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| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) | | | | | | | |
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| or more taxable poinformation identifyi | ossessory interests have ing t <mark>he holders of</mark> a <mark>tax</mark> ab | been created or le pos <mark>se</mark> ssor <mark>y i</mark> nte | renewed erest, th | | | | |
| form with the Assess IF THERE ARE NO | sor by February 15. Report | all taxable posses INTERESTS ON F SHOWN ABOVE | Sory inte PROPER | rty with taxable possessory interests, you are required to complete and file this erests occurring in the prior year even if they ended in the prior year. TY OWNED BY THIS AGENCY, CHECK HERE , AND SIGN, DATE, | | | |
| NAME OF TENANT/LE | SSEE/PERMITTEE | P | | ATY USAGE | | | |
| | | | | | | | |
| LOCATION/DESCRIPT | ION OF SUBJECT PROPERTY | ЛЛ | DATE OF | F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | | | |
| TYPE OF TRANSACTIO | ON (check one) RENEWAL SUBLEASE | ASSIGNMENT | AMOUN | TAND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) | | | |
| TERM OF POSSESSO | RY INTEREST (including renewal | or exte <mark>nsi</mark> on options) | AGENC | (PAID EXPENSES (if any, enter dollar amount) | | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR MASTER LEASE | | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR UNDERLYING LEASE | | | |
| NAME OF TENANT/LESSEE/PERMITTEE MAILING ADDRESS | | | | | | | |
| LOCATION/DESCRIPT | ION OF SUBJECT PROPERTY | , | DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | | | | |
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| TERM OF POSSESSO | RY INTEREST (including renewal | or extension options) | AGENC | PAID EXPENSES (if any, enter dollar amount) | | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR MASTER LEASE | | | |
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| SUBLEASE | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR MASTER LEASE | | | |
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EF-502-P-R03-0516-51000299-1 BOE-502-P (P1) REV. 03 (05-16)

POSSESSORY INTERESTS ANNUAL USAGE REPORT



Kathy Scriven Sutter County Assessor 1160 Civic Center Blvd., Suite D Yuba City, CA 95993

Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

| PROPERTY USAGE | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|-------------------------------------------------------------------------|-----------------------------------------|--|--|--|
| NAME OF TENANT/LESSEE/PERMITTEE | | | MAILING ADDRESS | | | | |
| LOCATION/DESCRIPTION OF SUBJECT PROPERTY | | | DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | | | | |
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| TERM OF POSSESSORY INTEREST (including renewal or extension options) | | | AGENCY PAID EXPENSES (if any, enter dollar amount) | | | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | Л | CONSIDERATION PAID FOR MASTER LEASE | | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | Л | CONSIDERATION PAID FOR UNDERLYING LEASE | | | |
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| NAME OF TENANT/LESSEE/PERMITTEE MAILING ADDRESS | | | | | | | |
| LOCATION/DESCRIPTION OF SUBJECT PROPERTY DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | | | | | | | |
| TYPE OF TRANSACTION (check one) CREATION RENEWAL SUBLEASE ASSIGNMENT | | | | | | | |
| TERM OF POSSESSORY INTEREST (including renewal or extension options) AGENCY PAID EXPENSES (if any, enter dollar amount) | | | | | | | |
| USUBLEASE ORIGINAL TERM REMAINING TERM CONSIDERATION PAID FOR MASTER LEASE | | | | | | | |
| ASSIGNMENTS ORIGINAL TERM REMAINING TERM CONSIDERATION PAID FOR UNDERLYING LEASE | | | | | | | |
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| NAME OF TENANT/LES | SSEE/PERMITTEE | | MAILING | GADDRESS | | | |
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| SUBLEASE | ORIGINAL TERM | REMAINING TERM | Л | CONSIDERATION PAID FOR MASTER LEASE | | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | Λ | CONSIDERATION PAID FOR UNDERLYING LEASE | | | |
| USE! | | | | | | | |
| 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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