronically signed by Company & DHS-USCIS.**
☑	**Health Insurance** - Please attach a copy of the employer health insurance plan that is provided to new hires. Cannot be a reimbursement or stipend paid to employee for coverage obtained through an ACA Exchange.
☑	**Multiple Worksite Report** – If applicant has multiple facilities within the state, please complete the Multiple Worksite Report (MWR) – BLS 3020 for the duration of the program benefits, including the twelve (12) months prior to the date the Notice of Intent is received by DED.
☐	**Organization Chart** – Attach a complete organizational chart illustrating the *Qualified Company*'s ownership to include any subsidiaries owned by the parent company or by the *Qualified Company*.
☑	**Facility Detail Worksheet** - Please list any *Related Companies* and their locations within Missouri, and any other Missouri facilities operated by the *Qualified Company*.
☐	**Determination of Related Facility Worksheet** – If the applicant company has multiple facilities within the State or has *Related Companies* with facilities operating in the State, please complete and attach the Determination of Related Facility Worksheet for each facility.
☐	**Tax Clearance** - DED will notify the company if a Form MO-943 needs to be submitted to the Department of Revenue. If multiple entities are participating in this project, a Certificate of tax Clearance is required for each entity.

Please Note: When the Notice of Intent is received, DED will send the Company the Base Employment Information template. The information requested in this spreadsheet is used to calculate the project facility base employment, project facility base payroll, and the related facility base employment (if applicable). The Company's timely response is required. Data should be submitted as an Excel file.

If these documents contain any material that the Company considers to be closed records pursuant to Section 620.014, RSMo, each page must be clearly marked as 'Confidential' and the Company must provide a written explanation of how releasing the information would endanger the competiveness of the business, or any other reason for seeking confidentiality.

Tax Credit Accountability Act of 2004 Annual Reporting Requirements and Penalty Provisions

All tax credit recipients must be familiar with the annual reporting requirements and penalties for non-compliance established under the Tax Credit Accountability Act of 2004 (§ 135.800-.830, RSMo). The responsibility for compliance falls upon the tax credit recipient.

Recipients of tax credits are required to submit the Tax Credit Accountability Act Reporting Form to the Department of Revenue. You may contact (573) 526-8733 (Personal Tax) or (573) 751-4541 (Corporate Tax) with any questions.

NOTE: Failure to file the first annual report for more than three months shall result in a PENALTY of 1% of the value of the credits for each month of delinquency, provided such penalty shall not exceed a maximum of ten percent of the value of the credits issued. Failure to file the second or third annual reports for more than three months shall result in a PENALTY of 1.5% of the value of the tax credits for each month of delinquency up to up to a maximum of 20% per report. Fraud in the application or reporting process shall result in a penalty equal to 200% of the credits issued.

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit http://veteranbenefits.mo.gov or call (573) 751-3779 to learn about available resources.