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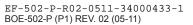
or more taxable possessory interests have been information identifying the holders of a taxable po	created or renew ssessory interest, t January 1 this year	ocal governmental entity that is the fee owner of real property in which one ed to provide the assessor of the county in which the property is located the property involved, and the terms and conditions of the agreement giving r, your agency owns any property with taxable possessory interests, you are ebruary 15.
	PROPE	ERTY USAGE
NAME OF HOLDER OF POSSESSORY INTEREST		NG ADDRESS
LOCATION/DESCRIPTION OF SUBJECT PROPERTY		OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED
TYPE OF TRANSACTION (check one) CREATION RENEWAL SUBLEASE AS	SIGNMENT	INT AND TYPE OF CONSIDERATION (i.e. gross, full service, NINN, other)
TERM OF POSSESSORY INTEREST (including renewal or extended of the second s	ension options) AGEN	ICY PAID EXPENSES (if any, enter dollar amount)
SUBLEASE ORIGINAL TERM	MAINING TERM	CONSIDERATION PAID FOR MASTER LEASE
ASSIGNMENTS ORIGINAL TERM	MAINING TERM	CONSIDERATION PAID FOR UNDERLYING LEASE
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 TRANSACTION (check one)	SIGNMENT	UNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)
SUBLEASE ORIGINAL TERM REI	MAINING TERM	CONSIDERATION PAID FOR MASTER LEASE
ASSIGNMENTS ORIGINAL TERM	MAINING TERM	CONSIDERATION PAID FOR UNDERLYING LEASE
NAME OF HOLDER OF POSSESSORY INTEREST		NG ADDRESS
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TERM OF POSSESSORY INTEREST (including renewal or extended of the second s	ension options) AGEN	ICY PAID EXPENSES (if any, enter dollar amount)
SUBLEASE ORIGINAL TERM	MAINING TERM	CONSIDERATION PAID FOR MASTER LEASE
ASSIGNMENTS ORIGINAL TERM	MAINING TERM	CONSIDERATION PAID FOR UNDERLYING LEASE

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

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SACRAMENTO COUNTY ASSESSOR REAL PROPERTY DIVISION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0700 FAX (916) 875-0705 https://assessor.saccounty.gov

CHRISTINA WYNN



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POSSESSORY INTERESTS ANNUAL USAGE REPORT



PROPERTY USAGE 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 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) **ORIGINAL TERM** REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE SUBLEASE CONSIDERATION PAID FOR UNDERLYING LEASE REMAINING TERM ORIGINAL TERM ASSIGNMENTS 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 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) CONSIDERATION PAID FOR MASTER LEASE **ORIGINAL TERM REMAINING TERM** SUBLEASE **ORIGINAL TERM REMAINING TERM** CONSIDERATION PAID FOR UNDERLYING LEASE ASSIGNMENTS 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 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) **ORIGINAL TERM** REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE SUBLEASE REMAINING TERM CONSIDERATION PAID FOR UNDERLYING LEASE **ORIGINAL TERM** ASSIGNMENTS CERTIFICATION

I certify (or declare) that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and covers any property required to be reported by the agency named in the statement. If prepared by a duly authorized person other than an agency official, the certification declaration is based on all the information of which the preparer has knowledge.

SIGNATURE OF AGENCY REPRESENTATIVE/PREPARER	DATE
NAME OF AGENCY REPRESENTATIVE	TITLE
NAME OF PREPARER	TITLE
PREPARER'S EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER

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