EF-502-P-R02-0511-23000380-1 BOE-502-P (P1) REV. 02 (05-11)

## POSSESSORY INTERESTS ANNUAL USAGE REPORT

NAME AND MAILING ADDRESS



## SUSAN M. RANOCHAK MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315

Telephone: (707) 463-4315 Fax: (707) 463-6597

	(Make neces	ssary corrections to the printed name	and mailing address)					
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or mo inforn rise to	ore taxable pos mation identifyir o the taxable p	ssessory <mark>int</mark> erests have b ng the holders of a taxable	een created or integrated possessory integrated of January 1 this county assessor	renewed erest, the s year, y by Feb				
			PF	ROPERTY USAGE				
NAME	OF HOLDER OF	POSSESSORY INTEREST		MAILING	MAILING ADDRESS			
LOCATION/DESCRIPTION OF SUBJECT PROPERTY					DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
TYPE	OF TRANSACTIO	ON (check one)		AMOUN'	TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)			
C	CREATION R	ENEWAL SUBLEASE	ASSIGNMENT					
TERM	OF POSSESSOF	RY INTEREST (including renewal	or exte <mark>nsi</mark> on o <mark>ptio</mark> ns)	AGENC)	PAID EXPENSES (if any, enter dollar amount)			
	SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE			
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Па	ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR UNDERLYING LEASE			
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NAME OF HOLDER OF POSSESSORY INTEREST					MAILING ADDRESS			
LOCATION/DESCRIPTION OF SUBJECT PROPERTY					DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
TYPE	OF TRANSACTIO	ON (check one)		AMOUN	TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)			
TYPE OF TRANSACTION (check one)  CREATION RENEWAL SUBLEASE ASSIGNMENT					Tunodit, 1112 Ti E of Contribility I.C. group, rulin convice, rulin, curer)			
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NIANE	OF HOLDER OF	DOSSESSORY INTEREST		MAILING	ADDRESS			
NAME OF HOLDER OF POSSESSORY INTEREST				MAILING ADDRESS				
LOCATION/DESCRIPTION OF SUBJECT PROPERTY					DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED			
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TYPE OF TRANSACTION (check one)					AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)			
CREATION RENEWAL SUBLEASE ASSIGNMENT								
TERM OF POSSESSORY INTEREST (including renewal or extension options)				AGENCY PAID EXPENSES (if any, enter dollar amount)				
	SUBLEASE	ORIGINAL TERM	REMAINING TERM	1	CONSIDERATION PAID FOR MASTER LEASE			
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REMAINING TERM

CONSIDERATION PAID FOR UNDERLYING LEASE



EF-502-P-R02-0511-2300038

ORIGINAL TERM

ASSIGNMENTS

PROPERTY USAGE										
NAME OF HOLDER OF	POSSESSORY INTEREST		MAILING ADDRESS							
LOCATION/DESCRIPT	ION OF SUBJECT PROPERT	Y	DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED							
TYPE OF TRANSACTION F	ON (check one)	ASSIGNMENT	AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)							
TERM OF POSSESSO	RY INTEREST (including renewa	al or extension options)	AGENCY PAID EXPENSES (if any, enter dollar amount)							
SUBLEASE	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR MA	ASTER LEASE					
ASSIGNMENTS	ASSIGNMENTS ORIGINAL TERM REMAINING TER		CONSIDERATION PAID FOR UNDERLYING LEASE							
NAME OF HOLDER OF	POSSESSORY INTEREST		MAILING	GADDRESS	<b>7</b>					
LOCATION/DESCRIPT	ION OF SUBJECT PROPERT	Y	DATE O	F TRANSACTION IN WHICH A TA	XABLE POSSESSORY INTEREST WAS ACQUIRED					
TYPE OF TRANSACTION (check one)  CREATION RENEWAL SUBLEASE ASSIGNMENT  TERM OF POSSESSORY INTEREST (including renewal or extension options)  AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)  AGENCY PAID EXPENSES (if any, enter dollar amount)										
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ASSIGNMENTS	ORIGINAL TERM	REMAINING TERM	M	CONSIDERATION PAID FOR UN	NDERLYING LEASE					
NAME OF HOLDER OF	POSSESSORY INTEREST		MAILING	MAILING ADDRESS						
LOCATION/DESCRIPT	ION OF SUBJECT PROPERT	Y	F TRANSACTION IN WHICH A TA	XABLE POSSESSORY INTEREST WAS ACQUIRED						
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SUBLEASE	ORIGINAL TERM	REMAINING TERM	VI	CONSIDERATION PAID FOR MA	ASTER LEASE					
ASSIGNMENTS	ASSIGNMENTS ORIGINAL TERM REMAINING TERM CONSIDERATION PAID FOR UNDERLYING LEASE									
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CERTIFICATION										
of my knowledge a	and belief it is true, corre	ect, and complete	and co	overs any property required	ements or other attachments, and to the best I to be reported by the agency named in the on declaration is based on all the information					
SIGNATURE OF AGEN	ICY REPRESENTATIVE/PREF		DATE							
NAME OF AGENCY RE	EPRESENTATIVE		TITLE							
NAME OF PREPARER			TITLE							
PREPARER'S EMAIL A	DDRESS		DAYTIME TELEPHONE NUMBER							

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