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.

account hearing evidence to this appli	cation.		APPLICATIO	M MINIORS OF THE			
1. APPLICANT INFORMATION - PLEA	SE PRINT		125	APPLICATION NUMBER: Clerk Use Only			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL WHITEWAVE FOODS/NATURAL SELECT	DIRWING OF THE PARTY		EMAIL ADDRESS				
MAILING ADDRESS OF APPLICANT (STREET ADDRE	SS OP P O POM			Andrew.Grove@Ryan.com			
Chim (12002	AIRPORT WAY					
BROOMFIELD	CO ZIP CODE 8	0021 (972) 934-0	022 ALTERNATE TE	LEPHONE FAX TELEPHONE			
2. CONTACT INFORMATION - AGENT,	ATTORNEY, OR RELAT	IVE OF APPLICANT IF	applicable - (REPI	RESENTATION IS OPTIONALL			
TYAN LLC - ANDREW GRO	OVE INITIAL)		LEMAN ADDOCCC				
COMPANY NAME				Andrew.Grove@Ryan.com			
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FII	RST, MIDDLE INTITAL)						
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	13155 Noel Rd.	Suite 100					
Dallas		240 (972) 934-00	ALTERNATE TEL	EDHONE EAV TELEDINOLE			
AUTHORIZATION OF AGENT		240 (972)934-00 HORIZATION ATTACH		(972) 934-4939			
The following information must be com attorney as indicated in the Certificatic applicant is a business entity, the agen The person named in Section 2 above i enter in stipulat	t's authorization must l s hereby authorized to a ion agreements, and at	be signed by an office	r or authorized em	er, or the person affected. If the ployee of the business.			
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED SEE ATTACHED	EMPLOYEE	TITLE	elating to this app	DATE			
3. PROPERTY IDENTIFICATION INFORM				5.1.2			
Yes No Is this property a single NTER APPLICABLE NUMBER FROM Y ASSESSOR'S PARCEL NUMBER 012-040-046-000	OUR NOTICE/TAX BILL	BER 990-053-606-000		wner/			
ACCOUNT NUMBER		990-053-606-000	, as noticely				
	TAX BILL NUMBER						
PROPERTY ADDRESS OR LOCATION	1 Juan HWY		DOING BUSINESS	AS (DBA), if appropriate			
	I Juan HVVY		Joine Boomesay	(USA), ir appropriate			
ROPERTY TYPE							
SINGLE-FAMILY / CONDOMINIUM / TOW	NHOUSE / DUPLEX	☐ AGRICULTURAL		POSSESSORY INTEREST			
MULTI-FAMILY/APARTMENTS: NO. OF U	NITS	☐ MANUFACTURED	HOME	VACANT LAND			
COMMERCIAL/INDUSTRIAL		☐ WATER CRAFT		AIRCRAFT			
BUSINESS PERSONAL PROPERTY/FIXT	JRES	OTHER:		, miles a 1			
VALUE	A. VALUE ON ROLL	B APPLICANT'S	OPINION OF VALUE				
AND	98,700		,000	C. APPEALS BOARD USE ONLY			
IPROVEMENTS/STRUCTURES		70	,,000				
XTURES							
ERSONAL PROPERTY (see instructions)							
NERAL RIGHTS							
EES & VINES							
HER							
TOTAL	98,700	40	000				
NALTIES (amount or percent)		40,	000				

BOE-305-AH (P2) REV. 08 (01-15)		
5. TYPE OF ASSESSMENT BEING APPEALED Check	le mustin a company of the company o	
REGULAR ASSESSMENT – VALUE AS OF JANUA	confly one. See instructions for filing period	ds e
SUPPLEMENTAL ASSESSMENT	ARY 1 OF THE CURRENT YEAR	
*DATE OF NOTICE: 7-26-2017	OLL VIII - DOGD	
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT	OLL YEAR: 2013	
"DATE OF NOTICE:		PENALTY ASSESSMENT
	e **Each roll year requires a separate	200lionian
6. REASON FOR FILING APPEAL (FACTS)		
If you are uncertain of which item to check, please check "I. The reasons that I rely upon to support requested changes A. DECLINE IN VALUE	OTHER" and provide a brief explanation of your invalue are as follows:	pur reasons for filing this application.
The assessor's roll value exceeds the market value. B. CHANGE IN OWNERSHIP		
1. No change in ownership occurred on the date of	F	
2. Base year value for the change in ownership est	shlished on the data of 01/02/2014	
C. NEW CONSTRUCTION		is incorrect.
1. No new construction occurred on the date of		
2. Base year value for the completed new construct	tion established on the data of	
- Progress on January 1 is	incorrect.	is incorrect.
D. CALAMITY REASSESSMENT		
☐ Assessor's reduced value is incorrect for property di	amaged by misfortune or calamity	*
	essor's value of personal property and/or five	turos evenada
		lures exceeds market value.
2. Only a portion of the personal property/fixtures. At	ttach description of those items	
. I LIALLI 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., be	tween land and improvements).	
H. APPEAL AFTER AN AUDIT. Must include description of 1. Amount of escape assessment is incorrect.	each property, issues being appealed, and	your opinion of value.
2. Assessment of other property of the assessee at the contract. I. OTHER		
I. OTHER	ne location is incorrect.	
Explanation (attach sheet if necessary)		
7 WDITTER ENDINGS		
	PLEASE NOTE: A DEPO	SIT OF \$500 00 LICE DED
	PARIE (ADAD IC DECITED)	ED AT THE TIME OF THE
THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REF	UND See instructions. HEAR	ING.
☐ Yes ☐ No		
CEI	RTIFICATION	
certify (or declare) under negative of portugation and a the time		
certify (or declare) under penalty of perjury under the laws of the secompanying statements or documents, is true, correct, and comproperty or the person affected (i.e., a person having a direct econory	State of California that the foregoing and all in	formation hereon, including any
Operly of the person affected (i.e. a particle by	The second of my knowledge and belief an	O that I am (1) the owner of the
gent authorized by the applicant under Item 2 of this application, c umber, who has been retained by the applic	or (3) an attorney licensed to practice law in the	perty - "The Applicant"), (2) an
, who has been retained by the applic	cant and has been authorized by that person to	file this application.
SNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DATE
ME (Please Print)	Dallas, TX	9/27/17
drew Grove		1100111
NG STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
DOWNER BASELLE		
E STOCKET E SPOOSE E REG	GISTERED DOMESTIC PARTNER 🔲 CHILD 🔲 F	PARENT PERSON AFFECTED
LI CONFORMIE OFFICER OR DESIGNATED EMPLOYEE		
CORPORATE OFFICER OR DESIGNATED EMPLOYEE		

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.

attach hearing evidence to this app	dication.	20 1100			0	ADDI ICATIO	A1 BIA DEATH	5 6 1 1 1
1. APPLICANT INFORMATION - PLE	EASE PRINT				- 1'	A 3 5<) N NOMBE	R: Clerk Use Only
NAME OF APPLICANT (LAST, FIRST, MIDDLE INIT) WHITEWAVE FOODS/NATURAL SELE:	ALL DURINGERS	A			E	MAILADDRESS	0	_
MAILING ADDRESS OF APPLICANT (STREET ADD	RESS OR P. O. B	מא					Andrew	.Grove@Ryan.c
	STA	12002	AIRF	PORT WAY				
BROOMFIELD	l cc	2 P CODE 8	0021	(972) 954-00	022	ALTERNATE TE	LEPHONE	FAX TELEPHONE
2. CONTACT INFORMATION - AGEN	T, ATTORNE	Y, OR RELAT	IVE O	FAPPLICANT If a	applic	able - (REP	RESENTA	TION IS OPTIONAL
RYANTLE COMENTAND REW GO	ROVE DOLE	INITIAL)			EA			
COMPANY NAME						-	Morew.	Grove@Ryan.co
CONTACT PERSON IF OTHER THAN ABOVE (LAST,	FIRST, MIDDLE II	NTITAL						
MAILING ADDRESS (STREET ADDRESS OR P. O. BO	1315	Noel Rd.	Suit	e 100				
Dallas								
	TX	75	240	972)934-00	22	ALTERNATE TEL	EPHONE	(°972)°934-493
AUTHORIZATION OF AGENT The following information must be see		■ AU1	THORE	ZATION ATTACHE	ED	,		
The following information must be co attorney as indicated in the Certificat applicant is a business entity, the ago	impietea (or tion section.	attached to th	is app	plication - see ins	tructie	ons) uniess	the agent	is a licensed Califor
applicant is a business entity, the ag	ent's author	ization muse i	ha alm	partition of the second	= 4 00	mesuc paru	ier, or the	person affected if
								the business.
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIS	ation agree!	nents, and ot	herwis	1 60100 100063 16	elatin	g to this app	ney mape dication.	cu assessor's recor
➤ SEE ATTACHED	TO CHI LOTEL			TITLE				DATE
. PROPERTY IDENTIFICATION INFO	PARATION							
		10						
= Z Tto To the property a sil	igle-ramily dwe	iling that is occu	Jpied as	s the principal place of	of resid	lence by the o	wner?	
NTER APPLICABLE NUMBER FROM								
012-040-046-000	ASS	ESSMENT NUME	BER 99	0-053-606-000	FEE	NUMBER		
ACCOUNT NUMBER	TAX	BILL NUMBER		0 000-000-000				
DOOD CO.								
PROPERTY ADDRESS OR LOCATION 0 Sa	an Juan	HWY			DOIN	G BUSINESS A	AS (DBA), if	Appropriate
ROPERTY TYPE		11441						
SINGLE-FAMILY / CONDOMINIUM / TO	MARILIOLIOE (-	_					
MILITIES MILITIES NO. CO	WAINUODSE I	DOPLEX		AGRICULTURAL			POSSESS	SORY INTEREST
MULTI-FAMILY/APARTMENTS: NO. OF	UNITS	-		MANUFACTURED HON			VACANT	
COMMERCIAL/INDUSTRIAL				VATER CRAFT		П	AIRCRAF	
BUSINESS PERSONAL PROPERTY/FIX	KTURES			THER:				•
/ALUE	A. VA	LUE ON ROLL		B. APPLICANT'S C	OPINIO	N OF VALUE	0.400	7741
MD		98,700			000	NOT VALUE	U. API	PEALS BOARD USE ONLY
PROVEMENTS/STRUCTURES				,,,,	000			
TURES								
RSONAL PROPERTY (see instructions)								
NERAL RIGHTS								
EES & VINES								
HER								
TOTAL		98,700		40,0	200			
NALTIES (amount or percent)			-	40,0	,00			

BOE-503-MR (PZ) REV. 08 (01-15)		
5. TYPE OF ASSESSMENT BEING APPEALED Check only one	Can Institute of the same	
REGULAR ASSESSMENT VALUE AS OF JANUARY OF	See instructions for filing periods	
REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF	THE CURRENT YEAR	
SUPPLEMENTAL ASSESSMENT *DATE OF NOTICE: 7-26-2017		
NOLI TEAL	R: <u>2014</u>	
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CA	LAMITY REASSESSMENT PENALT	YASSESSMENT
BATE OF NOTICE: **POLL YEAR		· ADDEODINENT
*Must attach copy of notice or bill, where applicable #	Each roll year requires a separate applicat	ion
If you are uncertain of which item to check, please check "I. OTHER" The reasons that I rely upon to support requested changes in value at A. DECLINE IN VALUE The assessor's roll value exceeds the market value as of Jan. B. CHANGE IN OWNERSHIP 1. No change in ownership occurred on the date of 2. Base year value for the change in ownership established C. NEW CONSTRUCTION 1. No new construction occurred on the date of 2. Base year value for the completed new construction estate 3. Value of construction in progress on January 1 is incorrect D. CALAMITY REASSESSMENT Assessor's reduced value is incorrect for property damaged E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value 1. All personal property/fixtures. 2. Only a portion of the personal property/fixtures. Attach des 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 la H. APPEAL AFTER AN AUDIT. Must include description of each property 1. Amount of escape assessment is incorrect. 2. Assessment of other property of the assessee at the location of other property of the assessee at the location of other property of the assessee at the location of other property of the assessee at the location of other property of the assessee at the location of other property of the assessee at the location of other property of the assessee at the location of other property of the assessee at the location of other property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of other property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location o	and provide a brief explanation of your reason re as follows: anuary 1 of the current year. on the date of 01/02/2014 is incomplished on the date of	ns for filing this application orrect. _ is incorrect.
I. OTHER	in is mooned.	
Explanation (attach sheet if necessary)		
7. WRITTEN FINDINGS OF FACTS (\$		
☐ Are requested. ☐ Are not requested.	PLEASE NOTE: A DEPOSIT OF	5500.00 USD PER
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND Se	PARCEL (APN) IS REQUIRED AT 7 se instructions. HEARING.	HE TIME OF THE
Yes No	e instructions.	
CERTIFICA	TION	
I certify (or declare) under penalty of perjury under the laws of the State of accompanying statements or documents, is true, correct, and complete to the property or the person effected (i.e., a person having a direct economic intervalent authorized by the applicant under item 2 of this application, or (3) an Number, who has been retained by the applicant and	e best of thy knowledge and belief and that I a est in the payment of taxes on that property — "	m (1) the owner of the The Applicant"), (2) an
SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	
N. Oak Gla	Dallas, TX	DATE
NAME (Please Print) Andrew Grove		1/10/17
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
✓ OWNER ■ AGENT □ ATTORNEY □ SPOUSE □ REGISTERED □ CORPORATE OFFICER OR DESIGNATED EMPLOYEE	DOMESTIC PARTNER CHILD PARENT	PERSON AFFECTED

County of San Benito

Tom Slavich, Assessor

31 381

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

NOTICE OF SUPPLEMENTAL ASSESSMENT

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

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 0 3 2017

Date of Change of Ownership or Completion of New Construction:

One or more supplemental assessments have been determined for the properly 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

	CURRE	NT ROLL 201	IT ROLL 2013 - 2014		ROLL BEING PREPARED 2014 - 20				
	Existing Value	New Value	Supplemental Assessment	Existing Value	New Value	Supplemental Assessment			
Land Improvements Growing Fixtures Personal Prop./ Mobile Home	73,417 0 0 0 0	98,700 0 0 0 0	25,283 0 0 0 0	73,750 0 0 0 0	98,700 0 0 0	24,950 0 0 0			
Homesite	0	0	0	0	0	0			
TAXABLE VALUE Exemptions	73,417	98,700	25,283	73,750	98,700	24,950			
Homeowners Other	0	0	0	0	0	0			
NET TOTAL	73,417	98,700	25,283	73,750	98,700	24,950			

ASSESSMENT APPEAL APPLICATION

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attach hearing myidenes to this and	and the				A DDI IO ATION	*****		
	ach hearing evidence to this application. APPLICANT INFORMATION - PLEASE PRINT				APPLICATION NUMBER: Clerk Use Only			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL	1 BUSINESS OR	TRUST NAME			EMAILADDRESS			
WHITEWAVE FOODS/NATURAL SELECT	TION FOODS				EMAIL ADDRESS A	ndrew.	Grove@Ryan.com	
MAILING ADDRESS OF APPLICANT (STREET ADDRE		12002 A		ORT WAY	•			
BROOMFIELD	STATE	ZIP CODE 80	021	972,934-00	22 ALTERNATE TEL		FAX TELEPHONE	
2. CONTACT INFORMATION - AGENT,	ATTORNEY,	OR RELATIV	VE OF	APPLICANT if a	oplicable - (REPR	ESENTAT	TION IS OPTIONAL)	
TYPANTLETONANDREW GR	OVÉ INI	TIAL)			EMAIL ADDRESS A	ndrew (Grove@Ryan.com	
COMPANY NAME							5.515@1tyan.55m	
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FI	IRST, MIDDLE INTI	TAL)						
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX	13155	Noel Rd.	Suite	100				
Dallas					ALTERNATE WELL		1	
	TX	752	240 (972)934-002	22 ALTERNATE TELE	PHONE	(972) 934-4939	
AUTHORIZATION OF AGENT The following information must be con attorney as indicated in the Certificate applicant is a business entity, the age	on section, c nt's authoriza	tached to thi or a spouse, ation must b	is appl child, _l e sign	parent, registere ed by an officer	ructions) unless t d domestic partn or authorized em	er, or the blovee of	person affected. If the	
he person named in Section 2 above enter in stipula	is hereby au: ition agreeme	thorized to a ents. and oth	ct as n	ny agent in this a	application, and national applications applied to this applications applied to the same applications.	nay inspe	ect assessor's records,	
IGNATURE OF APPLICANT, OFFICER, OR AUTHORIZE SEE ATTACHED	ED EMPLOYEE	array arra our	10,11131	TITLE	eaung to uns app	uication.	DATE	
B. PROPERTY IDENTIFICATION INFOR								
Yes Mo Is this property a sing			pied as	the principal place (of residence by the o	wner?		
455ESSOR'S BARCEL HUMBER 012-040-046-000	ASSES	SSMENT NUMB	ER 012	2-040-046-000	FEE NUMBER			
ACCOUNT NUMBER	TAX BI	LL NUMBER						
PROPERTY ADDRESS OR LOCATION					DONIO DUOLUTOS			
PROPERTY ADDRESS OR LOCATION 0 Sa	an Juan i	HWY			DOING BUSINESS	AS (DBA), if	appropriate	
ROPERTY TYPE								
SINGLE-FAMILY / CONDOMINIUM / TO	WNHOUSE / E	UPLEX		AGRICULTURAL	П	POSSES	SORY INTEREST	
MULTI-FAMILY/APARTMENTS: NO. OF	UNITS	_		MANUFACTURED	HOME 🗐	POSSESSORY INTEREST ME VACANT LAND		
COMMERCIAL/INDUSTRIAL		-		☐ WATER CRAFT ☐ AIRCRAFT				
BUSINESS PERSONAL PROPERTY/FIX	TURES			THER:		AIRCRA	-1	
VALUE	A. VAI	UE ON ROLL		B. APPLICANT'S	OPINION OF VALUE	CAR	PEALS BOARD USE ONLY	
AND	1	00,672			50,000		LALS BOARD USE ONLY	
PROVEMENTS/STRUCTURES								
XTURES								
ERSONAL PROPERTY (see instructions)								
INERAL RIGHTS								
REES & VINES								
THER								
TOTAL	10	00,672		50	000			
ENALTIES (amount or percent)				30,				

BOE-305-AH (P2) REV. 08 (01-15)		
5. TYPE OF ASSESSMENT BEING APPEALED Check only	Vone See instruction of my	
☐ REGULAR ASSESSMENT – VALUE AS OF JANUARY	one. See instructions for filing periods	
☐ SUPPLEMENTAL ASSESSMENT	TOF THE CURRENT YEAR	
*DATE OF NOTICE: ROLLY		
"DATE OF NOTICE: 8-17-2017	CALAMITY REASSESSMENT PENALT	YASSESSMENT
*Must attach copy of notice or bill, where applicable	**Each roll year requires a separate applicat	ion
6. REASON FOR FILING APPEAL (FACTS) If you are uncertain of which item to check places check it. GT.		
The reasons that I rely upon to support requested changes in val A. DECLINE IN VALUE	IER" and provide a brief explanation of your reaso ue are as follows:	ns for filing this application.
The assessor's roll value exceeds the market value as B. CHANGE IN OWNERSHIP		
1. No change in ownership occurred on the date of		
2. Base year value for the change in ownership establis	hed on the date of	
C. NEW CONSTRUCTION	is inc	orrect
1. No new construction occurred on the date of		
 2. Base year value for the completed new construction of 3. Value of construction in progress on Jewes at the construction of 	established on the data of	
3. Value of construction in progress on January 1 is inco	sstabilished on the date of	_ is incorrect.
D. CALAMITY REASSESSMENT	ned.	
Assessor's reduced value is incorrect for property damage	and hy minfortune as sale with	
E. DOUNTESS FERSONAL PROPERTY/FIXTURES Assessor	's value of pomore!	
		eeds market value.
2. Only a portion of the personal property/fixtures. Attach	description of those it	
F. PENALTY ASSESSMENT	description of those items.	
Penalty assessment is not justified.		
G.CLASSIFICATION/ALLOCATION		
1. Classification of property is incorrect.		
L 2. Allocation of value of property is incorrect to a hopeon	n land and improvements)	
The contract of the contract o	property, issues being appealed, and your only	ion of value
		non or value,
 2. Assessment of other property of the assessee at the local. OTHER 	cation is incorrect.	
. OTTE		
Explanation (attach sheet if necessary)		
7. WRITTEN FINDINGS OF FACTS (\$	PLEASE NOTE: A DEPOSIT OF	
Are not requested.	DARCET (ARM) TO PROVIDE OF	5500.00 USD PER
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND	See instructions. HEARING.	HE TIME OF THE
☐ Yes ☐ No	oce manacaons.	
CERTIF	ICATION	
CERTIF certify (or declare) under penalty of perjury under the laws of the State	of California that the foregoing and all information	hereon, including any
CERTIF certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete to	of California that the foregoing and all information to the best of my knowledge and belief and that I a	M (1) the owner of the
CERTIF certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete to property or the person affected (i.e., a person having a direct economic agent authorized by the applicant under item 2 of this application, or (2)	of California that the foregoing and all information to the best of my knowledge and belief and that I a nterest in the payment of taxes on that property—"	m (1) the owner of the The Applicant'), (2) an
CERTIF certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete to property or the person affected (i.e., a person having a direct economic in authorized by the applicant under item 2 of this application, or (3) alumber, who has been retained by the applicant item.	of California that the foregoing and all information to the best of my knowledge and belief and that I a nterest in the payment of taxes on that property—"	m (1) the owner of the The Applicant"), (2) an
CERTIF certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete to accompany or the person affected (i.e., a person having a direct economic in authorized by the applicant under item 2 of this application, or (3) alumber, who has been retained by the applicant a agricultural generatives of the application.	of California that the foregoing and all information to the best of my knowledge and belief and that I anterest in the payment of taxes on that property — " an attorney licensed to practice law in the State of and has been authorized by that person to file this a	m (1) the owner of the The Applicant"), (2) an of California, State Bar application.
CERTIF certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete to property or the person affected (i.e., a person having a direct economic in a direct economic in the authorized by the applicant under item 2 of this application, or (3) alumber, who has been retained by the applicant a displacement of the supplication of the application of the supplication of the supplic	of California that the foregoing and all information to the best of my knowledge and belief and that I a nterest in the payment of taxes on that property—"	m (1) the owner of the The Applicant"), (2) an of California, State Bar application. DATE
CERTIF certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete to property or the person affected (i.e., a person having a direct economic in a direct economic in the supplication of the application, or (3) who has been retained by the applicant ending the supplication of the s	of California that the foregoing and all information of the best of my knowledge and belief and that I anterest in the payment of taxes on that property—" an attorney licensed to practice law in the State and has been authorized by that person to file this a SIGNED AT (CITY, STATE)	m (1) the owner of the The Applicant"), (2) an of California, State Bar application.
CERTIF certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete to property or the person affected (i.e., a person having a direct economic in gent authorized by the applicant under item 2 of this application, or (3) fumber, who has been retained by the applicant applicant applicant in the state of the second state of the second state of the second	of California that the foregoing and all information of the best of my knowledge and belief and that I anterest in the payment of taxes on that property—" an attorney licensed to practice law in the State and has been authorized by that person to file this a SIGNED AT (CITY, STATE)	m (1) the owner of the The Applicant"), (2) an of California, State Bar application. DATE
CERTIF certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete to property or the person affected (i.e., a person having a direct economic in gent authorized by the applicant under item 2 of this application, or (3) lumber, who has been retained by the applicant a granture (Use Blue Pen - Original signature required on paper-filed application) AME (Please Print) undrew Grove LING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)	of California that the foregoing and all information of the best of my knowledge and belief and that I anterest in the payment of taxes on that property—" an attorney licensed to practice law in the State and has been authorized by that person to file this a SIGNED AT (CITY, STATE)	m (1) the owner of the The Applicant"), (2) an of California, State Bar application. DATE
CERTIF certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete to property or the person affected (i.e., a person having a direct economic in gent authorized by the applicant under item 2 of this application, or (3) fumber, who has been retained by the applicant applicant applicant on paper-filed application) AME (Please Print)	of California that the foregoing and all information to the best of my knowledge and belief and that I anterest in the payment of taxes on that property — " an attorney licensed to practice law in the State of and has been authorized by that person to file this a SIGNED AT (CITY, STATE) Dallas, TX	m (1) the owner of the The Applicant"), (2) an of California, State Bar application. DATE



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:

O 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 Taxatlon Code section 534, that the following escape assessment has now been

ASSESSOR'S USE ONLY

NEW VALUE NET CHANGE	OLD VALUE	VALUE SUMMARY FOR YEAR 2016 - 2016
NEW VALUE NET CHANG 100,672 25,4 0 0 0 0	75,223 0 0 0 0	STRUCTURE STRUCTURE GROWING IMPROVEMENTS PP MOBILE HOME FIXTURES PERSONAL PROPERTY
0	0	LESS EXEMPTIONS
100,672 25,44	75,223	NET TAXABLE

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.

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 (631) 636-4000 for more information on 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 limely 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 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 properly tax liability. Please contact our office at (831)

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.

arracii nearing evidence to this appli	cation.				APPLICA	LION	NUMBE	R: Clerk	Use Only
1. APPLICANT INFORMATION - PLEA	ASE PR	INT		A368					
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL WHITEWAVE FOODS/NATURAL SELECTION OF THE PROPERTY OF THE PROPER	TION FO	ODS			EMAIL ADDRE	ss /	Andrew	.Grov	e@Ryaп.cor
MAILING ADDRESS OF APPLICANT (STREET ADDRE	ESS OR P.	O. BOX) 12002	AIRF	ORT WAY					
BROOMFIELD		STATE ZIP CODE	30021	(972) 934-00	22 ALTERNAT	ETE	EPHONE	FAX TI	ELEPHONE
2. CONTACT INFORMATION - AGENT	, ATTOF	RNEY, OR RELA	TIVE O	F APPLICANT if a	pplicable - (R	EPF	ESENTA	TION IS	OPTIONAL)
KYXYTLE"XXIBREW GR	ÖVË	DOLE INITIAL)			EMAIL ADDRE	00			@Ryan.com
COMPANY NAME							indicyv.	CIOVE	e (Tyan.com
CONTACT PERSON IF OTHER THAN ABOVE (LAST, F	IRST, MIDE	DLE INTITAL)							
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX	9 13	155 Noel Ro	d. Suit	e 100					
CITY Dallas		STATE ZIP CODE 7	5240	972)934-00	22 ALTERNATE	TEL	EPHONE	797	Z 934-4939
AUTHORIZATION OF AGENT The following information must be con attorney as indicated in the Certificati applicant is a business entity, the age	on seci nt's aut	l (or attached to tion, or a spous thorization mus	this app e, child t be sig	, parent, registere ned by an officer	tructions) unl ed domestic p or authorized	artı İ em	er, or the	e perso	n affected. If the
The person named in Section 2 above enter in stipula	xuvii ay	reements, and t	o act as otherwi	my agent in this se settle issues r	application, a elating to this	nd i	nay insp dication	ect ass	essor's records
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZ SEE ATTACHED	ED EMPLO	YEE		TITLE	0	-7-7			DATE
☐ Yes No ls this property a sin ENTER APPLICABLE NUMBER FROM	YOUR I	NOTICE/TAX BIL	.L		of residence by	the c	wner?		
012-040-046-000		ASSESSMENT NU	MBER 0	12-040-046-000	FEE NUMBER	3			
ACCOUNT NUMBER		TAX BILL NUMBER							
PROPERTY ADDRESS OR LOCATION 0 San Juan HWY					DOING BUSINESS AS (DBA), if appropriate				
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TO	WNHOL	JSE / DUPLEX	П	AGRICULTURAL		<u></u>	BODDE	2002	
MULTI-FAMILY/APARTMENTS: NO. OF	UNITS		$\overline{\Box}$	MANUFACTURED	HOME		VACANT		NTEREST
GOMMERCIAL/INDUSTRIAL				WATER CRAFT					
BUSINESS PERSONAL PROPERTY/FIX	TURES			OTHER:		اسا	AIRCRA	MT 1	
VALUE		A. VALUE ON ROL		B. APPLICANT'S	ODINION OF '				
AND		102,207				LUE	C. Al	PPEALS	BOARD USE ONLY
MPROVEMENTS/STRUCTURES		1 wanted 1		30	0,000		+		
IXTURES							_		
PERSONAL PROPERTY (see instructions)							-		
INERAL RIGHTS							-		
REES & VINES							-		
THER									
TOTAL		102,207		50	.000				
ENALTIES (amount or percent)				- 30					
				1					

602-305-AH (P2) REV. 08 (01-15)	
5. TYPE OF ASSESSMENT BEING APPEALED M Check only one	Con impercations & St.
☐ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF	THE CHARLES OF THING PERIODS
☐ SUPPLEMENTAL ASSESSMENT	THE CURRENT YEAR
*DATE OF NOTICE	
D BOLL CHANCE E	
*DATE OF NOTICE: 8-17-2017	LAMITY REASSESSMENT PENALTY ASSESSMENT R: 2016
** Must attach copy of notice or bill, where applicable	Each roll year requires a separate application
If you are uncertain of which item to check, please check "I. OTHER": The reasons that I rely upon to support requested changes in value as A. DECLINE IN VALUE The assessor's roll value exceeds the market value as of Ja B. CHANGE IN OWNERSHIP 1. No change in ownership occurred on the date of 2. Base year value for the change in ownership established of the completed new construction estables as year value for the completed new construction estables as year value for the completed new construction estables as year value for the completed new construction estables as year value for the completed new construction estables as year value for the completed new construction estables as year value for the completed new construction estables as year value of construction in progress on January 1 is incorrect D. CALAMITY REASSESSMENT Assessor's reduced value is incorrect for property damaged in the personal property/fixtures. 1. All personal property/fixtures. 2. Only a portion of the personal property/fixtures. Attach design assessment is not justified. 3. CLASSIFICATION/ALLOCATION 1. Classification of value of property is incorrect. 2. Allocation of value of property is incorrect.	and provide a brief explanation of your reasons for filing this applicate as follows: anuary 1 of the current year. on the date of is incorrect. clished on the date of is incorrect. by misfortune or calamity. alue of personal property and/or fixtures exceeds market value. scription of those items.
H. APPEAL AFTER AN AUDIT. Must include description of each pro 1. Amount of escape assessment is incorrect.	perty, issues being appealed, and your opinion of value.
2. Assessment of other property of the assessee at the location	on in innermal
I. OTHER	on is incorrect.
☐ Explanation (attach sheet if necessary)	
7. WRITTEN FINDINGS OF FACTS (\$	
☐ Are requested. ☐ Are not requested.	PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND Se	PARCEL (APN) IS REQUIRED AT THE TIME OF THE
Yes No	ee instructions. <u>HEARING.</u>
CERTIFICA	TION
I certify (or declare) under penalty of periusy under the laws of the State of (Califernia Abas star F.
property or the person affected (i.e., a person having a direct economic interest agent authorized by the applicant under item 2 of this application, or (3) en Number, who has been retained by the applicant and	ne dest of my knowledge and belief and that I am (1) the owner of the
SIGNATURE (Use Blue Penj- Original signature required on paper-filed application)	SIGNED AT (CITY, STATE) DATE
NAME (Plane Dis)	Dallas, TX
NAME (Please Print) Andrew Grove	110011)
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)	
OWNER AGENT ATTORNEY SPOUSE REGISTERED CORPORATE OFFICER OR DESIGNATED EMPLOYEE	DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED



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:

O 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

NET CHANG	NEW VALUE	OLD VALUE	VALUE SUMMARY FOR YEAR 2016 - 2017
25,83	102,207	76,370	LAND
40,00	0	0	STRUCTURE
	0	0	GROWING IMPROVEMENTS
	0	0	PP MOBILE HOME
	0	0	FIXTURES
	0	0	PERSONAL PROPERTY
******************	0	0	LESS EXEMPTIONS
25,83	102,207	76,370	NET TAXABLE

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 limely 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

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.

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.

attach hearing evidence to this applicat	APPLICATION NUMBER: Clerk Use Only				
1. APPLICANT INFORMATION - PLEASE NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BU	PRINT				
WHITEWAVE FOODS/NATURAL SELECTION	N FOODS		EMAIL ADDRESS A	ndrew.Grove@Ryan.cor	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS O	DR.P. O. BOX) 12002 A	IRPORT WAY			
BROOMFIELD	STATE ZIP CODE 80	021 (972) 934-00	22 ALTERNATE TELI	7-11-11-11-1	
2. CONTACT INFORMATION - AGENT, AT	TORNEY, OR RELATI	VE OF APPLICANT If a	pplicable - (REPR	ESENTATION IS OPTIONAL)	
KYSKYLOWKKOREW GROW	ZE INITIAL)		EMAIL ADDRESS A	ndrew.Grove@Ryan.com	
COMPANY NAME			M	rurew.Grove@Ryan.com	
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST,	, MIDDLE INTITAL)				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	13155 Noel Rd.	Suite 100			
^{CITY} Dallas			417551175 77.		
Dallas	TX 752	240 (972) 934-00	22 ()	PHONE (972) 934-4939	
The following information must be comple attorney as Indicated In the Certification applicant Is a business entity, the agent's The person named in Section 2 above is I enter in stipulation	section, or a spouse, authorization must b hereby authorized to a	cniid, parent, registeri le signed by an officer	ed domestic partners or authorized employetion and many	er, or the person affected. If the ployee of the business.	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED E SEE ATTACHED	MPLOYEE	TITLE	elating to this app	DATE	
ENTER APPLICABLE NUMBER FROM YOU ASSESSOR'S PARCEL NUMBER		BER 012-040-046-000	FEE NUMBER		
ACCOUNT NUMBER	TAX BILL NUMBER	012-040-040-000			
	1				
PROPERTY ADDRESS OR LOCATION 0 San	Juan HWY		DOING BUSINESS A	S (DBA), if appropriate	
ROPERTY TYPE	*				
SINGLE-FAMILY / CONDOMINIUM / TOWN	HOUSE / DUPLEX	AGRICULTURAL	m	POSSESSORY INTEREST	
MULTI-FAMILY/APARTMENTS: NO. OF UNI	ITS	☐ MANUFACTURED			
COMMERCIAL/INDUSTRIAL		☐ WATER CRAFT		VACANT LAND	
BUSINESS PERSONAL PROPERTY/FIXTUI	RES	OTHER:	Ц	AIRCRAFT	
VALUE	A. VALUE ON ROLL		OPINION OF VALUE	C ACCUAL D DOACH LIDE COLLEGE	
AND	104,251		0,000	C. APPEALS BOARD USE ONLY	
MPROVEMENTS/STRUCTURES		0.	7,000		
XTURES					
ERSONAL PROPERTY (see instructions)					
INERAL RIGHTS					
TETO A VILLEO					
REES & VINES					
REES & VINES THER TOTAL	104.251	50	,000		

BOE-305-AH (P2) REV. 08 (01-15)	
5. TYPE OF ASSESSMENT BEING APPEALED To Check only o	ne. See instructions for filing pariods
REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 (SETHE CURRENT VEAR
☐ SUPPLEMENTAL ASSESSMENT	A THE CORRENT TEAR
*DATE OF NOTICE: ROLL YE	AD.
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ C	
*DATE OF NOTICE:	ALAMITY REASSESSMENT PENALTY ASSESSMENT
*DATE OF NOTICE: **ROLL YE/ *Must attach copy of notice or bill, where applicable	**Each roll year regulace a concepts application
6. REASON FOR FILING APPEAL (FACTS) See ii	istructions before completing this
If you are uncertain of which item to check, please check "I. OTHEF The reasons that I rely upon to support requested changes in value A. DECLINE IN VALUE	3" and provide a brief explanation of your research for the
The assessor's roll value exceeds the market value as of B. CHANGE IN OWNERSHIP	January 1 of the current year.
1. No change in ownership occurred on the date of	
2. Base year value for the change in ownership established.	ed on the date of
C. NEW CONSTRUCTION	is incorrect.
1. No new construction occurred on the date of	
2. Base year value for the completed new construction es	ephished on the date of
3. Value of construction in progress on January 1 is income	ert Is incorrect.
D. CALAMITY REASSESSMENT	
☐ Assessor's reduced value is incorrect for property damage	d by misfortune or calamity.
E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's	value of personal property and/or fixtures exceeds market value.
The personal property/fixtures.	
 2. Only a portion of the personal property/fixtures. Attach of 	escription 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 law
H. APPEAL AFTER AN AUDIT, Must include description of each	rand and improvements),
Amount of escape assessment is incorrect.	
2. Assessment of other property of the assessee at the local	ation is incorrect.
I. OTHER	
Explanation (attach sheet if necessary)	
. WRITTEN FINDINGS OF FACTS (\$ per)	PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER
Are requested.	PARCEL (APN) IS REQUIRED AT THE TIME OF THE
THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND	See instructions. HEARING.
■ Yes □ No	
•	
CERTIE	CATION
CERTIFICATION (or declars) under papelly of parism under the form	
	of California that the foregoing and all information hereon, including any the best of my knowledge and belief and that I am (1) the owner of the
and the state of the applicant under them is of this application, of (3)	an automey oceansed to practice law in the State of California of the
SNATURE (Use Blue Pen - Original signature required on paper-filed application)	nd has been authorized by that person to file this application.
141-1 Assessment of the state of perfect approaching	SIGNED AT (CITY, STATE) Dallas, TX
ME (Please Print)	11/27/17
Idrew Grove	
NG STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)	
OWNER MAGENT ATTORNEY SPOUSE REGISTE	RED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED
CORPORATE OFFICER OR DESIGNATED EMPLOYEE	LI FERSON AFFECTED



SECURED TAX BILL 2017-2018

SAN BENITO COUNTY MARY LOU ANDRADE TREASURER - TAX COLLECTOR 440 FIFTH STREET, ROOM 107 HOLLISTER, CA 95023-9894

propertyteos

Phone: (831) 638-4034

Fax: (831) 636-4383

......

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

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

> > 2-2-282

SEE BACK OF STATEMENT FOR USEE UP INFORMATION

ASSESSMENT INFORMATION	FULL VALUE
LAND	104,261
NET TAXABLE	104,251
ASSESSED VALUES ARE DETERMINED IN ACCORDANCE WITH ST	BY THE ASSESSOR
ORIGINAL BILL DATE 09/13/2017	

FIRST INSTALLMENT DUE 11/01/17

\$ 710.19

SECOND INSTALLMENT DUE 02/01/18

\$ 710.19

TOTAL TAX DUE

\$1,420.38

GROSS TAXES

\$ 1,042,50

52.70 23.70 20.86

20.00

RETURN THIS BYUE WITH YOUR PAYMENT BY MAIL

2017 - 2018

MAKE CHECK PAYABLE TO:

SECURED TAX STATEMENT

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

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

VISA

NATURAL SELECTION FOODS LLC A

TAX RATE

PER \$100

1.000000

0.050549 0.022740 0.250000

DIRECT CHARGE

VISIT www.cosb.us/fax. to View, Print & Pay Online or to Pay By Phone Call 1-855-338-8302

REFER TO THE BACK OF THE BILL FOR MORE INFORMATION

O SAN JUAN HWY

2.82

ASSESSMENT NUMBER

012-040-046-000

CHECK

TANK RASTE ASSEA

079-009

DISCOVER

ADDEDUCED OWNER All OF JANUARY 1, 2017

TAXING ENTITY

CENT

OCT 1:8 2017

LOCATION OF PROPERTY

GENERAL PROPERTY TAX

ADVANCED LIFE SUPPORT

ARCHAS-SJUSD 2011 RFND BOND 5B HOSPITAL BOND 22014 GAVILAN 3-2-01 D.S. 5B WATER-SAN FELIPE.

ACREAGE

STUB 2 2ND INSTALLMENT

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

MARY LOU ANDRADE, TAX COLLECTOR SAN BENTO COUNTY 440 FIFTH STREET, ROOM 107 HOLLISTER, CA 85023-3804 VISA BER SCOVE

www.posb.us/lest to Vic or to Pay By Phone Call 1-855-33 CORTAG THE PLATE OFF ESSMELT UNBER 079-009 012-040-046-000 NATURAL SELECTION FOODS ILC A LIMIT DUE BY: 02/01/18 TAKDUE \$ 710.19 AFTER: 04/10/18 (ADD 10% PENALTY 71.01 AFTER: 04/30/18 - AND NOTICE FEE +7.00WRITE THE ASSESSMENT NUMBER ON THE FACE OF THE CHECK.

012040046000820172000000710190200000079870120172

RETURN THIS STUB WITH YOUR PAYMENT BY MAIL.

2017 - 2018

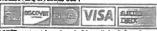
SECURED TAX STATEMENT

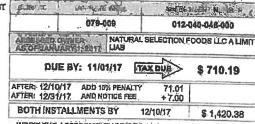
IF PAYING IN PERSON, BRING COMPLETE BILL. SAN BENITO COUNTY PHONE: (631) 636-4034 FAX: (831) 636-4393

1ST INSTALLMENT

NATURAL SELECTION FOODS LLC A UMIT 1721 SAN JUAN HWY BAN JUAN BAUTISTA CA 85045

MAKE CHECK PAYABLE TO: MARY LOU ANDRADE, TAX COLLECTOR: SAN BENTO COUNTY 40 FERT STREET, ROOM 107 HOLLISTER, CA 85023-894





WRITE THE ASSESSMENT NUMBER ON THE FACE OF THE CHECK.

ASSESSMENT APPEAL APPLICATION ASSESSMENT APPEAL APPLICATION This form contains all of the requests for that are required for filing an application for assessment. Failure to complete this application and/or dispersion and/or dispersion and/or dispersion in requested by the assessor or at the hearing. Failure to provide information at the appeals board considers necessary may recontinuence of the hearing or duried of the application. 1. APPLICANT INFORMATION - PLEASE PRIMAL OF APPLICANT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAVE FOODS/NATURAL SELECTION FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAVE FOODS/NATURAL SELECTION FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAVE FOODS/NATURAL SELECTION FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAVE FOODS/NATURAL SELECTION FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAVE FOODS/NATURAL SELECTION FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAVE FOODS/NATURAL SELECTION FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAY FOODS/NATURAL SELECTION FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAY FOODS/NATURAL SELECTION FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAY FOODS/NATURAL SELECTION FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAY FOODS/NATURAL SELECTION FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAY FOR FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAY FOR FORMATION ASSESSMENT LAST, FIRST, MODILE MATERIAL BOARD WHITEWAY FOR FORMATION ASSESSMENT ASSESSMEN	information or changed cation may enial of the it additional the time of the hearing esuit in the est. Do not SANEIUNT	time of filing i	or each par Reton muss SING (F)	od being be filed i IS NON	or each parcel. -REFUNDABLE.
GTY BROOMFIELD			ALTEMNADE	TEL PHONE	FAX TELEFTIONS
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COMMAN NAME	-			Andrew.	Grove@Ryan.com
CONTROT PERSON IT CHIER THAN ABOVE (LAST, F., ST, MID	UEC ETTALE				
MAILING ADDRESS (STREET ADDRESS OF F. O. SOLO	,	-	*******		
13	155 Noel Rd.	Suite 100			1400.001
^{city} Dallas	TX ZPCOOT 752	40 (972) 934-002	2 ALTERNATE	TELEPHONE	79727934-4939
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PENALTIES (amount or percent)

BOC-303 AH (P2) REV. 00 (01-18) 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 GESCAPE ASSESSMENT GESCAPE ASSESSMENT GESCAPE 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 "t. OTHER" and provide a brief explanation of your reasons for filling this application. The reasons that I rely upon to support requested changes in value are as follows: 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 3. Value of construction in progress on January 1 is incorrect. D. CALAMITY REASSESSMENT Assessor's reduced value is incorrect for properly 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 preperty/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. Allecation 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. Li 2. Assessment of other property of the assessee at the location is incorrect. OTHER Explanation (attach sheet if necessary) 7. WRITTEN FINDINGS OF FACTS (\$_____ PLEASE NOVE: A DEPOSET OF \$500.00 USD 71 Are requested.

Are not requested. PARCEL (APN) IS REQUIRED AT THE TIME OF THE 8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See Instructions. Yes No CERTIFICATION I canify (or declare) under penalty of penalty 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 nm (1) the owner of the property or the person allected (i.e., a person having a direct economic interest in the payment of laxes on that property - "The Applicant"), (2) on agent authorized by the applicant under item 2 of this application, or (3) an attorney leanned to practice law in the State of California, State Bar Mimber , who has been retained by the applicant and has been authorized by that person to file this application. STONA" UNIT Glad Blue Feet - Original after place required any paper Pled agricultural 3 (1920 AT // 1777, STATO) DIU L. MIGA Dallas, TX Andrew Grove

OWNER ___AGENT _ ATTORNEY _ SPOUSE _ REGISTERED DOMESTIC PARTNER _ CHILD _ FARENT _ PERSON AFFECTED

FILING STATUS LEGATIFY RELATIONSHET TO API LIGARY MANED IN SECTION 1)

CORPORATE OF ICER OR DESIGNATED EMPLOYEE

SAN BENITO COUNTY 2018 - 2019 PROPERTY TAX BILL

Mary Lou Andrade

10:17:19/64

San Banito County Treasurer/Tax Collector, 440 Fifth Street, Room #107, Hollister, CA 95023-3534 SECURED TAX POLL FOR EIGHT VEAR BH

	PROPERTY INFO	HOITAME		IMPORTANT MESUACES	
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ASMT NUMBER	012-040-046-000 012-040-046-000 012-040-046-000	TAX YEAR: 2018	MAKE CHECK PAYABLE TO: San Benito County Tax Col	

LOCATION

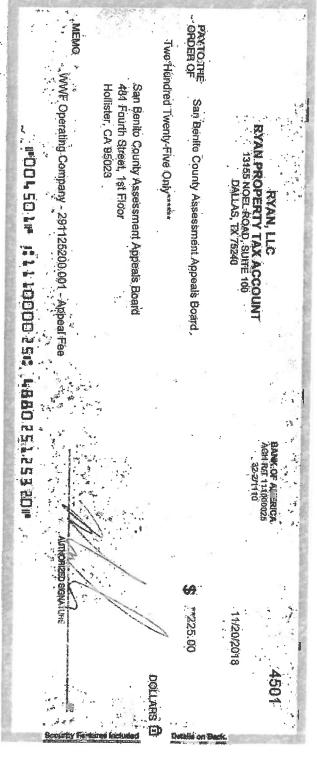
440 Fifth Street, Room #107 Hollister, CA 95023-3894

SAN JUAN BAUTISTA CA 9504;

PAID BY 04/10/2019 \$722.97
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	1721 SAN JUAN HWY SAN JUAN BAUTISTA GA 60015	4ST
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RYAN, LLC / RYAN PROPERTY TAX ACCOUNT

San Benito County Assessment Appeals Board Property Tax Appeal Filing Fee

11/20/2018

225.00

4501

BOE-305-AH (P1) REV. 08 (01-15) ASSESSMENT APPEAL APPLICATIO	ON.	\$45.00 USD PROC	ESSING FEE T	a ha paid at the
This form contains all of the requests for	information	time of filing for ea	ch parcel being	special A
that are required for filing an application for	or changed 500	Constitution of the contract o	Language La Clad C	appeared. A
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appeal Applicants should be prepared to submi	it additional	- VITHEPROCESSIN	G FER IS NON-	REFUNDABLE.
information if requested by the assessor or at	the time of	HOU - O Source St		
the hearing. Failure to provide information at t	the hearing	NOV 2 3 2019 17		
the appeals board considers necessary may re continuance of the hearing or denial of the appearance.	esult in the			
attach hearing evidence to this application.	SAN BE	NITO COUNTY CLER AP	LICATION NUMBER	: Clerk Use Only
1. APPLICANT INFORMATION - PLEASE PR	I DE THE B	OARD. HOLLISTER. A	A-0	120
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINE		EMA	LADDRESS	
WHITEWAVE FOODS/NATURAL SELECTION FO	tons		Andrew.	Grove@Ryan.com
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P.	12002 All	RPORT WAY		7, 17, 17, 17, 17, 17, 17, 17, 17, 17, 1
CITY BROOMFIELD		Part Comments	TERNATE TELEPHONE	FAX TELEPHONE
2. CONTACT INFORMATION - AGENT, ATTO			le - (REPRESENTA	TION IS OPTIONALLY
HYANTLO HANDREW GROVE	IDDLE INITIAL)		ADDOCTO	Grove@Ryan.com
COMPANY NAME				p des
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIL	DOLE INTITAL)		And the state of	
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	3155 Noel Rd. S		and the same of th	
CITY Dallas	STATE ZIP CODE 7524	10 (972) 934-0022 (TERNATE TELEPHONE	79727934-4939
AUTHORIZATION OF AGENT		ORIZATION ATTACHED		(972) 934-4939
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PENALTIES (amount or percent)

BOE-305-AH (P2) REV. 08 (01-15) 5. TYPE OF ASSESSMENT BEING APPEALED of 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 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 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 (\$ PLEASE NOTE: A DEPOSIT OF \$500,00 USD PER Are requested. Are not requested. PARCEL (APN) IS REQUIRED AT THE TIME OF THE 8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. HEARING. E 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 _, 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) Dallas, TX Andrew Grove FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

■ AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED

OWNER

CORPORATE OFFICER OR DESIGNATED EMPLOYEE

1.2.002

Maric Louc Andrede

1.2.002	E Ph	Mary Lo	ou Andrade			10:47:19/
San Beni	to County Freasure	r/Tax Collector, 4	40 Fifth Str	et, Roo	m #107, Hollister, CA	95023-3894
	SECURED TAX	ROLL FOR FISC	AL YEAR JU	ILY 1, 20	18 - JUNE 30, 2019	
	PROPERTY INFO	RMATION			IMPORTANT MESS	AGES
asmt number:	012-040-046-000	TAX RATE AREA:	079009	Original b	ill date 09/17/2018	
DRIG ASMT:	012-040-046-000	ACRES:	2.82			
FEE NUMBER:	012-040-046-000					
LOCATION:	O SAN JUAN HW	<i>(</i>				
1704 CAN HIER	Linene					
721 SAN JUAN	TISTA CA 95045					
MIN DONIN DAG	1101A GA 95045					
		COUNTY VALUES, S	XEMPTIONS	ANELTAY	FC	
HONE#	DESCRIPT			PRIOR	CURRENT	8:1:0
ALUATIONS (831) 6				Ò	106335	10633
AX RATES (831) 63				0	3	70000
XEMPTIONS (831)6	36-4030			b	ô	
AYMENTS (831) 63	6-4034			0	٥	
ERS PROP (831) 63	#8-403D			C	a	
DDR CHGS (831)63	B-4030			0	o o	,
ENERAL (831) 626	-4034			В	-	
				6	0	
		ABLE VALUE		· ·	0	
		X TAX RATE PER \$100				10633i 81,063.3i
VOTE	R APPROVED TAXES /	TAXING AGENCY D	RECT CHARC	ES & SP	ECIAL ASSESSMENTS /	FEES
IONE # CODE 31) 636-4090 00810	DESCRIPTION	45	LESSED VALUE 106336	Х	COC1 STAR KAT	u TAX AMOUN
81) 636-4090 - 50819			106236		0.050017 0.021765	\$53,18
08) 293-5200 00845			106336		0.019200	\$23.14 \$20.42
11] 657-82; 8 00911	SS WATER-SAN FEL	ipe -	106335		0.259000	\$285.84
ONE# DESCR 11) 635-4168 ADVA	SPTION DIR CHRO NCED UFE SUPPCI \$20.00	PHONE # DESC	REPRON	DIA CHR	FHORE # DESCRIPTION	OH CHEG
	PENALTY	/ & COST	66.00	AGENCY TA	KES RGES	\$362.58 \$20.00
	AGENCY TAXES + DIREC	CT CHARGES + FEES +	\$0.00 PENALTY + CC	FEES IST + DEILIN	IOLIENT PENALTIES	\$0.00
1st INSTAL	LMENT \$722.97	2nd INSTAL	LMENT \$722	.97	TOTAL TA	XES 8382.58
DELINQUENT	AFTER 12/10/2018	DELINQUENT A	FTER DAME	1/2019	\$1,445,94	200
		I	U-9/16	TAV I V	\$2.CPP,1Q	•

SAN BENITO COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB ASMT NUMBER: 012-040-046-000

ORIG ASMT: FEE NUMBER: LOCATION:

012-040-046-000 012-040-046-000 O SAN JUAN HWY TAX YEAR: 2018

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

IF PAID BY 04/10/2019 \$722.97

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

0120400460000820160000000722971200000082126720180

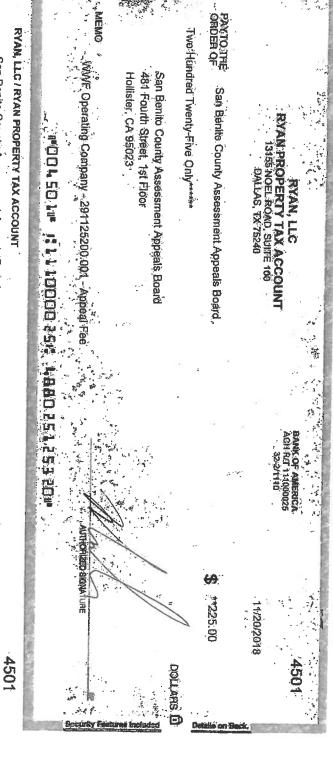
------CUT MERE-----SAN BENITO COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB ASMT NUMBER: 012-040-046-000 TAX YEAR: 2018 MAKE CHECK PAYABLE TO: ORIG ASMT: 012-040-046-000 San Benito County Tax Coilector FEE NUMBER: 012-040-046-000 440 Fifth Street, Room #107 O SAN JUAN HWY LOCATION: Hollister,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

1721 SAN JUAN HWY SAN JUAN BAUTISTA CA 95045

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



RYAN, LLC / RYAN PROPERTY TAX ACCOUNT

Property Tax:Appeal Filing Fee San Benito County Assessment Appeals Board

11/20/2018

225.00

Ryan Property Tax

WWF Operating Company - 291125200.001 - Appeal

225.00