EF-571-M-R06-0806-15000253-1 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

| ١. | MAINE AND MAILING ADDRESS | (Make necessary corrections to the printed name and maining address.) | | | | | | |
|-----|-------------------------------|---|-------|--|--|--|--|--|
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| | _ | | | | | | | |
| Tai | agible property owned claimed | possessed controlled or managed by you at this location at 12:01 a m | lanua | | | | | |

Laura Avila **Kern County Assessor and Recorder**

1115 Truxtun Avenue Bakersfield CA 93301-4639 (661) 868-3485

2. LOCATION OF THE PROPERTY:

| | strict attorney, grand jury, it is schedules are considered to | and other agencies specified be part of the statement. | a in | | le a separate stateme reet Address | nt for each location) | |
|---|--|---|--|-----------------------|---------------------------------------|--|------------------------|
| 1. NAME AND MAILING AL | ODRESS (Make necessary co | rrections to the printed name | e and mailing address.) | | ty | | |
| Γ | | | | | Yes No yes, is the name on yo | D AT THIS LOCATION? ur deed nis statement. Ye | s 🗌 No |
| | | | | 4. LC | OCAL PHONE NUMBER | R() | |
| | | | | E-I | Mail Address (optiona | l) | |
| L | | | | | RANS: | | |
| Fangible property owned, c the year being reported. In Do not report property eligi | ventories are exempt from ta | l, or managed by you at this le exation and should not be re | ocation at 12:01 a.m., Jan ported for 1980 and futu | nuary 1 of ure years. | Yes No | r veterans' exemption? for Veterans' Exemption ore February 15 | |
| DESC | CRIPTION OF PROPERTY | DATE ACQUIRED | (0) | | REMARKS | Seresially 13. | ASSESSOR'S USE ONLY |
| 5. SUPPLIES | | XXX | X | | | | |
| 6. EQUIPMENT | | XXX | | | | | |
| a. Total cost of all equ | uipment held on January 1, la | st year X X X | X | | | | |
| h Fauinment acquire | ed since January 1, last year | XXX | X XXXX | | | | |
| b. Equipment dequite | ed since surroury 17 dat year | | | | | | |
| | | | | | | | |
| c. Equipment dispos | ed of since January 1, last yea | r X X X | X | | | | |
| | | | | | | | |
| · | uipment held on J <mark>an</mark> uary 1, th | nis year X X X | Х | | | | |
| 7. OTHER (describe) 8. BUILDINGS OR LEASE | EHOLD IMPROVEMENTS: | | | | | | |
| | nd retirements in detail) | MONTH & | YEAR | | | | |
| | | | | | | | |
| | | | | | TOTAL FULL | | |
| INSTRUCTIONS: Line 5. Enter the cost of you | ur supplies. | | | | TOTAL FULL VALUE | | |
| | | e January 1 o <mark>f la</mark> st year. Add <mark>itio</mark> the figures for lines a and b and | | | PERSONAL PROPER | DTV | |
| | | ny other pe <mark>rson</mark> al property at th | | | FIXTURES | XI I | |
| Line 8. Describe in detail ar | | and retirements to your building reported. Do not repeat items | | | (IMPROVEMENTS) | | |
| the buildings of you | in landiora daring the year being | DECLARATION BY A | | 0. | PROCESSING DATA | | |
| OWNERSHIP | | following declaration mu | | | OPERATION | BY | DATE |
| TYPE (4) | | If you do not do so, it may of perjury under the lav | • | :f:- +l+ ! | ANALYZED | | |
| Proprietorship \square | uding accompanying | g schedules, | COMPUTED | | | | |
| Corporation | t of my knowledge ar roperty required to | | APPRAISED | | | | |
| Other | or managed by the pe | | REVIEWED | | | | |
| SIGNATURE OF ASSESSEE OR AU | | tatement at 12:01 a.m. on | DATE | | POSTED TO: | | |
| > | | | | | | | |
| NAME OF ASSESSEE OR AUTHOR | TITLE | | | | | | |
| NAME OF LEGAL ENTITY (other t | FEDERAL EMPLOYER ID NUMBER | | TAX AREA CODE: | | | | |
| | 1 22 12.113 1101 | | BUS. CODE: | | | | |
| PREPARER'S NAME AND ADDRES | TITLE | | 503. CODE. | | | | |
| | | 1 | <u> </u> | | | | |

THIS STATEMENT SUBJECT TO AUDIT



^{*}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.



