		SEAL .	Gus Kramer	
In REQUERR ASSESSMENT http://www.cccounty.us/assessor Information for Property No. Year: Name of organization			2530 Arnold Drive Martinez, CA 945 FAX: (925) 313-74	e, Suite 100 53-4359 488
Name of organization Address of this property Comer only Operator only Owner only Operator is If daimant is owner, name of owner is A Claimant is primarily: (check only one) 1. charitable B. Use of property I. The primary activity the property is used for is: (check only one) I. The primary activity the property is used for are: (check only one) I. Charitable 0. thospital I. C. dramatic primary in fund raising I. C. educational 0. hospital I. The primary activity the property is used for are: a. List letters used in B1 b. Other activities the property is used for are: a. List letters used in B1 b. Other activities the property is only one is and institutionally necessary d. used to house presone is and institutionally necessary C. Operation of property In your opinion are services and expenses excessive? Yes< <nth>Not if answer is yes, explaint: I. In your opinion are services and expenses excessive? Yes<nth>Not if answer is no, explaint: Ownership of real property (as of applicable lien dato) is recorded in exact name of claimant? Not if answer is no, explaint: D. Ownership of real property (as of applicable lien dato) is recorded in exact name of claimant? Yes<ntho answe<="" if="" td=""><td>SUPPLEMENTAL ASSESSMENT</td><td>A LOUST</td><td>http://www.cccour</td><td></td></ntho></nth></nth>	SUPPLEMENTAL ASSESSMENT	A LOUST	http://www.cccour	
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