EF-571-M-R06-0806-25000373-1 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.

Cheri Budmark Modoc County Assessor

204 Sout Court Street, Suite 106

Alturas, CA 96101
Phone: (530) 233-6218
Fax: (530) 233-6237
assessor@co.modoc.ca.us

(File a separate statement for each location)

2. LOCATION OF THE PROPERTY:

	e section foot / tetaerica	seriedales die considered to	be part of the statement			51	reet Address				
1.	NAME AND MAILING AD	AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)									
	Γ	3. <u>DO</u>							YOU OWN THE LAND AT THIS LOCATION?		
						L	」Yes □ No				
							yes, is the name on y				
								corded as shown on this statement.			
						4. L0	OCAL PHONE NUMBI				
						E-	Mail Address (option	al)			
	1					, VETE	RANS:				
								or veterans' <mark>exem</mark> ptior	?		
		laimed, possessed, controlled					Yes No				
	not report property eligil	ventories are exempt from table for this exemption.	xation and should not be i	eported for i	1960 and full	, II		for Veterans' Exemption	on" form must be filed		
						w	ith Assessor on or be	fore February 15.			
			DATE A				REMARKS	ASSESSOR'S			
			QUIRÈ						USE ONLY		
	SUPPLIES		XXX								
6.	EQUIPMENT		XXX		(X X X						
	a. Total cost of all equ	uipment h <mark>eld</mark> on January 1, la	st year X X X	X							
				7/							
	b. Equipment acquire	ed since January 1, last year	XXX	Х	XXX						
								_			
	c. Equipment dispose	ed of since January 1, last yea	r XXX	X	(X X X						
						_					
	d. Total cost of all equ	uipment held on January 1, th	is year X X X	X	A						
7.	OTHER (describe)										
		HOLD IMPROVEMENTS:				 					
٠.		nd retirements in detail)	MONTH &	YEAR							
					_						
							1				
	RUCTIONS:						TOTAL FULL VALUE				
Line Line		ar supplies. As acquired or disposed of since	e January 1 of last year. Addition	onal sheets ma	ay be attache	d. The figure to	VACOL				
1:		d may be computed by adding t ired, cost, and description of ar					PERSONAL PROPE	ERTY			
Line	tached.	irea, cost, and description of ar	ly other personal property at	this location. I	Additional She	ets may be at-	FIXTURES				
Line 8. Describe in detail and show the cost of all additions and retirements to your buildings the buildings of your landlord during the year being reported. Do not repeat items the							(IMPROVEMENTS)				
	the buildings of you	riandiord during the year being			ciuded in line	0.		PROCESSING DA	ΤΛ		
DECLARATION BY AS					1 . 1 . 1	-					
	OWNERSHIP TYPE (4)		following declaration m f you do not do so, it ma				OPERATION	BY	DATE		
Pror		I declare under penalty	of periury under the la	ws of the S	State of Cal	lifornia that I	ANALYZED				
have examined this property statement, inclu				luding acc	companying	g schedules,	COMPUTED				
statements or other attachments, and to the best							APPRAISED				
which is owned, claimed, possessed, controlled, or				, or manage	ed by the po	erson named					
Other as the assessee in this statement at 12:01 a.m. on J					20		REVIEWED				
	ATURE OF ASSESSEE OR AU	THORIZED AGENT*		DATE			POSTED TO:				
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)											
				TITLE							
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)				EEDEDAL SA	MPLOYER ID NU	MDED	TAV ADEA CODE				
NAW	il or legal entity (other t	וומוז שטא) (typed or printed)		FEDERAL EN	IL FOIEK ID IVO	INIDEL	TAX AREA CODE:				
PREF	ARER'S NAME AND ADDRES	S (typed or printed)	TELEPHONE NUMBER	TITLE			BUS. CODE:				
THE AREA S MANUE AND ADDRESS (typed of printed)				-							

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.



