

Amendment Request Form

Other:

and the effective date(s).

a. X Kentucky Business Investment (KBI) program c. Kentucky Industrial Development Act (KIDA)

FOR	OFFICE	USE	ONLY
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Legal Services Contact: _____ Financial Incentives Contact: Form Number: 1. Incentive Program: Identify the applicable economic development incentive program. e. Kentucky Rural Economic Development Act (KREDA) 2. Date of Final Approval from KEDFA: July 30, 2015 (Not applicable – project has not received final approval) 3. Summary and Effective Date of Changes: Please provide an explanation of the change(s) that has occurred For internal management budgeting and other administrative tracking purposes, JustFabulous, Inc (Now TechStyle, Inc. following its legal name change in 2017 - please refer to enclosed name change docs) formed a new wholly owned subsidiary in 2015 named Fabletics, LLC (Compared to the compared to t hired by Fabletics, LLC. The first Kentucky pay date processed on behalf of Fabletics, LLC by our 3rd party payroll processing company, ADP, was 09/04/15. We are requesting to have Fabletics, LLC added as an "Approved Affiliate" under Article 1. Section 1.1 of the tax incentive agreement. In addition to Fabletics, LLC, JustFabulous, Inc. (Now TechStlye, Inc.) and TechFab, LLC also have employees working at the approved KY economic development project site.

4. Company Information (C	Company information a	t the time of KEDF	A approval)	
Company Name				
JustFabulous, Inc.				
Street or P.O. Box	City	County	State	Zip Code
800 Apollo Street	El Segundo		California	90245
Federal Employer ID Number	Fiscal Year	End		
90-0710569	Dece	mber-31		
Nature of operation: Manufacture	ring Agribusiness	Service or techn	nology Regional	l or national headquarters
X Other: Eco	mmerce sales of footwear	r/apparel		
Company Name	XX YES – changes in	dicated below 🔲	NO – Skip to #5	
FechStyle, Inc.	City	Country	Ctata	7in Codo
Street or P.O. Box	City	County	State	Zip Code
Same as above	F!1 V	r J		
Federal Employer ID Number	Fiscal Year	End		
Same as above				
9/2010	P	Amend - 1		

Nature of operation:	Manufacturing	ribusiness Service or	technology	Regional or national	headquarters	
REQUIRED and a co	Name change only Name and FEIN cha Acquisition/buyout Merger — please prov Other: Please provide a copy opy of the latest organizatis a new company/entity of compliance with the	e, the new name was a reange — please provide a copy of ride a copy of articles of mention chart. See attached by, is the new company/ende incentive agreement?	oy of the articles of the purchase, assistence. filed with the K ntity the employ	entucky Secretary of ver of the employees	f State's Office at the site for NO	
i.	If NO, please provide t	he name of the employm	ent source:	¥		
5. Project Locatio	n: Has the project loca	ntion changed? changes provided below	/ <mark>X</mark> ▼ NO			
Street Address	City	County	State	Zip Code		
Square footage						
Kentucky Econo		ude another party beside nce Authority (KEDFA) Lessor Lender Other (please expla	? □ YES <mark>X</mark>			
b. Has the	b. Has the name or location of the other party changed?					
Name of the		changes provided below	/ NO			
Street or P.C). Box:	City	County	State	Zip Code	
Contact Pers	son	Telephor	ne	Email Address		
7. Leased Projects		s or conditions of the lea		the new lease is requ	uired	

a. Has the project been refinanced? i. What is the total amount of the refinancing? ii. What is the principal amount of the refinancing devoted to the project? iii. REQUIRED: Please provide a copy of the new financing agreement (e.g., loan, note, etc.) and documentation from the previous lender showing the amount and date of payoff. b. Describe any other changes to the financing: 9. Other: Is there anything else that should be reported about the project? YES – explain below NO Name change from JustFabulous, Inc. to TechStyle, Inc., and our request to add an approved affiliate, Fabletics LLC to the tax incentive agreement. 10. Contact: Please provide contact information for the person to discuss the amendment. Contact Name Telephone Email Address James Matthews 805-698-2010 jmatthews@techstyle.com	8. Lende	er/Financ	cing Projects ONLY: Pleas	se answer the following questi	ons:	
ii. What is the principal amount of the refinancing devoted to the project? \$	a.	Has the	project been refinanced?			☐ YES ☐ NO
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James Matthews 805-698-2010 jmatthews@techstyle.com	Contact Name)		Telephone	Email Addres	S
	James Matth	ews		805-698-2010	jmatthews@	techstyle.com

Certification of Application

<u>Please note</u>: Eligibility for financial assistance is determined by the information presented in this form and in the required attachments. Any changes in the status of the project from the agreement or facts presented herein could disqualify the project. Please contact the staff of the Authority before taking any action that would change the status of the project as reported herein.

I, the undersigned, on behalf of the company, hereby represent and certify that the foregoing form information, including all attachments, to the best of my knowledge, is (a) true, complete and accurate with respect to the information concerning the project; and (b) does not contain any information for which any entity competing with the company may claim a proprietary interest. I also certify that the company will pay all costs and expenses, including legal fees, if any, in connection with any amendment to the agreement as required by the agreement.

The undersigned, on behalf of the company, acknowledges that information contained within the form and its attachments may be subject to public disclosure to the extent required by law pursuant to any request made under the Kentucky Open Records Act contained in Chapter 61 of the Kentucky Revised Statutes. Notwithstanding the above, except as otherwise agreed to by the company in writing, no confidential or proprietary information shall be disclosed if properly excluded from disclosure under KRS 61.878 (as determined by the Authority, the Kentucky Attorney General or court of competent jurisdiction).

Signature

James Matthews

Print Name

<u>Vice President</u>

Title

7-18

Date

ATTACHMENT A: REQUIRED IF COMPANY NAME CHANGED

CABINET FOR ECONOMIC DEVELOPMENT ECONOMIC DEVELOPMENT INCENTIVE DISCLOSURE STATEMENT

INSTRUCTIONS: In accordance with the Executive Branch Code of Ethics, Chapter 11A of the Kentucky Revised Statutes ("KRS"), before any board or authority within or attached to the Cabinet for Economic Development ("CED") takes final action on any contract or agreement by which a bond, grant, lease, loan, assessment, incentive, inducement, or tax credit is awarded (the "incentive package"), the beneficiary of the incentive package must file with the approving board or authority a disclosure statement stating: (i) the identity of the beneficiary of the incentive package, (ii) the identity of any person employed to act on behalf of the beneficiary with respect to the incentive package, (iii) the details of any financial transaction (as defined in KRS 11A.201(5)(a), see below) between the beneficiary (or any other person listed in (ii) above) and any agent or public servant of the Cabinet for Economic Development, any member of any board or authority within or attached to that Cabinet, or any other public servant involved in the negotiation of the economic incentive package. Your application or request will not be processed until this form is filed. CED will file copies of this form with the Executive Branch Ethics Commission pursuant to KRS 11A.233(2).

<u>NOTE</u>: For purposes of KRS 11A.201(5)(a), the definition of "financial transaction" is activity conducted or undertaken for profit, not available to the general public on the same terms, that arises from the joint ownership, the ownership, or part ownership in common, of any real or personal property or any commercial or business enterprise of whatever form between:

- 1) Beneficiary, agent or employee of the beneficiary; and
- 2) CED agent, employee, member of board or authority attached to CED, or other public servant involved in the negotiation of any incentive package.

Beneficiary's Legal Name: FABLETICS, LLC	
Type(s) of Economic Incentive Package(s): Kentucky I	Business Investment (KBI)
	ary who have acted on behalf of the Beneficiary in its dealings ed to the CED (please attach separate sheet if additional room is
Name & Title: James Matthews, Vice President-Tax	Organization: TechStyle, Inc.
Name & Title:	Organization:
Name & Title:	Organization:
Name & Title:	Organization:

age	Have any of the employees or agents of the Beneficiary had any "financial transactions" (as defined above gent, employee, or a board or agency attached to CED or any other public servant involved in the negotion conomic incentive package?	
	Y X N	
as bo	f yes, please detail any "financial transactions" (as defined above) between the Beneficiary (or any other s an employee or agent of the Beneficiary) and (i) any agent or public servant of the CED, (ii) any motion of authority within or attached to that Cabinet, or (iii) any other public servant involved in the negotion conomic incentive package (please attach separate sheet if needed):	ember of any
1.	. Name of Beneficiary (Agent or Employee):	
	Name of Cabinet (Agent, Employee or Board/Authority member):	
	Name of Other Public Servant:	
	Description of Financial Transaction:	
2.	. Name of Beneficiary (Agent or Employee):	
	Name of Cabinet (Agent, Employee or Board/Authority member):	
	Name of Other Public Servant:	
	Description of Financial Transaction:	
3.	. Name of Beneficiary (Agent or Employee):	
	Name of Cabinet (Agent, Employee or Board/Authority member):	
	Name of Other Public Servant:	
	Description of Financial Transaction:	
The	he undersigned, a duly authorized representative of the Beneficiary listed above, hereby certifies that the	e information
set	et forth in this Economic Incentive Disclosure Statement has been reviewed, and is true and correct to the nowledge of the undersigned.	
	Signature:	
	Date: 04-04-18	