EF-571-M-R06-0806-07000242-1 BOE-571-M (FRONT) REV. 6 (8-06)

_ MISCELLANEOUS PROPERTY STATEMENT

OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20 ____. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code section 463. This statement is not a public document. The information contained herein will be held secret by the Assessor (Code section 451); it can be disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.

Gus Kramer County Assessor

2. LOCATION OF THE PROPERTY:

2530 Arnold Drive, Suite 100

(File a separate statement for each location)

2000 / littola Dilvo, Gallo 100	
Martinez, CA 94553-4359	
FAX: (925) 313-7488	
Telephone: (925) 313-7400	
http://www.cccounty.us/assesso)

code section 400. Attached	scricadies are considered to	be part of the statement.		Sti	eet Address		
1. NAME AND MAILING AI	DDRESS (Make necessary co	rections to the printed name	e and mailing address.)		ту		
				3. <u>D</u>	YOU OWN THE LAN	O AT THIS LOCATION?	
					Yes No		
					es, is the name on yo		
					corded as shown on th		
				4. LC	CAL PHONE NUMBER	R()	
				E-I	Mail Address (optional)	
1					RANS:		
				Ar	e you filing a claim fo	r veterans' exemption	?
Tangible property owned, c	laimed, posse <mark>sse</mark> d, controll <mark>ed</mark>	, or manage <mark>d b</mark> y you <mark>at</mark> this lo	ocation at 12:01 a.m., Jar		Yes No		
the year being reported. In Do not report property eligi	ventories are exempt from ta ible for this exemption.	xation and should not be rep	ported for 1980 and fut	1119	es, a separate "Claim t		n" form must be filed
				wi	th Assessor on or befo	re February 15.	
DESC	CRIPTION OF PROPERTY	DATE AC	(0)		REMARKS		ASSESSOR'S
DESC	CHII HON OF THOTERT	QUIRED	COST		MEMIANKS		USE ONLY
5. SUPPLIES		XXX	X				
6. EQUIPMENT		XXX	X				
a. Total cost of all eq	uipment h <mark>eld</mark> on January 1, la	st year X X X	X				
b. Equipment acquire	ed since January 1, last year	XXX	X XXXX				
F			V V V V				
c. Equipment dispos	ed of since January 1, last yea	r XXX	X XXXX				
	uipment held on J <mark>an</mark> uary 1, th	is year X X X	X				
7. OTHER (describe)							
8. BUILDINGS OR LEASE		MONTH &	/EAR				
(describe additions ar	nd retirements <mark>in d</mark> etail)						
INCTRUCTIONS					TOTAL FULL		
INSTRUCTIONS: Line 5. Enter the cost of you			VALUE				
Line 6. List individually iter	ns acquired or disposed of since						
	d may be computed by adding t iired, cost, and description of ar				PERSONAL PROPER	RTY	
tached.	iis location. Additional site	ets may be at-	FIXTURES				
	nd show the cost of all additions or landlord during the year being				(IMPROVEMENTS)		
the buildings of you	ariandiord during the year being			0.		חחיי היי	ΓΛ
DECLARATION BY ASSESSEE					PROCESSING DATA		
OWNERSHIP TYPE (4)	Note: The	following declaration mu: f you do not do so, it may	st be completed and		OPERATION	BY	DATE
Proprietorship	_	of perjury under the lav	·	lifornia that I	ANALYZED		
	have examined this p	roperty statement, incl	uding accompanyin	g schedules,	COMPUTED		
Partnership \square	have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is						
Corporation \square	true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named				APPRAISED		
Other as the assessee in this statement at 12:01 a.m. on January 1, 20					REVIEWED		
SIGNATURE OF ASSESSEE OR AU	ITHORIZED AGENT*		DATE		POSTED TO:		
•							
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)			TITLE				
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)			FEDERAL EMPLOYER ID NU	MBER	TAX AREA CODE:		
					BUS. CODE:		
PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER			TITLE		505. CODE.		
		()					

THIS STATEMENT SUBJECT TO AUDIT



 $[\]hbox{*Agent: see back for Declaration by Assessee instructions.}\\$

DECLARATION BY ASSESSEE

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a corporation, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a partnership, the declaration must be signed by a partner or an authorized employee or agent. In the case of a Limited Liability Company (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.

