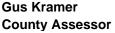
EF-571-M-R06-0806-07000123-1 BOE-571-M (FRONT) REV. 6 (8-06)

_ 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.

Γ	_		



2. LOCATION OF THE PROPERTY:

2530 Arnold Drive, Suite 100

(File a separate statement for each location)

Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

				St	reet Address		
1. NAME AND MAILING AD	ODRESS (Make necessary co	rrections to the printed name	and mailing address.)		ty		
				3. <u>D</u>	O YOU OWN THE LAND	AT THIS LOCATION?	
					Yes No		
					yes, is the name on you		
				re	corded as shown on th	is statement. 🔲 Ye	es 🔲 No
				4. LC	OCAL PHONE NUMBER	()	
				F-	Mail Address (optional)	
					RANS:	/-	
L					re you filing a claim for	veterans' exemption	,
Fangible property owned, c	laimed, possessed, controlled	, or manage <mark>d b</mark> y you <mark>at</mark> this lo	ocation at 12:01 a.m., Jan		Yes No	reterans exemption	
the year being reported. Inv	ventories are exempt from ta	xation and should not be rep	ported for 1980 and fut		yes, a separate "Claim f	or Veterans' Exemption	n" form must be filed
Do not report property eligi	bie for this exemption.			w	ith Assessor on or befo	re February 15.	
		DATE AC					ASSESSOR'S
DESC	CRIPTION OF PROPERTY	QUIRED	(0)		REMARKS		USE ONLY
5. SUPPLIES		XXX	X				
6. EQUIPMENT		XXX					
	uipment held on January 1, la						
a. Total cost of all equ	alpinent neid on January 1, la	st year AAA	^				
b. Equipment acquire	ed since January 1, last year	X X X	X X X X				
			7				
c. Equipment dispose	ed of since January 1, last yea	r XXX	X XXXX				
d. Total cost of all equ	uipment held on January 1, th	nis year X X X	X				
7. OTHER (describe)	, , , ,						
	THOUR IMPROVEMENTS						
8. BUILDINGS OR LEASE (describe additions an	nd retirements in detail)	MONTH & \	/EAR				
(acsernoe additions at	ia realierites in actain,						
NSTRUCTIONS:		_			TOTAL FULL		
Line 5. Enter the cost of you	ır supplies.				VALUE		
Line 6. List individually iten	ns acquired or disposed of since	e January 1 o <mark>f la</mark> st year. Add <mark>itio</mark> r					
		the figures f <mark>or li</mark> nes a and b <mark>and</mark> ny other personal property at th			PERSONAL PROPER	TY	
tached.					FIXTURES		
		and retirements to your building reported. Do not repeat items			(IMPROVEMENTS)		
the buildings of you	i iandiord during the year being	DECLARATION BY AS				י י	ΓΛ
			PROCESSING DATA				
OWNERSHIP TYPE (4)	Note: The	following declaration mus f you do not do so, it may	st be completed and		OPERATION	BY	DATE
. , _			•	lifornia that !	ANALYZED		
Proprietorship	have examined this r	of perjury under the law property statement, incl	vs or the state of Ca uding accompanyin	mornia that I g_schedules	COMPUTED		
Partnership	t of my knowledge a	nd belief it is	APPRAISED				
Corporation \square							
Other	REVIEWED						
SIGNATURE OF ASSESSEE OR AU		atement at 12:01 a.m. on	DATE	<u></u>	POSTED TO:		
SIGNATURE OF ASSESSEE OR AU	THORIZED AGENT		DAIL .		FOSTED TO:		
	RIZED AGENT* (typed or printed)		TITLE				
INAINIE OF MODEODEE OK AUTHOR	MALLO AGENT" (typed or printed)		111125				
NAME OF LEGAL ENTITY (other t	FEDERAL EMPLOYER ID NUMBER		TAX AREA CODE:				
TWINE OF LEGAL LIVING (Officer t	I LOLINAL LIMITLOTEN ID NO	JLII					
PREPARER'S NAME AND ADDRES	SS (typed or printed)	TELEPHONE NUMBER	TITLE		BUS. CODE:		
		I .	ı		I .		

*Agent: see back for Declaration by Assessee instructions.

THIS STATEMENT SUBJECT TO AUDIT



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.

