

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.

\$45.00 USD PROCESSING FEE. To be paid at the time of filing for each parcel being appealed. A separate application must be filed for each parcel. **THE PROCESSING FEE IS NON-REFUNDABLE.**

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
WHITEWAVE FOODS/NATURAL SELECTION FOODS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

12002 AIRPORT WAY

CITY BROOMFIELD

STATE
CO

ZIP CODE

80021

DAYTIME TELEPHONE

(972) 934-0022

ALTERNATE TELEPHONE

FAX TELEPHONE

2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)
RYAN LLC - ANDREW GROVE

EMAIL ADDRESS

Andrew.Grove@Ryan.com

COMPANY NAME

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

13155 Noel Rd. Suite 100

CITY Dallas

STATE
TX

ZIP CODE

75240

DAYTIME TELEPHONE

(972) 934-0022

ALTERNATE TELEPHONE

FAX TELEPHONE

(972) 934-4939

AUTHORIZATION OF AGENT☒ AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

▶ SEE ATTACHED

TITLE

DATE

3. PROPERTY IDENTIFICATION INFORMATION

☐ Yes ☒ No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILLASSESSOR'S PARCEL NUMBER
012-040-046-000

ASSESSMENT NUMBER

990-053-606-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

0 San Juan HWY

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE ☒☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____☐ COMMERCIAL/INDUSTRIAL☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ AGRICULTURAL☐ MANUFACTURED HOME☐ WATER CRAFT☐ OTHER:☐ POSSESSORY INTEREST☒ VACANT LAND☐ AIRCRAFT**4. VALUE**

	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	98,700	40,000	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	98,700	40,000	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

5. TYPE OF ASSESSMENT BEING APPEALED ☒ Check only one. See instructions for filing periods☐ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE CURRENT YEAR☒ SUPPLEMENTAL ASSESSMENT

*DATE OF NOTICE: 7-28-2017

ROLL YEAR: 2013

☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: _____

**ROLL YEAR: _____

*Must attach copy of notice or bill, where applicable

**Each roll year requires a separate application

6. REASON FOR FILING APPEAL (FACTS)

See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

A. DECLINE IN VALUE

☒ The assessor's roll value exceeds the market value as of January 1 of the current year.

B. CHANGE IN OWNERSHIP

☐ 1. No change in ownership occurred on the date of _____.☒ 2. Base year value for the change in ownership established on the date of 01/02/2014 is incorrect.

C. NEW CONSTRUCTION

☐ 1. No new construction occurred on the date of _____.☐ 2. Base year value for the completed new construction established on the date of _____ is incorrect.☐ 3. Value of construction in progress on January 1 is incorrect.

D. CALAMITY REASSESSMENT

☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.

E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.

☐ 1. All personal property/fixtures.☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.

F. PENALTY ASSESSMENT

☐ Penalty assessment is not justified.

G. CLASSIFICATION/ALLOCATION

☐ 1. Classification of property is incorrect.☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).

H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.

☐ 1. Amount of escape assessment is incorrect.☐ 2. Assessment of other property of the assessee at the location is incorrect.

I. OTHER

☐ Explanation (attach sheet if necessary) _____

7. WRITTEN FINDINGS OF FACTS (\$ _____ per _____)

☐ Are requested. ☒ Are not requested.PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER
PARCEL (APN) IS REQUIRED AT THE TIME OF THE
HEARING.

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

☒ Yes ☐ No

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property - "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

NAME (Please Print)

Andrew Grove

SIGNED AT (CITY, STATE)

Dallas, TX

DATE

9/27/17

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

☒ ☐ OWNER ☒ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED
☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

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MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

12002 AIRPORT WAY

CITY
BROOMFIELDSTATE
COZIP CODE
80021DAYTIME TELEPHONE
(972) 934-0022ALTERNATE TELEPHONE
()FAX TELEPHONE
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COMPANY NAME

EMAIL ADDRESS
Andrew.Grove@Ryan.com

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()FAX TELEPHONE
(972) 934-4939**AUTHORIZATION OF AGENT**☒ **AUTHORIZATION ATTACHED**

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The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

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SEE ATTACHED

TITLE

DATE

3. PROPERTY IDENTIFICATION INFORMATION

☐ Yes ☒ No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILLASSESSOR'S PARCEL NUMBER
012-040-046-000

ASSESSMENT NUMBER

990-053-606-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

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0 San Juan HWY

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE ☒☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☐ AGRICULTURAL☐ POSSESSORY INTEREST☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____☐ MANUFACTURED HOME☒ VACANT LAND☐ COMMERCIAL/INDUSTRIAL☐ WATER CRAFT☐ AIRCRAFT☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ OTHER:**4. VALUE**

	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	98,700	40,000	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	98,700	40,000	
PENALTIES (amount or percent)			

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5. TYPE OF ASSESSMENT BEING APPEALED ☒ Check only one. See instructions for filing periods☐ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE CURRENT YEAR☒ SUPPLEMENTAL ASSESSMENT

*DATE OF NOTICE: 7-26-2017

ROLL YEAR: 2014

☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: _____

**ROLL YEAR: _____

*Must attach copy of notice or bill, where applicable

**Each roll year requires a separate application

6. REASON FOR FILING APPEAL (FACTS)

See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

A. DECLINE IN VALUE☒ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☒ 2. Base year value for the change in ownership established on the date of 01/02/2014 is incorrect.**C. NEW CONSTRUCTION**☐ 1. No new construction occurred on the date of _____.☐ 2. Base year value for the completed new construction established on the date of _____ is incorrect.☐ 3. Value of construction in progress on January 1 is incorrect.**D. CALAMITY REASSESSMENT**☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.**E. BUSINESS PERSONAL PROPERTY/FIXTURES.** Assessor's value of personal property and/or fixtures exceeds market value.☐ 1. All personal property/fixtures.☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.**F. PENALTY ASSESSMENT**☐ Penalty assessment is not justified.**G. CLASSIFICATION/ALLOCATION**☐ 1. Classification of property is incorrect.☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).**H. APPEAL AFTER AN AUDIT.** Must include description of each property, issues being appealed, and your opinion of value.☐ 1. Amount of escape assessment is incorrect.☐ 2. Assessment of other property of the assessee at the location is incorrect.**I. OTHER**☐ Explanation (attach sheet if necessary) _____**7. WRITTEN FINDINGS OF FACTS (\$ _____ per _____)**☐ Are requested. ☒ Are not requested.PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER
PARCEL (APN) IS REQUIRED AT THE TIME OF THE
HEARING.**8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND** See instructions.☒ Yes ☐ No**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property - "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

Dallas, TX

9/22/17

Andrew Grove

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

☒ OWNER ☒ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED
☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

County of San Benito

Tom Slavich, Assessor

BOE-67-A Rev.04 (05-12)

440 Fifth St., Rm. 108
Hollister CA 95023
831-636-4030

NOTICE OF SUPPLEMENTAL ASSESSMENT

DATE OF NOTICE: 07/26/2017

Parcel Number: 012-040-046-000

Doc Num: 2014ILEOP

Asmt Num: 990-053-606-000

Orig Asmt: 012-040-046-000

Situs Address: 0 SAN JUAN HWY SAN JUAN BAUTISTA CA 95045

Comments:

NATURAL SELECTION FOODS LLC
EARTHBOUND FARM LLC
1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

RECEIVED

AUG 03 2017

Date of Change of Ownership or Completion of New Construction: 01/02/2014

One or more supplemental assessments have been determined for the property shown above. Supplemental assessments are determined in accordance with the California Constitution, article XIII A, which generally requires a current market value reassessment of real property that has either undergone a change in ownership or is newly constructed.

As shown below, a supplemental assessment represents the difference between the property's "new base year value" (for example, current market value) and its existing taxable value. If the change in ownership or completion of new construction occurred between January 1 and May 31, two supplemental assessments are issued: one for the difference between the new base year value and the taxable value appearing on the current assessment roll, and another for the difference between the new base year value and the taxable value that will appear on the assessment roll being prepared.

If a supplemental assessment is a negative amount, the county auditor will make a refund of a portion of the taxes paid on assessments made on the current roll, or the roll being prepared, or both. A copy of the assessment roll is available for inspection by all interested parties during regular office hours.

YOUR RIGHT TO AN INFORMAL REVIEW

If you believe the assessment is incorrect, you have the right to an informal review with the Assessor's staff. You may contact the Assessor's Office for an informal review at San Benito Assessor (831) 636-4030

	CURRENT ROLL 2013 - 2014			ROLL BEING PREPARED 2014 - 2015		
	Existing Value	New Value	Supplemental Assessment	Existing Value	New Value	Supplemental Assessment
Land	73,417	98,700	25,283	73,750	98,700	24,950
Improvements	0	0	0	0	0	0
Growing	0	0	0	0	0	0
Fixtures	0	0	0	0	0	0
Personal Prop./	0	0	0	0	0	0
Mobile Home	0	0	0	0	0	0
Homesite	0	0	0	0	0	0
TAXABLE VALUE	73,417	98,700	25,283	73,750	98,700	24,950
Exemptions						
Homeowners	0	0	0	0	0	0
Other	0	0	0	0	0	0
NET TOTAL	73,417	98,700	25,283	73,750	98,700	24,950

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SEE ATTACHED

TITLE

DATE

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012-040-046-000

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A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

100,672

50,000

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

100,672

50,000

PENALTIES (amount or percent)

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*DATE OF NOTICE: _____

ROLL YEAR: _____

☐ ROLL CHANGE ☒ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: 8-17-2017

**ROLL YEAR: 2015

*Must attach copy of notice or bill, where applicable

**Each roll year requires a separate application

6. REASON FOR FILING APPEAL (FACTS)

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SIGNED AT (CITY, STATE)
Dallas, TX

DATE

9/22/17

NAME (Please Print)

Andrew Grove

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☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE



County of San Benito

Tom Slavich, Assessor

440 Fifth St., Rm. 108

Hollister CA 95023

831-636-4030

BOE-66-A REV.03 (05-15)

NOTICE OF ENROLLMENT OF ESCAPE ASSESSMENT

NATURAL SELECTION FOODS LLC A LIMIT LIAB
1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

Asmt: 012-040-046-000
Fee Parcel: 012-040-046-000
Base Asmt: 012-040-046-000

SITUS: 0 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

DATE OF NOTICE: August 17, 2017

On August 07, 2017, a *Notice of Proposed Escape Assessment* was sent to you as required by Revenue and Taxation Code section 5318. That notice was sent to advise you of the proposed escape assessment 10 days prior to enrollment of the escape assessment. This is to notify you, as required by Revenue and Taxation Code section 534, that the following escape assessment has now been enrolled.

ASSESSOR'S USE ONLY

VALUE SUMMARY FOR YEAR 2016 - 2016		OLD VALUE	NEW VALUE	NET CHANGE
LAND		75,223	100,672	25,449
STRUCTURE		0	0	0
GROWING IMPROVEMENTS		0	0	0
PP MOBILE HOME		0	0	0
FIXTURES		0	0	0
PERSONAL PROPERTY		0	0	0
LESS EXEMPTIONS		0	0	0
NET TAXABLE		75,223	100,672	25,449

YOUR RIGHT TO AN INFORMAL REVIEW

If you believe this assessment is incorrect, you have the right to an informal review with the Assessor or a member of the Assessor's staff. You may contact the Assessor's Office at (831) 636-4030 for information regarding an informal review.

YOUR RIGHT TO APPEAL

You also have the right to a formal appeal of the assessment which involves (1) the filing of an *Assessment Appeal Application*, (2) a hearing before an appeals board, and (3) a decision by the appeals board. An *Assessment Appeal Application* form is available from, and should be filed with, the Clerk of the Appeals Board. You may contact the Clerk's Office at (831) 636-4000 for more information on filing an application.

FILING DEADLINES

In general, an *Assessment Appeal Application* must be filed within 60 days after the Date of Notice (printed above) or the postmark date on the envelope in which the notice was mailed, whichever is later.

An application is considered timely filed if: (1) it is sent by U.S. mail, properly addressed with postage prepaid, postmarked on or before the filing deadline; OR (2) the appeals board is satisfied that the mailing occurred by the filing deadline. If the filing deadline falls on a Saturday, Sunday, or a legal holiday, an application that is mailed and postmarked on the next business day shall be considered timely filed.

EXCLUSIONS

Certain sales/transfers of property between parents and children and certain sales/transfers between grandparents and grandchildren may qualify for an exclusion from reassessment thereby maintaining your lower property tax liability. Please contact our office at (831) 636-4030 for further information.

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THE PROCESSING FEE IS NON-REFUNDABLE.

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
WHITEWAVE FOODS/NATURAL SELECTION FOODS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

12002 AIRPORT WAY

CITY BROOMFIELD	STATE CO	ZIP CODE 80021	DAYTIME TELEPHONE (972) 934-0022	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
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APPLICATION NUMBER: Clerk Use Only

A368

EMAIL ADDRESS

Andrew.Grove@Ryan.com

2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)
RYAN LLC - ANDREW GROVE

EMAIL ADDRESS

Andrew.Grove@Ryan.com

COMPANY NAME

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

13155 Noel Rd. Suite 100

CITY Dallas	STATE TX	ZIP CODE 75240	DAYTIME TELEPHONE (972) 934-0022	ALTERNATE TELEPHONE ()	FAX TELEPHONE (972) 934-4939
----------------	-------------	-------------------	-------------------------------------	----------------------------	---------------------------------

AUTHORIZATION OF AGENT☒ AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

SEE ATTACHED

TITLE

DATE

3. PROPERTY IDENTIFICATION INFORMATION

☐ Yes ☒ No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER
012-040-046-000ASSESSMENT NUMBER
012-040-046-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

0 San Juan HWY

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE ☒☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☐ AGRICULTURAL☐ POSSESSORY INTEREST☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____☐ MANUFACTURED HOME☒ VACANT LAND☐ COMMERCIAL/INDUSTRIAL☐ WATER CRAFT☐ AIRCRAFT☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ OTHER: _____

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	102,207	50,000	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	102,207	50,000	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

5. TYPE OF ASSESSMENT BEING APPEALED ☒ Check only one. See instructions for filing periods☐ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR☐ SUPPLEMENTAL ASSESSMENT

*DATE OF NOTICE: _____ ROLL YEAR: _____

☐ ROLL CHANGE ☒ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: 8-17-2017 **ROLL YEAR: 2016

*Must attach copy of notice or bill, where applicable **Each roll year requires a separate application

6. REASON FOR FILING APPEAL (FACTS)

See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

A. DECLINE IN VALUE☒ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☒ 2. Base year value for the change in ownership established on the date of _____ is incorrect.**C. NEW CONSTRUCTION**☐ 1. No new construction occurred on the date of _____.☒ 2. Base year value for the completed new construction established on the date of _____ is incorrect.☐ 3. Value of construction in progress on January 1 is incorrect.**D. CALAMITY REASSESSMENT**☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.**E. BUSINESS PERSONAL PROPERTY/FIXTURES.** Assessor's value of personal property and/or fixtures exceeds market value.☐ 1. All personal property/fixtures.☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.**F. PENALTY ASSESSMENT**☐ Penalty assessment is not justified.**G. CLASSIFICATION/ALLOCATION**☐ 1. Classification of property is incorrect.☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).**H. APPEAL AFTER AN AUDIT.** Must include description of each property, issues being appealed, and your opinion of value.☐ 1. Amount of escape assessment is incorrect.☐ 2. Assessment of other property of the assessee at the location is incorrect.**I. OTHER**☐ Explanation (attach sheet if necessary) _____**7. WRITTEN FINDINGS OF FACTS (\$ _____ per _____)**☐ Are requested. ☒ Are not requested.PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER
PARCEL (APN) IS REQUIRED AT THE TIME OF THE
HEARING.**8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND** See instructions.☒ Yes ☐ No**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen)- Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

Dallas, TX

9/22/17

Andrew Grove

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

☒ ☐ OWNER ☒ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED
☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE



County of San Benito

Tom Slavich, Assessor

440 Fifth St., Rm. 108

Hollister CA 95023

831-636-4030

BOE-66-A REV.03 (05-15)

NOTICE OF ENROLLMENT OF ESCAPE ASSESSMENT

NATURAL SELECTION FOODS LLC A LIMIT LIAB
1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

Asmt: 012-040-046-000
Fee Parcel: 012-040-046-000
Base Asmt: 012-040-046-000

SITUS: 0 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

DATE OF NOTICE: August 17, 2017

On August 07, 2017, a *Notice of Proposed Escape Assessment* was sent to you as required by Revenue and Taxation Code section 531.8. That notice was sent to advise you of the proposed escape assessment 10 days prior to enrollment of the escape assessment. This is to notify you, as required by Revenue and Taxation Code section 534, that the following escape assessment has now been enrolled.

ASSESSOR'S USE ONLY

VALUE SUMMARY FOR YEAR 2016 - 2017		OLD VALUE	NEW VALUE	NET CHANGE
LAND		76,370	102,207	25,837
STRUCTURE		0	0	0
GROWING IMPROVEMENTS		0	0	0
PP MOBILE HOME		0	0	0
FIXTURES		0	0	0
PERSONAL PROPERTY		0	0	0
LESS EXEMPTIONS		0	0	0
NET TAXABLE		76,370	102,207	25,837

YOUR RIGHT TO AN INFORMAL REVIEW

If you believe this assessment is incorrect, you have the right to an informal review with the Assessor or a member of the Assessor's staff. You may contact the Assessor's Office at (831) 636-4030 for information regarding an informal review.

YOUR RIGHT TO APPEAL

You also have the right to a formal appeal of the assessment which involves (1) the filing of an *Assessment Appeal Application*, (2) a hearing before an appeals board, and (3) a decision by the appeals board. An *Assessment Appeal Application* form is available from, and should be filed with, the Clerk of the Appeals Board. You may contact the Clerk's Office at (831) 636-4000 for more information on filing an application.

FILING DEADLINES

In general, an *Assessment Appeal Application* must be filed within 60 days after the Date of Notice (printed above) or the postmark date on the envelope in which the notice was mailed, whichever is later.

An application is considered timely filed if: (1) it is sent by U.S. mail, properly addressed with postage prepaid, postmarked on or before the filing deadline; OR (2) the appeals board is satisfied that the mailing occurred by the filing deadline. If the filing deadline falls on a Saturday, Sunday, or a legal holiday, an application that is mailed and postmarked on the next business day shall be considered timely filed.

EXCLUSIONS

Certain sales/transfers of property between parents and children and certain sales/transfers between grandparents and grandchildren may qualify for an exclusion from reassessment thereby maintaining your lower property tax liability. Please contact our office at (831) 636-4030 for further information.

A-392

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.

\$45.00 USD PROCESSING FEE. To be paid at the time of filing for each parcel being appealed. A separate application must be filed for each parcel. **THE PROCESSING FEE IS NON-REFUNDABLE.**

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
WHITEWAVE FOODS/NATURAL SELECTION FOODS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

12002 AIRPORT WAY

CITY BROOMFIELD

STATE
COZIP CODE
80021DAYTIME TELEPHONE
(972) 934-0022ALTERNATE TELEPHONE
()FAX TELEPHONE
()**2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)**

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)
RYAN LLC - ANDREW GROVE

COMPANY NAME

EMAIL ADDRESS

Andrew.Grove@Ryan.com

APPLICATION NUMBER: Clerk Use Only

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

13155 Noel Rd. Suite 100

CITY Dallas

STATE
TXZIP CODE
75240DAYTIME TELEPHONE
(972) 934-0022ALTERNATE TELEPHONE
()FAX TELEPHONE
(972) 934-4939**AUTHORIZATION OF AGENT**☒ **AUTHORIZATION ATTACHED**

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

▶ SEE ATTACHED

3. PROPERTY IDENTIFICATION INFORMATION

☐ Yes ☒ No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER

ASSESSMENT NUMBER

012-040-046-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

0 San Juan HWY

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE ☒☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☐ AGRICULTURAL☐ POSSESSORY INTEREST☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____☐ MANUFACTURED HOME☒ VACANT LAND☒ COMMERCIAL/INDUSTRIAL☐ WATER CRAFT☐ AIRCRAFT☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ OTHER: _____**4. VALUE**

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

104,251

50,000

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

104,251

50,000

PENALTIES (amount or percent)

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

5. TYPE OF ASSESSMENT BEING APPEALED ☒ Check only one. See instructions for filing periods☒ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE CURRENT YEAR☐ SUPPLEMENTAL ASSESSMENT

*DATE OF NOTICE: _____ ROLL YEAR: _____

☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: _____ **ROLL YEAR: _____

*Must attach copy of notice or bill, where applicable **Each roll year requires a separate application

6. REASON FOR FILING APPEAL (FACTS)

See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

A. DECLINE IN VALUE☒ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.**C. NEW CONSTRUCTION**☐ 1. No new construction occurred on the date of _____.☐ 2. Base year value for the completed new construction established on the date of _____ is incorrect.☐ 3. Value of construction in progress on January 1 is incorrect.**D. CALAMITY REASSESSMENT**☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.**E. BUSINESS PERSONAL PROPERTY/FIXTURES.** Assessor's value of personal property and/or fixtures exceeds market value.☐ 1. All personal property/fixtures.☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.**F. PENALTY ASSESSMENT**☐ Penalty assessment is not justified.**G. CLASSIFICATION/ALLOCATION**☐ 1. Classification of property is incorrect.☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).**H. APPEAL AFTER AN AUDIT.** Must include description of each property, issues being appealed, and your opinion of value.☐ 1. Amount of escape assessment is incorrect.☐ 2. Assessment of other property of the assessee at the location is incorrect.**I. OTHER**☐ Explanation (attach sheet if necessary) _____**7. WRITTEN FINDINGS OF FACTS** (\$ _____ per _____)☐ Are requested. ☒ Are not requested.**PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER PARCEL (APN) IS REQUIRED AT THE TIME OF THE****8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND** See instructions.**HEARING.**☒ Yes ☐ No**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property - "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

Andrew Grove

Dallas, TX

11/27/15

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

☒ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED
☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

**SECURED TAX BILL 2017-2018**

SAN BENITO COUNTY
MARY LOU ANDRADE
TREASURER - TAX COLLECTOR
 440 FIFTH STREET, ROOM 107
 HOLLISTER, CA 95023-3894
 propertytaxes@cosb.us

Phone: (831) 636-4034

Fax: (831) 636-4383

For ADDRESS CHANGES, Valuations, Exemptions and Personal Property use website
 cosb.us/assessor or call 831-636-4030.

Fiscal Year: July 1, 2017 to June 30, 2018

TAX RATE AREA	ASSESSMENT NUMBER
079-009	012-040-046-000

DISCOVER	MasterCard	VISA	AMEX
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VISIT www.cosb.us/tax to View, Print & Pay Online
 or to Pay By Phone Call 1-855-338-6302
 REFER TO THE BACK OF THE BILL FOR MORE INFORMATION

NATURAL SELECTION FOODS LLC A LIMIT LIAB
 1721 SAN JUAN HWY
 SAN JUAN BAUTISTA CA 95045

2 - 2 - 282

SEE BACK OF STATEMENT FOR USEFUL INFORMATION	
ASSESSMENT INFORMATION	FULL VALUE
LAND	104,251
NET TAXABLE	104,251
ASSESSED VALUES ARE DETERMINED BY THE ASSESSOR IN ACCORDANCE WITH STATE LAW	
ORIGINAL BILL DATE 08/13/2017	

ASSESSED OWNER AS OF JANUARY 1, 2017	NATURAL SELECTION FOODS LLC A LIMIT LIAB
LOCATION OF PROPERTY	0 SAN JUAN HWY
ACREAGE	2.82

TAXING ENTITY	TAX RATE PER \$100	GROSS TAXES
GENERAL PROPERTY TAX	1.000000	\$ 1,042.50
ARCHAS-SJ USD 2011 RPND BOND	0.050519	52.70
SB HOSPITAL BOND #2014	0.022740	23.70
GAVILAN S-2-04 D.S.	0.020000	20.86
SB WATER-SAN FELIPE	0.280000	280.62
ADVANCED LIFE SUPPORT		20.00
	DIRECT CHARGE	

RECEIVED
OCT 18 2017

FIRST INSTALLMENT	\$ 710.19
DUE 11/01/17	

SECOND INSTALLMENT	\$ 710.19
DUE 02/01/18	

TOTAL TAX DUE	\$ 1,420.38
----------------------	--------------------

RETURN THIS STUB WITH YOUR PAYMENT BY MAIL.

2017 - 2018**SECURED TAX STATEMENT**

IF PAYING IN PERSON, BRING COMPLETE BILL.
SAN BENITO COUNTY
PHONE: (831) 636-4034
FAX: (831) 636-4383

STUB 2
2ND INSTALLMENT

NATURAL SELECTION FOODS LLC A LIMIT
 LIAB
 1721 SAN JUAN HWY
 SAN JUAN BAUTISTA CA 95045

MAKE CHECK PAYABLE TO:
MARY LOU ANDRADE, TAX COLLECTOR
SAN BENITO COUNTY
 440 FIFTH STREET, ROOM 107
 HOLLISTER, CA 95023-3894



VISIT www.cosb.us/tax to View, Print & Pay Online
 or to Pay By Phone Call 1-855-338-6302

CORTAO	TAX RATE AREA	ASSESSMENT NUMBER
	079-009	012-040-046-000
ASSESSED OWNER AS OF JANUARY 1, 2017	NATURAL SELECTION FOODS LLC A LIMIT LIAB	
DUE BY: 02/01/18	TAX DUE	\$ 710.19
AFTER: 04/10/18 - ADD 10% PENALTY AND COST	71.01	
AFTER: 04/30/18 - AND NOTICE FEE	+ 17.50	
	+ 7.00	

WRITE THE ASSESSMENT NUMBER ON THE FACE OF THE CHECK.

012040046000820172000000710190200000079870120172

RETURN THIS STUB WITH YOUR PAYMENT BY MAIL.

2017 - 2018**SECURED TAX STATEMENT**

IF PAYING IN PERSON, BRING COMPLETE BILL.
SAN BENITO COUNTY
PHONE: (831) 636-4034
FAX: (831) 636-4383

STUB 1
1ST INSTALLMENT

NATURAL SELECTION FOODS LLC A LIMIT
 LIAB
 1721 SAN JUAN HWY
 SAN JUAN BAUTISTA CA 95045

MAKE CHECK PAYABLE TO:
MARY LOU ANDRADE, TAX COLLECTOR
SAN BENITO COUNTY
 440 FIFTH STREET, ROOM 107
 HOLLISTER, CA 95023-3894



VISIT www.cosb.us/tax to View, Print & Pay Online
 or to Pay By Phone Call 1-855-338-6302

CORTAO	TAX RATE AREA	ASSESSMENT NUMBER
	079-009	012-040-046-000
ASSESSED OWNER AS OF JANUARY 1, 2017	NATURAL SELECTION FOODS LLC A LIMIT LIAB	
DUE BY: 11/01/17	TAX DUE	\$ 710.19
AFTER: 12/10/17 - ADD 10% PENALTY AND NOTICE FEE	71.01	
	+ 7.00	
BOTH INSTALLMENTS BY	12/10/17	\$ 1,420.38

WRITE THE ASSESSMENT NUMBER ON THE FACE OF THE CHECK.

012040046000820172000000710190100000078120120172

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL) BUSINESS OR TRUST NAME

WHITEWAVE FOODS/NATURAL SELECTION FOODS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P.O. BOX)

SAN BENITO COUNTY CLERK
OF THE BOARD, HOLLISTER, CA

APPLICATION NUMBER: Clerk Use Only

A-420

E-MAIL ADDRESS

Andrew.Grove@Ryan.com

CITY BROOMFIELD

STATE CO ZIP CODE 80021

DAYTIME TELEPHONE (972) 934-0022

ALTERNATE TELEPHONE

FAX TELEPHONE

2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE OF APPLICANT (LAST, FIRST, MIDDLE INITIAL)

RYAN LLC - ANDREW GROVE

E-MAIL ADDRESS

Andrew.Grove@Ryan.com

COMPANY NAME

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)

13155 Noel Rd. Suite 100

CITY Dallas

STATE TX ZIP CODE 75240

DAYTIME TELEPHONE (972) 934-0022

ALTERNATE TELEPHONE

FAX TELEPHONE (972) 934-4939

AUTHORIZATION OF AGENT**AUTHORIZATION ATTACHED**

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

SEE ATTACHED

TITLE

DATE

3. PROPERTY IDENTIFICATION INFORMATION

☐ Yes ☒ No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER

ASSESSMENT NUMBER

012-040-046-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

0 San Juan HWY

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☐ MULTI-FAMILY/APARTMENTS NO. OF UNITS☒ COMMERCIAL/INDUSTRIAL☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ AGRICULTURAL☐ MANUFACTURED HOME☐ WATER CRAFT☐ OTHER:☐ POSSESSORY INTEREST☒ VACANT LAND☐ AIRCRAFT**4. VALUE**

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

106,336

50,000

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

106,336

50,000

PENALTIES (amount or percent)

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

5. TYPE OF ASSESSMENT BEING APPEALED ☒ Check only one. See instructions for filing periods☐ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE CURRENT YEAR

SUPPLEMENTAL ASSESSMENT

*DATE OF NOTICE: _____ ROLL YEAR: _____

ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: _____ **ROLL YEAR: _____

*Must attach copy of notice or bill, where applicable

**Each roll year requires a separate application

6. REASON FOR FILING APPEAL (FACTS)

See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

A. DECLINE IN VALUE☐ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.**C. NEW CONSTRUCTION**☐ 1. No new construction occurred on the date of _____.☐ 2. Base year value for the completed new construction established on the date of _____ is incorrect.☐ 3. Value of construction in progress on January 1 is incorrect.**D. CALAMITY REASSESSMENT**☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.**E. BUSINESS PERSONAL PROPERTY/FIXTURES.** Assessor's value of personal property and/or fixtures exceeds market value.☐ 1. All personal property/fixtures.☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.**F. PENALTY ASSESSMENT**☐ Penalty assessment is not justified.**G. CLASSIFICATION/ALLOCATION**☐ 1. Classification of property is incorrect.☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).**H. APPEAL AFTER AN AUDIT.** Must include description of each property, issues being appealed, and your opinion of value.☐ 1. Amount of escape assessment is incorrect.☐ 2. Assessment of other property of the assessee at the location is incorrect.**I. OTHER**☐ Explanation (attach sheet if necessary)**7. WRITTEN FINDINGS OF FACTS (\$ _____ per _____)**☐ Are requested. ☒ Are not requested.

PLEASE NOTE: A DEPOSIT OF \$500.00 USDT PER PARCEL (APN) IS REQUIRED AT THE TIME OF THE HEARING

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.☒ Yes ☐ No**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property - "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California. State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Ink - Original signature required on paper filed application)

SIGNED AT (CITY, STATE)

Dallas, TX

NAME (Please Print)

Andrew Groves

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

☒ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED
☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

TRN2018
1/2/2018

SAN BENITO COUNTY 2018 - 2019 PROPERTY TAX BILL

Mary Lou Andrade

San Benito County Treasurer/Tax Collector, 440 Fifth Street, Room #107, Hollister, CA 95023-3894

SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2018 - JUNE 30, 2019

PROPERTY INFORMATION				IMPORTANT MESSAGES	
ASMT NUMBER:	012-040-046-000	TAX RATE AREA	070000	IF PAID BY 04/10/2019	
ORIG ASMT:	012-040-046-000	ADRCR	282		
FILE NUMBER:	012-040-046-000				
LOCATION:	0 SAN JUAN HWY				

1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

COUNTY VALUES, EXEMPTIONS AND TAXES				
PHONE #	DESCRIPTION	PERCENT	CURRENT	BILLED
VALUATION (01) 635-4033	TAXES	0	108300	108300
TAX RATES (03) 635-4030		0	0	0
EXEMPTIONS (05) 635-4030		0	0	0
PAYMENTS (06) 635-4034		0	0	0
PLND PRPD (07) 635-4030		0	0	0
ADRCR CHGS (08) 635-4030		0	0	0
GENL CHG (09) 635-4034		0	0	0
NET TAXABLE VALUE			0	0
VALUES X TAX RATE PER \$100 1.000000				108300

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES				
PHONE #	DESCRIPTION	PERCENT	TAX RATE PER \$100	TAX AMOUNT
(01) 635-4030	ADRCR CHGS	0.000000	0.000000	\$0.00
(03) 635-4030	TAX RATES	0.000000	0.000000	\$0.00
(05) 635-4030	EXEMPTIONS	0.000000	0.000000	\$0.00
(06) 635-4034	PAYMENTS	0.000000	0.000000	\$0.00
(07) 635-4030	PLND PRPD	0.000000	0.000000	\$0.00
(08) 635-4030	ADRCR CHGS	0.000000	0.000000	\$0.00
(09) 635-4034	GENL CHG	0.000000	0.000000	\$0.00

PHONE #	DESCRIPTION	PERCENT	TAX RATE PER \$100	TAX AMOUNT
(01) 635-4030	ADRCR CHGS	0.000000	0.000000	\$0.00

PENALTY & COST			AGENCY TAXES	
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES			AGENCY TAXES	
1st INSTALLMENT \$722.97	2nd INSTALLMENT \$722.97	TOTAL TAXES	\$1,445.94	
DELINQUENT AFTER 12/10/2018	DELINQUENT AFTER 04/10/2019			

SAN BENITO COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB				
ASMT NUMBER:	012-040-046-000	TAX YEAR:	2018	MAKE CHECK PAYABLE TO:
ORIG ASMT:	012-040-046-000			San Benito County Tax Collector
FILE NUMBER:	012-040-046-000			440 Fifth Street, Room #107
LOCATION:	0 SAN JUAN HWY			Hollister, CA 95023-3894

1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

2ND

IF PAID BY 04/10/2019 \$722.97
DELINQUENT AFTER 04/10/2019 (INCLUDES 10% PENALTY OF \$72.29 AND \$25.00 COST) \$821.26

012040046000820180000000722971200000082126720180

SAN BENITO COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB				
ASMT NUMBER:	012-040-046-000	TAX YEAR:	2018	MAKE CHECK PAYABLE TO:
ORIG ASMT:	012-040-046-000			San Benito County Tax Collector
FILE NUMBER:	012-040-046-000			440 Fifth Street, Room #107
LOCATION:	0 SAN JUAN HWY			Hollister, CA 95023-3894

1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

1ST

IF PAID BY 12/10/2018 \$722.97
DELINQUENT AFTER 12/10/2018 (INCLUDES 10% PENALTY OF \$72.29 AND \$25.00 COST) \$821.26
TOTAL TAXES, RETURN WITH STUBS BY 12/10/2018 \$1,445.94

012040046000820180000000722971200000082126720180

RYAN, LLC
RYAN PROPERTY TAX ACCOUNT
13155 NOEL ROAD, SUITE 100
DALLAS, TX 75240

BANK OF AMERICA
ACH REF 11400025
32-271110

4501

11/20/2018

PAY TO THE ORDER OF San Benito County Assessment Appeals Board,

Two Hundred Twenty-Five Only*****

\$ 225.00

DOLLARS

San Benito County Assessment Appeals Board
481 Fourth Street, 1st Floor
Hollister, CA 95023

MEMO WWF Operating Company - 291125200.001 - Appeal Fee

⑆004501⑆ ⑆111000025⑆ 488025125320⑆

AUTHORIZED SIGNATURE

RYAN, LLC / RYAN PROPERTY TAX ACCOUNT

San Benito County Assessment Appeals Board
Property Tax Appeal Filing Fee

11/20/2018

4501

225.00

Ryan Property Tax

WWF Operating Company - 291125200.001 - Appeal

225.00

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.

\$45.00 USD PROCESSING FEE. To be paid at the time of filing for each parcel being appealed. A separate application must be filed for each parcel. **THE PROCESSING FEE IS NON-REFUNDABLE.**

RECEIVED

NOV 23 2019

SAN BENITO COUNTY CLERK
OF THE BOARD. HOLLISTER, CA

APPLICATION NUMBER: Clerk Use Only

A-420

EMAIL ADDRESS

Andrew.Grove@Ryan.com

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
WHITEWAVE FOODS/NATURAL SELECTION FOODS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

12002 AIRPORT WAY

CITY

BROOMFIELD

STATE
CO

ZIP CODE

80021

DAYTIME TELEPHONE

(972) 934-0022

ALTERNATE TELEPHONE

FAX TELEPHONE

2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)

RYAN LLC - ANDREW GROVE

EMAIL ADDRESS

Andrew.Grove@Ryan.com

COMPANY NAME

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

13155 Noel Rd. Suite 100

CITY

Dallas

STATE
TX

ZIP CODE

75240

DAYTIME TELEPHONE

(972) 934-0022

ALTERNATE TELEPHONE

FAX TELEPHONE

(972) 934-4939

AUTHORIZATION OF AGENT**AUTHORIZATION ATTACHED**

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

SEE ATTACHED

3. PROPERTY IDENTIFICATION INFORMATION

☐ Yes ☒ No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER

ASSESSMENT NUMBER

012-040-046-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

0 San Juan HWY

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE ☒☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☐ AGRICULTURAL☐ POSSESSORY INTEREST☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____☐ MANUFACTURED HOME☒ VACANT LAND☒ COMMERCIAL/INDUSTRIAL☐ WATER CRAFT☐ AIRCRAFT☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ OTHER: _____**4. VALUE**

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

106,336

50,000

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

106,336

50,000

PENALTIES (amount or percent)

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

5. TYPE OF ASSESSMENT BEING APPEALED ☒ *Check only one. See instructions for filing periods*☐ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR☐ SUPPLEMENTAL ASSESSMENT

*DATE OF NOTICE: _____ ROLL YEAR: _____

☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: _____ **ROLL YEAR: _____

*Must attach copy of notice or bill, where applicable

**Each roll year requires a separate application

6. REASON FOR FILING APPEAL (FACTS)*See instructions before completing this section.*

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

A. DECLINE IN VALUE☒ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.**C. NEW CONSTRUCTION**☐ 1. No new construction occurred on the date of _____.☐ 2. Base year value for the completed new construction established on the date of _____ is incorrect.☐ 3. Value of construction in progress on January 1 is incorrect.**D. CALAMITY REASSESSMENT**☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.**E. BUSINESS PERSONAL PROPERTY/FIXTURES.** Assessor's value of personal property and/or fixtures exceeds market value.☐ 1. All personal property/fixtures.☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.**F. PENALTY ASSESSMENT**☐ Penalty assessment is not justified.**G. CLASSIFICATION/ALLOCATION**☐ 1. Classification of property is incorrect.☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).**H. APPEAL AFTER AN AUDIT.** Must include description of each property, issues being appealed, and your opinion of value.☐ 1. Amount of escape assessment is incorrect.☐ 2. Assessment of other property of the assessee at the location is incorrect.**I. OTHER**☐ Explanation (attach sheet if necessary)**7. WRITTEN FINDINGS OF FACTS (\$ _____ per _____)**☐ Are requested. ☒ Are not requested.**PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER PARCEL (APN) IS REQUIRED AT THE TIME OF THE****8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND** *See instructions.***HEARING.**☒ Yes ☐ No**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

Dallas, TX

11/29/18

Andrew Grove

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

☒ ☐ OWNER ☒ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED
☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

TGUN2WES
1.2.002

SAN BENITO COUNTY 2018 - 2019 PROPERTY TAX BILL

Mary Lou Andrade

11-15-2018
10:47:19AM

San Benito County Treasurer/Tax Collector, 440 Fifth Street, Room #107, Hollister, CA 95023-3894

SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2018 - JUNE 30, 2019

PROPERTY INFORMATION				IMPORTANT MESSAGES
ASMT NUMBER:	012-040-046-000	TAX RATE AREA:	079009	Original bill date 09/17/2018
ORIG ASMT:	012-040-046-000	ACRES:	2.82	
FEE NUMBER:	012-040-046-000			
LOCATION:	0 SAN JUAN HWY			

1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	2018-2019
VALUATIONS (831) 636-4030	LAND	0	106336	106336
TAX RATES (831) 636-4080		0	0	0
EXEMPTIONS (831) 636-4030		0	0	0
PAYMENTS (831) 636-4034		0	0	0
PERS PROP (831) 636-4030		0	0	0
ADDR CHGS (831) 636-4030		0	0	0
GENERAL (831) 636-4034		0	0	0

NET TAXABLE VALUE
VALUES X TAX RATE PER \$100 1.000000

106336
\$1,063.36

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES				
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	TAX AMOUNT
(831) 636-4080	00810	AROMAS-SJ USD 2011 RPND BOND	106336	\$53.16
(831) 636-4080	00819	SB HOSPITAL BOND #7014	106336	\$23.14
(408) 293-5200	00845	GAVILAN 3-2-04 D.S.	106336	\$20.42
(831) 657-8218	00911	SB WATER-SAN FELIPE	106336	\$235.84

PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG
(831) 636-4168	ADVANCED LIFE SUPPLY	\$20.00						

PENALTY & COST			AGENCY TAXES		
\$0.00			DIRECT CHARGES		
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES			\$362.58		
1st INSTALLMENT \$722.97			\$20.00		
2nd INSTALLMENT \$722.97			\$0.00		
TOTAL TAXES			\$382.58		
DELINQUENT AFTER 12/10/2018			\$1,445.94		
DELINQUENT AFTER 04/10/2019					

SAN BENITO COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB

ASMT NUMBER: 012-040-046-000 TAX YEAR: 2018
ORIG ASMT: 012-040-046-000
FEE NUMBER: 012-040-046-000
LOCATION: 0 SAN JUAN HWY

MAKE CHECK PAYABLE TO:
San Benito County Tax Collector
440 Fifth Street, Room #107
Hollister, CA 95023-3894

1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

2ND

IF PAID BY 04/10/2019 \$722.97

DELINQUENT AFTER 04/10/2019 (INCLUDES 10% PENALTY OF \$72.29 AND \$25.00 COST) \$821.26

012040046000820180000000722971200000082126720180

CUT HERE

SAN BENITO COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER: 012-040-046-000 TAX YEAR: 2018
ORIG ASMT: 012-040-046-000
FEE NUMBER: 012-040-046-000
LOCATION: 0 SAN JUAN HWY

MAKE CHECK PAYABLE TO:
San Benito County Tax Collector
440 Fifth Street, Room #107
Hollister, CA 95023-3894

1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

1ST

IF PAID BY 12/10/2018 \$722.97

DELINQUENT AFTER 12/10/2018 (INCLUDES 10% PENALTY OF \$72.29 AND \$0.00 COST) \$795.26
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 12/10/2018 \$1445.94

012040046000820180000000722971100000079526720180

RYAN, LLC
RYAN PROPERTY TAX ACCOUNT
13455 NOEL ROAD, SUITE 100
DALLAS, TX 75240

BANK OF AMERICA
ACH REF 111090025
32-2/1110

11/26/2018

4501

PAY TO THE ORDER OF: San Benito County Assessment Appeals Board

Two Hundred Twenty-Five Only

San Benito County Assessment Appeals Board
481 Fourth Street, 1st Floor
Hollister, CA 95023

MEMO

WWF Operating Company - 291125200.001 - Appeal Fee

⑈004501⑈ ⑆111000025⑆ 488025125320⑈

AUTHORIZED SIGNATURE

DOLLARS 0

Details on Back

Security Features Included

RYAN, LLC / RYAN PROPERTY TAX ACCOUNT

San Benito County Assessment Appeals Board

Property Tax Appeal Filing Fee

11/20/2018

4501

225.00

Ryan Property Tax

WWF Operating Company - 291125200.001 - Appeal

225.00