

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

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
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
012-020-017-000

ASSESSMENT NUMBER
990-053-603-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 San Juan Hollister 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	765,900	300,000	
IMPROVEMENTS/STRUCTURES	59,075,752	30,000,000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	59,841,652	30,300,000	
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: 7-26-2017

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)



SIGNED AT (CITY, STATE)

Dallas, TX

DATE

9/22/17

NAME (Please Print)

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

ASSESSMENT APPEAL APPLICATION

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

APPLICATION NUMBER: Clerk Use Only

A364

EMAIL ADDRESS

Andrew.Grove@Ryan.com

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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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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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 BILLASSESSOR'S PARCEL NUMBER
012-020-017-000

ASSESSMENT NUMBER 990-053-603-000

FEE NUMBER

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*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.

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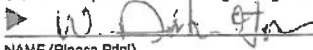
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

☒ 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)

Dallas, TX

DATE

9/22/17

NAME (Please Print)

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: 012-020-017-000

Asmt Num: 990-053-603-000

Situs Address: 1721 - A SAN JUAN HOLLISTER HWY HOLLISTER CA 9502

Comments:

Doc Num: 2014ILEOP

Orig Asmt: 012-020-017-000

RECEIVED

AUG 03 2017

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

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	1,067,249	765,900	-301,349	1,072,094	765,900	-306,194
Improvements	50,255,775	59,076,762	8,819,977	50,480,583	59,076,762	8,595,169
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	51,323,024	59,841,652	8,518,628	51,552,677	59,841,652	8,288,975
Exemptions						
Homeowners	0	0	0	0	0	0
Other	0	0	0	0	0	0
NET TOTAL	51,323,024	59,841,652	8,518,628	51,552,677	59,841,652	8,288,975

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WHITEWAVE FOODS/NATURAL SELECTION FOODS

APPLICATION NUMBER: Clerk Use Only

A369

EMAIL ADDRESS

Andrew.Grove@Ryan.com

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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STATE TX

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TITLE

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4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	781,203	500,000	
IMPROVEMENTS/STRUCTURES	63,079,473	25,000,000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	63,860,676	25,500,000	
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: _____ 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)

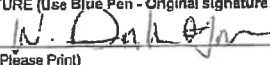
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SIGNED AT (CITY, STATE)

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
EARTHBOUND FARM LLC
1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

Asmt: 012-020-017-000
Fee Parcel: 012-020-017-000
Base Asmt: 012-020-017-000

SITUS: 1721 - A SAN JUAN HOLLISTER HWY
HOLLISTER CA 95023

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 2015 - 2016	OLD VALUE	NEW VALUE	NET CHANGE
LAND	1,093,514	781,203	-312,311
STRUCTURE	53,531,370	63,079,473	9,548,103
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	54,624,884	63,860,676	9,235,792

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.

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

APPLICATION NUMBER: Clerk Use Only

A 370

EMAIL ADDRESS

Andrew.Grove@Ryan.com

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

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
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 BILLASSESSOR'S PARCEL NUMBER
012-020-017-000ASSESSMENT NUMBER
012-020-017-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 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	793,116	500,000	
IMPROVEMENTS/STRUCTURES	64,041,435	25,000,000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	64,834,551	25,500,000	
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 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)

Dallas, TX

DATE

9/22/17

NAME (Please Print)

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-68-A REV.03 (05-15)

NOTICE OF ENROLLMENT OF ESCAPE ASSESSMENT

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

Asmt: 012-020-017-000
Fee Parcel: 012-020-017-000
Base Asmt: 012-020-017-000

SITUS: 1721 - A SAN JUAN HOLLISTER HWY
HOLLISTER CA 95023

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	1,110,190	793,116	-317,074
STRUCTURE	54,347,723	64,041,435	9,693,712
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	55,457,913	64,834,551	9,376,638

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.

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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.

A352

BOE-305-AH (P1) REV. 08 (01-15)

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.**

SAN BENITO COUNTY

2016 NOV 36 A 8:19

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
WhiteWave Foods/Natural Selection Foods

APPLICATION NUMBER: Clerk Use Only

EMAIL ADDRESS
Andrew.Grove@ryan.com

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)
W. Andrew Grove

EMAIL ADDRESS

COMPANY NAME

Ryan, LLC

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

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

Ryan, LLC - 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

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
012-020-017-000

ASSESSMENT NUMBER

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 San Juan Bautista

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	1,110,190	500,000	
IMPROVEMENTS/STRUCTURES	54,347,723	25,000,000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	55,457,913	25,500,000	
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: _____ 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:

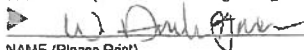
A. DECLINE IN VALUE☐ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.**C. NEW CONSTRUCTION**☐ 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

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)

Dallas, TX

DATE

11/30/12

NAME (Please Print)

W. 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

TEU42
1.2.001

San Benito COUNTY 2016 - 2017 PROPERTY TAX BILL
Mary Lou Andrade
San Benito County Treasurer/Tax Collector, 440 Fifth
SECURED TA

09/20/2016
6:52 PM

PROPERTY INFORMATION		IMPORTANT MESSAGES
ASMT NUMBER: 012-020-017-000	TAX RATE AREA: 079009	Original b
ORIG ASMT: 012-020-017-000	ACRES: 17.02	
FEE NUMBER: 012-020-017-000		
LOCATION: 1721 - A SAN JUAN HOLLISTER HWY		
OWNER JAN. 1st:		
1721 SAN JUAN HWY SAN JUAN BAUTISTA CA 95045		

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
VALUATIONS (831) 636-4030	LAND	0	1110190	1110190
TAX RATES (831) 636-4090		0	0	0
EXEMPTIONS (831) 636-4030		0	0	0
PAYMENTS (831) 636-4034	STRUCTURAL IMPROVEMENTS	0	34247723	54347723
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				55457913
VALUES X TAX RATE PER \$100 1.000000				554579.1400

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES						
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	X	TAX RATE / 100	TAX AMOUNT
8316364030	00010	AROWAS-1 USD 2011 REVD BOND	55457913		0.050150	27923.4700
8316364031	00010	SB HOSPITAL BOND #7914	55457913		0.023881	13243.9000
4012995200	00845	GAVILAN 3-2-04 D S.	55157113		0.021600	11978.9000
8316378210	00911	SB WATER-SAN FELIPE	55457913		0.250000	2775.4300

PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG
8002735167	SBG MOSQUITO ABATEM	12.2000	8316364105	ADVANCED LIFE SUPPORT 2nd 0.0000	2316378210	8316378210	SAN BENITO WATER-STANB102	12.00

PENALTY & COST		0.0000	AGENCY TAXES	55921.3400
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES			DIRECT CHARGES	424.5200
1st INSTALLMENT	\$305,462.55	2nd INSTALLMENT	\$305,462.55	\$0.00
DELINQUENT AFTER 1		DELINQUENT AFTER 0		\$56,345.90
TOTAL TAXES				\$610,925.10

San Benito COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB	
ASMT NUMBER: 012-020-017-000	TAX YEAR: 2016
ORIG ASMT: 012-020-017-000	MAKE CHECK PAYABLE TO:
FEE NUMBER: 012-020-017-000	San Benito County Tax Collector
LOCATION: 1721 - A SAN JUAN HOLLISTER HWY	440 Fifth Street, Room #107
CURRENT OWNER:	Hollister, CA 95023-3894
1721 SAN JUAN HWY SAN JUAN BAUTISTA CA 95045	

2ND

IF PAID BY 04/10/2017 \$305462.55
DELINQUENT AFTER 04/10/2017 (INCLUDES 10% PENALTY OF \$30546.25 AND \$17.50 COST) \$336028.30

012020017000520164000305462558200033602630720164

CUT HERE

San Benito COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB	
ASMT NUMBER: 012-020-017-000	TAX YEAR: 2016
ORIG ASMT: 012-020-017-000	MAKE CHECK PAYABLE TO:
FEE NUMBER: 012-020-017-000	San Benito County Tax Collector
LOCATION: 1721 - A SAN JUAN HOLLISTER HWY	440 Fifth Street, Room #107
CURRENT OWNER:	Hollister, CA 95023-3894
1721 SAN JUAN HWY SAN JUAN BAUTISTA CA 95045	

1ST

IF PAID BY 12/10/2016 \$305462.55
DELINQUENT AFTER 12/10/2016 (INCLUDES 10% PENALTY OF \$30546.25 AND \$0.00 COST) \$336008.80
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 11/01/2016 \$610925.10

012020017000520164000305462558200033602630720164

ASSESSMENT APPEAL APPLICATION

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\$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

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 012-020-017-000

ASSESSMENT NUMBER 012-020-017-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 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

808,978

400,000

IMPROVEMENTS/STRUCTURES

65,332,263

30,000,000

FIXTURES

PERSONAL PROPERTY (see Instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

66,131,241

30,400,000

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 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)

Dallas, TX

DATE

11/6/17

NAME (Please Print)

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

**TOM J. SLAVICH**

County Assessor
 440 Fifth St., Rm. 108
 Hollister, CA 95023

*sanbenito County Assessor*

Information as of Lien Date

January 1st 2017

View/Print Value Notice**Property Information**

Assessor Parcel Number (APN)	012-020-017-000
Assessment Number	012-020-017-000
Tax Rate Area (TRA)	079009
Current Document Number	20171LEOP
Current Document Date	1/2/2014
Owner	
Lot Size	17.02
Contract Number	
Roll Values	
Land	808978
Structure	65322263
Fixtures	0
Growing	0
Total Land and Improvements	66131241
Personal Property	0
Business Property	0
Homeowners Exemption (HOX)	0
Other Exemptions	0
Net Assessment	66131241



SAN BENITO COUNTY

2017 NOV 13 P 4: 43

Three Galleria Tower
13155 Noel Road
Suite 100
Dallas, Texas 75240
Main 972.934.0022
Fax 972.960.0613
www.ryan.com

Via CERTIFIED: 9489 0090 0027 6026 6749 62

November 6, 2017

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

**RE: 2017 Applications For Changed Assessment
Whitewave Foods Company / Earthbound Farms / Natural Selection Foods
1721 San Juan HWY
Accounts: 850-000-524-000, 012-020-017-000**

Dear Sir/Madam:

Please accept this letter and the enclosed Applications for Changed Assessments as our official appeal for the above referenced accounts. Please also find enclosed the Statement of Agency for your reference.

Please also consider this as our formal request for evidence that will be presented by your office at the protest hearing.

**Ryan, LLC
Attn: Andrew Grove
13155 Noel Road, Suite 100
Dallas, TX 75240-5090**

If you have any questions, please feel free to contact me at 972.934.0022.

Sincerely,

RYAN

W. Andrew Grove
Manager, Property Tax

Enclosures –
As Stated



STATEMENT OF AGENCY

**WWF Operating Company
WhiteWave Food Company
Earthbound Farm, LLC
Natural Selection Foods**

Hereby appoints **Ryan, LLC** as agent for the purpose of filing personal property statements, renditions, returns and/or assessment appeals, applications or petitions for review of valuation with all counties, appraisal districts and/or Assessment Appeal Boards, Boards of Review, or Boards of Equalization, appearing on our behalf before said Boards, examining any records, and discussing with the appropriate governmental authority the assessment of the property located at the following address:

SEE ATTACHED LIST

This property being owned by the undersigned incorporated. This agency shall remain in effect for the 2016 and 2017 tax years.

WWF Operating Company
WhiteWave Foods Company

Name of Taxpayer

Signature

Title

Date

Subscribed and sworn to before me this 2nd day of February, 2017

Notary Public

State of Colorado

My commission expires June 16, 2019

The WhiteWave Foods Company • 12002 Airport Way,
Broomfield, CO 80021 • 303.635.4000

www.WhiteWave.com

Mauri L. Vonash-Blair
Notary Public
State of Colorado
Notary ID 20034019959
My Commission Expires June 16, 2019

STATEMENT OF AGENCY

White Wave Foods Company

1721 San Juan Hwy, San Juan Bautista, CA

Account: 850-000-524-000

Account: 012-020-017-000

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 28 2018

1. APPLICANT INFORMATION - PLEASE PRINT

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

SAN BENITO COUNTY CLERK

APPEALS BOARD, HOLLISTER, CA

APPLICATION NUMBER: Clerk Use Only

A-417

EMAIL ADDRESS

Andrew.Grove@Ryan.com

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 BILLASSESSOR'S PARCEL NUMBER
012-020-017-000

ASSESSMENT NUMBER

012-020-017-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 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

825,157

400,000

IMPROVEMENTS/STRUCTURES

66,628,708

30,000,000

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

67,453,865

30,400,000

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



Dallas, TX

11/25/18

NAME (Please Print)

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

TEUN2WES
1.2.002

SAN BENITO COUNTY 2018 - 2019 PROPERTY TAX BILL

11/15/2018
10:57:14AM

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:	012-020-017-000	TAX RATE AREA:	079009
ORIG ASMT:	012-020-017-000	ACRES:	17.02
FEE NUMBER:	012-020-017-000		
LOCATION:	1721 - A SAN JUAN HOLLISTER HWY		

EARTHBOUND FARM LLC
1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
VALUATIONS (831) 636-4030	LAND	0	825157	825157
TAX RATES (831) 636-4090		0	0	0
EXEMPTIONS (831) 636-4030		0	0	0
PAYMENTS (831) 636-4034	STRUCTURAL IMPROVEMENTS	0	66623708	66623708
FERS PROP (831) 636-4030		0	0	0
ADDP CHGS (831) 636-4030		0	0	0
GENERAL (831) 636-4034		0	0	0
NET TAXABLE VALUE				57453865
VALUES X TAX RATE PER \$100 1.000000				\$574,538.65

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES						
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	X	TAX RATE / 100	TAX AMOUNT
(831) 636-4090	00810	APONAS-SJ USD 2011 RFND BOND	57453865		0.039017	\$223,738.40
(831) 636-4090	00819	SS HOSPITAL BOND #2014	57453865		0.021765	\$124,681.34
(408) 299-5200	03845	CAVILAN 3-2-04 O.S.	57453865		0.019200	\$11,011.14
(931) 637-9218	00911	SB WATER-SAN FELIPE	57453865		0.250000	\$14,363.77

PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG
(831) 273-5167	SEC MOSQL TO ABATE	\$112.20	(831) 636-4168	ADVANCED LIFE SU	\$300.00	(831) 637-9218	SAN BENITO WATER	\$102.42

PENALTY & COST		\$0.00	AGENCY TAXES	\$53,439.78
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES		\$0.00	DIRECT CHARGES	\$514.62
1st INSTALLMENT \$369,243.53		2nd INSTALLMENT \$369,243.53	TOTAL TAXES	\$738,487.06
DELINQUENT AFTER 12/10/2018		DELINQUENT AFTER 04/10/2019		

SAN BENITO COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB				
ASMT NUMBER:	012-020-017-000	TAX YEAR:	2018	MAKE CHECK PAYABLE TO:
ORIG ASMT:	012-020-017-000			San Benito County Tax Collector
FEE NUMBER:	012-020-017-000			440 Fifth Street, Room #107
LOCATION:	1721 - A SAN JUAN HOLLISTER HWY			Hollister, CA 95023-3894

EARTHBOUND FARM LLC
1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

2ND

IF PAID BY 04/10/2019 \$369,243.53
DELINQUENT AFTER 04/10/2019 (INCLUDES 10% PENALTY OF \$36924.35 AND \$26.00 COST) \$406193.88

01202001700052018000036924353020004061938820180

CUT HERE

SAN BENITO COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB				
ASMT NUMBER:	012-020-017-000	TAX YEAR:	2018	MAKE CHECK PAYABLE TO:
ORIG ASMT:	012-020-017-000			San Benito County Tax Collector
FEE NUMBER:	012-020-017-000			440 Fifth Street, Room #107
LOCATION:	1721 - A SAN JUAN HOLLISTER HWY			Hollister, CA 95023-3894

EARTHBOUND FARM LLC
1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

1ST

IF PAID BY 12/10/2018 \$369,243.53
DELINQUENT AFTER 12/10/2018 (INCLUDES 10% PENALTY OF \$36924.35 AND \$0.00 COST) \$406167.88
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 12/10/2018 \$738487.06

01202001700052018000036924353010004061678820180

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 TRADING 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
012-020-017-000

ASSESSMENT NUMBER **012-020-017-000**

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 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

825,157

400,000

IMPROVEMENTS/STRUCTURES

66,628,708

30,000,000

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

67,453,865

30,400,000

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 (APPLICANT'S 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

Dallas, TX

11/25/18

NAME (Please Print)

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

THINWEE
11/20/2018

SAN BENITO COUNTY 2018 - 2019 PROPERTY TAX BILL

11/10/2018
10:37:14 AM

Mary Lou Andrade

San Benito County Treasurer/Tax Collector, 440 Fifth Street, Room #107, Hollister, CA 95023-3994

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

PROPERTY INFORMATION				IMPORTANT MESSAGES
ASMT NUMBER:	012-020-017-000	TAX RATE AREA:	070000	Original Assessed Value
CRG ASMT:	012-020-017-000	ACRES:	17.02	
Fee NUMBER:	012-020-017-000			
LOCATION:	1721 - A SAN JUAN HOLLISTER HWY			

EARTHBOUND FARM LLC
1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PHONE #	DESCRIPTION	PHONE #
VALUATIONS (031) 030-4000	LAND	0	0	0
TAX RATES (031) 030-4000		0	0	0
EXEMPTIONS (031) 030-4000		0	0	0
PAYMENTS (031) 030-4000	STRUCTURAL IMPROVEMENTS	0	0	0
PERMITS (031) 030-4000		0	0	0
ADDITIONALS (031) 030-4000		0	0	0
GENERAL (031) 030-4000		0	0	0

NET TAXABLE VALUE
(BASED ON TAX RATE AREA) 100000

\$7453865
\$674,838.65

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES				
PHONE #	DESCRIPTION	PHONE #	DESCRIPTION	PHONE #
PROPS (031) 030-4000	00810 AROMA-SJ USD 2011 RFND BOND	0	0	0
ADT (031) 030-4000	00810 SJ HOSPITAL BOND 2014	0	0	0
ADT (031) 030-4000	00810 CRIMINAL JUDG FEE	0	0	0
ADT (031) 030-4000	00810 SJ WATER DN. FEE	0	0	0

PHONE #	DESCRIPTION	PHONE #	DESCRIPTION	PHONE #	DESCRIPTION	PHONE #	DESCRIPTION
000-273-5167	SJC MOSCOW, W/FE STEW	0112-20	001-630-4-12	ADVANCED LIFE SU	000-00	0-1-07-0218	SAN BENITO 24170

PENALTY & COST		AGENCY TAXES	
\$0.00		\$53,453.78	
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES		\$53,453.78	

1st INSTALLMENT \$369,243.53	2nd INSTALLMENT \$369,243.53	TOTAL TAXES
DELINQUENT AFTER 12/10/2018	DELINQUENT AFTER 04/10/2019	\$738,487.06

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

ASMT NUMBER:	012-020-017-000	TAX YEAR:	2018
CRG ASMT:	012-020-017-000	MAKE CHECK PAYABLE TO:	
Fee NUMBER:	012-020-017-000	San Benito County Tax Collector	
LOCATION:	1721 - A SAN JUAN HOLLISTER HWY	440 Fifth Street, Room #107	
		Hollister, CA 95023-3994	

EARTHBOUND FARM LLC
1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

2ND

IF PAID BY 04/10/2019 \$369,243.53

DELINQUENT AFTER 04/10/2019 (INCLUDES 10% PENALTY OF \$369,243.53 AND \$0.00 COST) \$406,167.85

01202001700052018000003692435302000406173848706180

OUT HERE

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

ASMT NUMBER:	012-020-017-000	TAX YEAR:	2018
CRG ASMT:	012-020-017-000	MAKE CHECK PAYABLE TO:	
Fee NUMBER:	012-020-017-000	San Benito County Tax Collector	
LOCATION:	1721 - A SAN JUAN HOLLISTER HWY	440 Fifth Street, Room #107	
		Hollister, CA 95023-3994	

EARTHBOUND FARM LLC
1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA 95045

1ST

IF PAID BY 12/10/2018 \$369,243.53

DELINQUENT AFTER 12/10/2018 (INCLUDES 10% PENALTY OF \$369,243.53 AND \$0.00 COST) \$406,167.85
TO PAY TO: TAXES, RETURN BOTH STUBS BY 12/10/2018 \$738,487.06

01202001700052018000003692435302000406173848706180

STIPULATION FOR REDUCTION OF ASSESSMENT PURSUANT TO
REVENUE AND TAXATION CODE SECTION 1607
BEFORE THE COUNTY BOARD OF EQUALIZATION
COUNTY OF SAN BENITO, STATE OF CALIFORNIA

- 1 Name of Applicant Whitewave Foods / Natural Selection Foods LLC
- 2 Applicant's Address 1721 San Juan Hwy San Juan Bautista CA. 95045
(Address) (City) (State) (Zip Code)
- 3 Applicant will be represented by an agent: YES X NO ____ If yes, state
- Agent's Name Ryan LLC (Andrew Grove)
(First) (MI) (Last)
- Agent's Address 13155 Noel Road suite 100 Dallas TX 75240
(Address) (City) (State) (Zip Code)
- 4 Description of Property:
Assessor's Parcel Number (s) 012-020-017-000 (A-363)
- 5 Taxable value of property shown on the 2013 Supplemental Roll:

TAXABLE VALUES:

Land	\$	765,900
Improvements	\$	59,075,752
Personal Property		
Less Exemptions..	\$	-
Total.....	\$	59,841,652

- 6 Reduced values stipulated to by the Applicant and the Assessor:

TAXABLE VALUES:

Land	\$	765,900
Improvements	\$	36,676,764
Personal Property	\$	-
Less Exemptions..	\$	-
Total.....	\$	37,442,664

- 7 This reduction is based upon the following facts:
Value reduced to fall within market indicators. Corrections also made to correct duplicate reporting resulting
in an over-assessment.

- 8 I stipulate that the values for the subject property set forth in paragraph 6, above, are fair values for said property.

Date: 10/28/2019

Date: 10/31/19

Date: 11/5/19

Andrew M. Grove
(Applicant or Agent)

Tom March
(County Assessor)

Barbara Thompson
(County Counsel)

RYAN, LLC

STIPULATION FOR REDUCTION OF ASSESSMENT PURSUANT TO
REVENUE AND TAXATION CODE SECTION 1607
BEFORE THE COUNTY BOARD OF EQUALIZATION
COUNTY OF SAN BENITO, STATE OF CALIFORNIA

1 Name of Applicant Whitewave Foods / Natural Selection Foods LLC

2 Applicant's Address 1721 San Juan Hwy San Juan Bautista CA. 95045
(Address) (City) (State) (Zip Code)

3 Applicant will be represented by an agent: YES X NO ____ If yes, state
Agent's Name Ryan LLC (Andrew Grove)
(First) (MI) (Last)
Agent's Address 13155 Noel Road suite 100 Dallas TX 75240
(Address) (City) (State) (Zip Code)

4 Description of Property:
Assessor's Parcel Number (s) 012-020-017-000 (A-364)

5 Taxable value of property shown on the 2014 Supplemental Roll:

TAXABLE VALUES:

Land	\$	765,900
Improvements	\$	59,075,752
Personal Property		
Less Exemptions..	\$	-
Total.....	\$	59,841,652

6 Reduced values stipulated to by the Applicant and the Assessor:

TAXABLE VALUES:

Land	\$	765,900
Improvements	\$	36,676,764
Personal Property	\$	-
Less Exemptions..	\$	-
Total.....	\$	37,442,664

7 This reduction is based upon the following facts:

Value reduced to fall within market indicators. Corrections also made to correct duplicate reporting resulting in an over-assessment.

8 I stipulate that the values for the subject property set forth in paragraph 6, above, are fair values for said property.

Date: 10/28/2019

Date: 10/31/19

Date: 11/5/19

Andrew Grove
(Applicant or Agent)

Don Navich
(County Assessor)

Barbara Thayer
(County Counsel)

RYAN, LLC

STIPULATION FOR REDUCTION OF ASSESSMENT PURSUANT TO
REVENUE AND TAXATION CODE SECTION 1607
BEFORE THE COUNTY BOARD OF EQUALIZATION
COUNTY OF SAN BENITO, STATE OF CALIFORNIA

- 1 Name of Applicant Whitewave Foods / Natural Selection Foods LLC
- 2 Applicant's Address 1721 San Juan Hwy San Juan Bautista CA. 95045
(Address) (City) (State) (Zip Code)
- 3 Applicant will be represented by an agent: YES X NO ____ If yes, state
- Agent's Name Ryan LLC (Andrew Grove)
(First) (MI) (Last)
- Agent's Address 13155 Noel Road suite 100 Dallas TX 75240
(Address) (City) (State) (Zip Code)
- 4 Description of Property:
Assessor's Parcel Number (s) 012-020-017-000 (A-369)

- 5 Taxable value of property shown on the 2015 Escaped Assessment:

TAXABLE VALUES:

Land	\$	781,203
Improvements	\$	63,079,473
Personal Property		
Less Exemptions..	\$	-
Total.....	\$	63,860,676

- 6 Reduced values stipulated to by the Applicant and the Assessor:

TAXABLE VALUES:

Land	\$	781,203
Improvements	\$	37,409,566
Personal Property	\$	-
Less Exemptions..	\$	-
Total.....	\$	38,190,769

- 7 This reduction is based upon the following facts:

Value reduced to fall within market indicators. Corrections also made to correct duplicate reporting resulting in an over-assessment.

- 8 I stipulate that the values for the subject property set forth in paragraph 6, above, are fair values for said property.

Date: 10/28/2019

Date: 10/31/19

Date: 11/5/19

Joseph M. H. [Signature]
(Applicant or Agent)

RYAN, LLC

Don Mauch
(County Assessor)

Barbara Theng
(County Counsel)

STIPULATION FOR REDUCTION OF ASSESSMENT PURSUANT TO
REVENUE AND TAXATION CODE SECTION 1607
BEFORE THE COUNTY BOARD OF EQUALIZATION
COUNTY OF SAN BENITO, STATE OF CALIFORNIA

1 Name of Applicant Whitewave Foods / Natural Selection Foods LLC

2 Applicant's Address 1721 San Juan Hwy San Juan Bautista CA. 95045
(Address) (City) (State) (Zip Code)

3 Applicant will be represented by an agent: YES X NO ____ If yes, state

Agent's Name Ryan LLC (Andrew Grove)
(First) (MI) (Last)

Agent's Address 13155 Noel Road suite 100 Dallas TX 75240
(Address) (City) (State) (Zip Code)

4 Description of Property:

Assessor's Parcel Number (s) 012-020-017-000 (A-370)

5 Taxable value of property shown on the 2016 Escaped Assessment:

TAXABLE VALUES:

Land	\$	793,116
Improvements	\$	64,041,435
Personal Property		
Less Exemptions..	\$	-
Total.....	\$	64,834,551

6 Reduced values stipulated to by the Applicant and the Assessor:

TAXABLE VALUES:

Land	\$	793,116
Improvements	\$	53,921,569
Personal Property	\$	-
Less Exemptions..	\$	-
Total.....	\$	54,714,685

7 This reduction is based upon the following facts:

Value reduced to fall within market indicators. Corrections also made to correct duplicate reporting resulting in an over-assessment.

8 I stipulate that the values for the subject property set forth in paragraph 6, above, are fair values for said property.

Date: 10/28/2019

Date: 10/31/19

Date: 11/5/19

Joseph M. Lopez
(Applicant or Agent)

Dem. Blank
(County Assessor)

Barbara Thompson
(County Counsel)

RYAN, LLC

STIPULATION FOR REDUCTION OF ASSESSMENT PURSUANT TO
REVENUE AND TAXATION CODE SECTION 1607
BEFORE THE COUNTY BOARD OF EQUALIZATION
COUNTY OF SAN BENITO, STATE OF CALIFORNIA

- 1 Name of Applicant Whitewave Foods / Natural Selection Foods LLC
- 2 Applicant's Address 1721 San Juan Hwy San Juan Bautista CA. 95045
(Address) (City) (State) (Zip Code)
- 3 Applicant will be represented by an agent: YES X NO ____ If yes, state
Agent's Name Ryan LLC (Andrew Grove)
(First) (MI) (Last)
Agent's Address 13155 Noel Road suite 100 Dallas TX 75240
(Address) (City) (State) (Zip Code)
- 4 Description of Property:
Assessor's Parcel Number (s) 012-020-017-000 (A-352)
- 5 Taxable value of property shown on the 2016 Assessment Roll:

TAXABLE VALUES:

Land	\$	793,116
Improvements	\$	64,041,435
Personal Property		
Less Exemptions..	\$	-
Total.....	\$	64,834,551

- 6 Reduced values stipulated to by the Applicant and the Assessor:

TAXABLE VALUES:

Land	\$	793,116
Improvements	\$	53,921,569
Personal Property	\$	-
Less Exemptions..	\$	-
Total.....	\$	54,714,685

- 7 This reduction is based upon the following facts:

Value reduced to fall within market indicators. Corrections also made to correct duplicate reporting resulting in an over-assessment.

- 8 I stipulate that the values for the subject property set forth in paragraph 6, above, are fair values for said property.

Date: 10/28/2019

[Signature]

(Applicant or Agent)

RYAN, LLC

Date: 10/31/19

[Signature]

(County Assessor)

Date: 11/5/19

[Signature]

(County Counsel)

STIPULATION FOR REDUCTION OF ASSESSMENT PURSUANT TO
REVENUE AND TAXATION CODE SECTION 1607
BEFORE THE COUNTY BOARD OF EQUALIZATION
COUNTY OF SAN BENITO, STATE OF CALIFORNIA

- 1 Name of Applicant Whitewave Foods / Natural Selection Foods LLC
- 2 Applicant's Address 1721 San Juan Hwy San Juan Bautista CA. 95045
(Address) (City) (State) (Zip Code)
- 3 Applicant will be represented by an agent: YES X NO If yes, state
- Agent's Name Ryan LLC (Andrew Grove)
(First) (MI) (Last)
- Agent's Address 13155 Noel Road suite 100 Dallas TX 75240
(Address) (City) (State) (Zip Code)
- 4 Description of Property:
Assessor's Parcel Number (s) 012-020-017-000 (A-376)
- 5 Taxable value of property shown on the 2017 Assessment Roll:

TAXABLE VALUES:

Land	\$	808,978
Improvements	\$	65,322,263
Personal Property		
Less Exemptions..	\$	-
Total.....	\$	66,131,241

- 6 Reduced values stipulated to by the Applicant and the Assessor:

TAXABLE VALUES:

Land	\$	808,978
Improvements	\$	55,000,000
Personal Property	\$	-
Less Exemptions..	\$	-
Total.....	\$	55,808,978

- 7 This reduction is based upon the following facts:

Value reduced to fall within market indicators. Corrections also made to correct duplicate reporting resulting in an over-assessment.

- 8 I stipulate that the values for the subject property set forth in paragraph 6, above, are fair values for said property.

Date: 10/23/2019

Joseph M. Lopez

(Applicant or Agent)

Ryan, LLC

Date: 10/31/19

Don Kouch

(County Assessor)

Date: 11/5/19

Barbara Thompson

(County Counsel)

STIPULATION FOR REDUCTION OF ASSESSMENT PURSUANT TO
REVENUE AND TAXATION CODE SECTION 1607
BEFORE THE COUNTY BOARD OF EQUALIZATION
COUNTY OF SAN BENITO, STATE OF CALIFORNIA

1 Name of Applicant Whitewave Foods / Natural Selection Foods LLC

2 Applicant's Address 1721 San Juan Hwy San Juan Bautista CA. 95045
(Address) (City) (State) (Zip Code)

3 Applicant will be represented by an agent: YES X NO If yes, state

Agent's Name Ryan LLC (Andrew Grove)
(First) (MI) (Last)

Agent's Address 13155 Noel Road suite 100 Dallas TX 75240
(Address) (City) (State) (Zip Code)

4 Description of Property:
Assessor's Parcel Number (s) 012-020-017-000 (A-417)

5 Taxable value of property shown on the 2018 Assessment Roll:

TAXABLE VALUES:

Land	\$	<u>825,157</u>
Improvements	\$	<u>66,628,708</u>
Personal Property		<u> </u>
Less Exemptions..	\$	<u>-</u>
Total.....	\$	<u>67,453,865</u>

6 Reduced values stipulated to by the Applicant and the Assessor:

TAXABLE VALUES:

Land	\$	<u>825,157</u>
Improvements	\$	<u>56,100,000</u>
Personal Property	\$	<u>-</u>
Less Exemptions..	\$	<u>-</u>
Total.....	\$	<u>56,925,157</u>

7 This reduction is based upon the following facts:

Value reduced to fall within market indicators. Corrections also made to correct duplicate reporting resulting in an over-assessment.

8 I stipulate that the values for the subject property set forth in paragraph 6, above, are fair values for said property.

Date: 10/28/2019

Date: 10/31/19

Date: 11/5/19

Andrew M. Grove
(Applicant or Agent)

RYAN, LLC

Jim Hovet
(County Assessor)

Barbara Thompson
(County Counsel)

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.**

SAN BENITO COUNTY**2016 NOV 36 A 8:18****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
BroomfieldSTATE
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)
W. Andrew Grove

EMAIL ADDRESS

Andrew.Grove@ryan.com

COMPANY NAME

Ryan, LLC

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

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

Ryan, LLC - 13155 Noel RD Suite 100

CITY
DallasSTATE
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

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
012-050-017-000

ASSESSMENT NUMBER

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 San Juan Bautista

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

847,153

400,000

IMPROVEMENTS/STRUCTURES

12,235,890

6,000,000

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

13,083,043

6,400,000

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
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)

W. Andrew Grove

SIGNED AT (CITY, STATE)

DALLAS, TX

DATE

11/30/16

NAME (Please Print)

W. 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

TBUN:
1.2.001

San Benito COUNTY 2016 - 2017 PROPERTY TAX BILL
Mary Lou Andrade
San Benito County Treasurer/Tax Collector, 440 Fifth
SECURED TA

09/28/2016
1:02:50AM

PROPERTY INFORMATION		IMPORTANT MESSAGES
ASMT NUMBER:	012-050-017-000	TAX RATE AREA: 079009
ORIG ASMT:	012-050-017-000	ACRES: 34.43
FEE NUMBER:	012-050-017-000	
LOCATION:	1721 SAN JUAN HWY	
OWNER JAN. 1st:		
1721 SAN JUAN HIGHWAY SAN JUAN BAUTISTA CA 95045		

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
VALUATIONS (831) 636-4030	LAND	0	847153	847153
TAX RATES (831) 636-4030		0	0	0
EXEMPTIONS (831) 636-4030		0	0	0
PAYMENTS (831) 636-4034	STRUCTURAL IMPROVEMENTS	0	12235890	12235890
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				13083043
VALUES X TAX RATE PER \$100 1.000000				130830.4200

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES						
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	X	TAX RATE / 100	TAX AMOUNT
8316364090	00810	ARCAS-SJ USD 2011 REVD BOND	13083043		0.050350	6587.3200
3316364090	00813	SB HOSPITAL BOND #2014	13083043		0.023881	3124.3600
4082695200	00845	GAVILAN 3-2-04 D.S.	13083043		0.021600	2826.9400
8316376216	00811	SB WATER-SAN FELIPE	13083043		0.250000	2117.8800

PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG
8302735167	SBC MOSQUITO ABATEM	12.2000	8316364168	ADVANCED LIFE SUPPORT	14.0000	8316376216	SAN BENITO WATER-STANB	9.8000

PENALTY & COST		0.0000	AGENCY TAXES	14655.5000
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES			DIRECT CHARGES	333.0800
1st INSTALLMENT \$72,909.50		2nd INSTALLMENT \$72,909.50	FEES	50.00
DELINQUENT AFTER 1		DELINQUENT AFTER 0	TOTAL TAXES	\$145,819.00

San Benito COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB	
ASMT NUMBER:	012-050-017-000
ORIG ASMT:	012-050-017-000
FEE NUMBER:	012-050-017-000
LOCATION:	1721 SAN JUAN HWY
CURRENT OWNER:	1721 SAN JUAN HIGHWAY SAN JUAN BAUTISTA CA 95045
MAKE CHECK PAYABLE TO: San Benito County Tax Collector 440 Fifth Street, Room #107 Hollister, CA 95023-3894	

2ND

IF PAID BY 04/10/2017 \$72909.50
DELINQUENT AFTER 04/10/2017 (INCLUDES 10% PENALTY OF \$7290.95 AND \$17.50 COST) \$80217.95

012050017000220164000072909500200008021795720164

CUT HERE

San Benito COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB	
ASMT NUMBER:	012-050-017-000
ORIG ASMT:	012-050-017-000
FEE NUMBER:	012-050-017-000
LOCATION:	1721 SAN JUAN HWY
CURRENT OWNER:	1721 SAN JUAN HIGHWAY SAN JUAN BAUTISTA CA 95045
MAKE CHECK PAYABLE TO: San Benito County Tax Collector 440 Fifth Street, Room #107 Hollister, CA 95023-3894	

1ST

IF PAID BY 12/10/2016 \$72909.50
DELINQUENT AFTER 12/10/2016 (INCLUDES 10% PENALTY OF \$7290.95 AND \$0.00 COST) \$80200.45
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 11/01/2016 \$145819.00

012050017000220164000072909500100008020045720164



Three Galleria Tower
13155 Noel Road
Suite 100
Dallas, Texas 75240
Main 972.934.0022
Fax 972.960.0613
www.ryan.com

Via CERTIFIED:

91 7199 9991 7035 3792 0734

November 30, 2016

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

**RE: 2016 Applications For Changed Assessment
Whitewave Foods Company
1721 San Juan Bautista
Accounts: 012-020-017-000 & 012-050-017-000**

Dear Sir/Madam:

Please accept this letter and the enclosed Applications for Changed Assessments as our official appeal for the above referenced accounts. Please also find enclosed the Statement of Agency for your reference.

Please also consider this as our formal request for evidence that will be presented by your office at the protest hearing.

**Ryan, LLC
Attn: Andrew Grove
13155 Noel Road, Suite 100
Dallas, TX 75240-5090**

If you have any questions, please feel free to contact me at 972.934.0022.

Sincerely,

RYAN

W. Andrew Grove
Manager, Property Tax

Enclosures –
As Stated





STATEMENT OF AGENCY

WWF Operating Company
DBA: WhiteWave Foods Company

Hereby appoints *Ryan, LLC* as agent for the purpose of filing personal property statements, renditions, returns and/or assessment appeals, applications or petitions for review of valuation with all counties, appraisal districts and/or Assessment Appeal Boards, Boards of Review, or Boards of Equalization, appearing on our behalf before said Boards, examining any records, and discussing with the appropriate governmental authority the assessment of the property located at the following address:

SEE ATTACHED LIST

This property being owned by the undersigned incorporated. This agency shall remain in effect for the 2015 and 2016 tax years.

WWF Operating Company
Name of Taxpayer

[Signature]
Signature

VP/Controller
Title

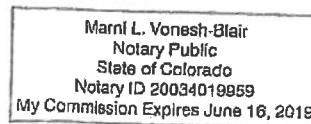
3-3-16
Date

Subscribed and sworn to before me this 3rd day of March, 2016

[Signature]
Notary Public

State of Colorado

My commission expires June 16th, 2019.



STATEMENT OF AGENCY

Whitewave Foods Company

1721 San Juan Bautista

Account: 012-020-017-000

Account: 012-050-017-000

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
012-050-017-000

ASSESSMENT NUMBER

990-053-605-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 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

1,549,350

700,000

IMPROVEMENTS/STRUCTURES

7,826,100

3,000,000

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

9,375,450

3,700,000

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: 7-26-2017

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

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)

Dallas, TX

DATE

9/22/17

NAME (Please Print)

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

ASSESSMENT APPEAL APPLICATION

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\$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 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
BROOMFIELDSTATE
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

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
DallasSTATE
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

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
012-050-017-000ASSESSMENT NUMBER
990-053-605-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 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	1,549,350	700,000	
IMPROVEMENTS/STRUCTURES	7,826,100	3,000,000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	9,375,450	3,700,000	
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: 7-26-2017

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 "f. 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

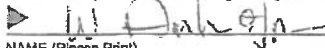
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

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)

Dallas, TX

DATE:

9/22/10

NAME (Please Print)

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: 012-050-017-000

Asmt Num: 990-053-605-000

Situs Address: 1721 SAN JUAN HWY SAN JUAN BAUTISTA CA

Comments:

Doc Num: 2014ILEOP

Orig Asmt: 012-050-017-000

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

RECEIVED
AUG 08 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	814,386	1,549,350	734,964	818,083	1,549,350	731,267
Improvements	6,590,881	7,826,100	1,235,219	6,599,318	7,826,100	1,226,782
Growing	0	0	0	0	0	0
Fixtures	0	0	0	0	0	0
Personal Prop./ Mobile Home	0	0	0	0	0	0
Homesite	0	0	0	0	0	0
TAXABLE VALUE	7,405,267	9,375,450	1,970,183	7,417,401	9,375,450	1,958,049
Exemptions						
Homeowners	0	0	0	0	0	0
Other	0	0	0	0	0	0
NET TOTAL	7,405,267	9,375,450	1,970,183	7,417,401	9,375,450	1,958,049

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

ASSESSMENT APPEAL APPLICATION

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

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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 BILLASSESSOR'S PARCEL NUMBER
012-050-017-000ASSESSMENT NUMBER
012-050-017-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 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	1,580,306	400,000	
IMPROVEMENTS/STRUCTURES	13,303,389	6,000,000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	14,883,695	6,400,000	
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: 2015

*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)

Dallas, TX

DATE

9/22/17

NAME (Please Print)

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-86-A REV.03 (05-15)

NOTICE OF ENROLLMENT OF ESCAPE ASSESSMENT

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

Asmt: 012-050-017-000
Fee Parcel: 012-050-017-000
Base Asmt: 012-050-017-000

SITUS: 1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA

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 2015 - 2016	OLD VALUE	NEW VALUE	NET CHANGE
LAND	834,428	1,580,306	745,878
STRUCTURE	12,052,096	13,303,389	1,251,293
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	12,886,524	14,883,695	1,997,171

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.

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 **80021**DAYTIME 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

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
TXZIP CODE **75240**DAYTIME 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 BILLASSESSOR'S PARCEL NUMBER
012-050-017-000ASSESSMENT NUMBER
012-050-017-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 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	1,604,406	400,000	
IMPROVEMENTS/STRUCTURES	13,425,122	6,000,000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	15,029,528	6,400,000	
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 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)

Dallas, TX

DATE

9/28/13

NAME (Please Print)

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
EARTHBOUND FARM LLC
1721 SAN JUAN HIGHWAY
SAN JUAN BAUTISTA CA 95045

Asmt: 012-050-017-000
Fee Parcel: 012-050-017-000
Base Asmt: 012-050-017-000

SITUS: 1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA

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ASSESSOR'S USE ONLY

VALUE SUMMARY FOR YEAR 2016 - 2017	OLD VALUE	NEW VALUE	NET CHANGE
LAND	847,153	1,604,406	757,253
STRUCTURE	12,235,890	13,425,122	1,189,232
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	13,083,043	15,029,528	1,946,485

YOUR RIGHT TO AN INFORMAL REVIEW

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EXCLUSIONS

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RYAN, LLC
RYAN PROPERTY TAX ACCOUNT

13155 NOEL ROAD, SUITE 100
DALLAS, TX 75240

BANK OF AMERICA
ACH RPT 111000025
32-2/1110

4133

PAY TO THE ORDER OF San Benito County Assessment Appeals Board

Seven Hundred Twenty Only*****

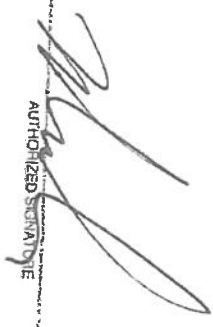
San Benito County Assessment Appeals Board
481 Fourth Street, 1st Floor
Hollister, CA 95023

DOLLARS 

MEMO

WWF Operating Company - 291125200.001 - Appeal Fee

⑈004133⑈ ⑆111000025⑆ 488025125320⑈


AUTHORIZED SIGNATURE

Security Features Included 

Details on Back

RYAN, LLC / RYAN PROPERTY TAX ACCOUNT
San Benito County Assessment Appeals Board
Property Tax Appeal Filing Fee

9/19/2017

4133

720.00

Ryan Property Tax

WWF Operating Company - 291125200.001 - Appeal

720.00

County of San Benito
Personal Property Detail Costs
Model AU17CC

Asmt Year: 2014		Asmt: 051-120-047-000	Form: 2	A0: SUPPLIES		(Factors: 91)	
No.	Acq Year	Item Description		Item Make	Item Model	Asset Cost	Assessed Value
140358	2013 Comments:	SUPPLIES/UNIFORMS/SAFETY				31,511	31,511
TOTALS:							
Asmt Year: 2014		Asmt: 051-120-047-000	Form: 2	A1: M&E		(Factors: 13)	
No.	Acq Year	Item Description		Item Make	Item Model	Asset Cost	Assessed Value
140002	2013 Comments:	STEAM GENERATOR				152,136	144,529
140003	2013 Comments:	COMBUSTION SYSTEM HEATER				9,368	8,899
140004	2013 Comments:	INNO-TECH I & II UPGRADE				29,999	28,499
140005	2013 Comments:	STEAM GENERATOR-ADDTL				16,487	15,662
140006	2013 Comments:	NID VALVE BAR UPGRADE				10,343	9,825
140007	2013 Comments:	CLEAN IN PLACE SYSTEM #4				24,713	23,477
140008	2013 Comments:	CHOCOLATE TANK				98,578	93,649
140009	2013 Comments:	FORM FILL II				45,473	43,199
140010	2013 Comments:	BULK PACK II				133,627	126,945
140012	2013 Comments:	NEW WATER SYSTEM				16,645	15,812
140014	2013 Comments:	PALLET WRAPPER				11,574	10,995
140377	2013 Comments:	REFURBISH FACTORY AIR				26,689	25,354
140361	2012 Comments:	HOBART COOLER				10,762	9,793
140362	2012 Comments:	DEHUMIDIFIER				14,789	13,457
140363	2012 Comments:	D&D COMPRESSOR				23,566	21,445
140364	2012 Comments:	CHILLER MOTOR STARTER				7,471	6,798
140366	2012 Comments:	VIDEOJET PRINTER				13,288	12,092
140367	2012 Comments:	ECONLINE LABELER				36,966	33,639

ASSESSMENT APPEAL APPLICATION

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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

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
012-050-017-000

ASSESSMENT NUMBER 012-050-017-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

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1721 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	1,604,406	400,000	
IMPROVEMENTS/STRUCTURES	13,425,122	6,000,000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	15,029,528	6,400,000	
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)

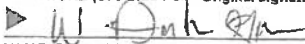
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A. DECLINE IN VALUE☒ The assessor's roll value exceeds the market value as of January 1 of the current year.**B. CHANGE IN OWNERSHIP**☐ 1. No change in ownership occurred on the date of _____.☒ 2. Base year value for the change in ownership established 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)

Dallas, TX

DATE

9/22/17

NAME (Please Print)

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
EARTHBOUND FARM LLC
1721 SAN JUAN HIGHWAY
SAN JUAN BAUTISTA CA 95045

Asmt: 012-050-017-000
Fee Parcel: 012-050-017-000
Base Asmt: 012-050-017-000

SITUS: 1721 SAN JUAN HWY
SAN JUAN BAUTISTA CA

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

BANK OF AMERICA
ACH R/T 111000025
32-2/1110

4133

PAY TO THE
ORDER OF

San Benito County Assessment Appeals Board

9/19/2017

Seven Hundred Twenty Only*****

\$ **720.00

DOLLARS

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

MEMO

WWF Operating Company - 291125200.001 - Appeal Fee

⑈004133⑈ ⑆111000025⑆ 488025125320⑈

AUTHORIZED SIGNATURE

Security Features Included

Details on Back

RYAN, LLC / RYAN PROPERTY TAX ACCOUNT

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

9/19/2017

4133

720.00

Ryan Property Tax

WWF Operating Company - 291125200.001 - Appeal

720.00

A-393

BOE-305-AH (P1) REV. 08 (01-15)

ASSESSMENT APPEAL APPLICATION

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APPLICATION NUMBER: Clerk Use Only

EMAIL ADDRESS
Andrew.Grove@Ryan.com

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

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
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 BILLASSESSOR'S PARCEL NUMBER
012-050-017-000ASSESSMENT NUMBER
012-050-017-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 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

1,636,494

500,000

IMPROVEMENTS/STRUCTURES

13,693,624

5,000,000

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

15,330,118

5,000,000

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)

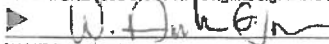
See instructions before completing this section.

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 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)

Dallas, TX

DATE

11/27/17

NAME (Please Print)

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

**SECURED TAX BILL 2017-2018**

SAN BENITO COUNTY
MARY LOU ANDRADE
TREASURER - TAX COLLECTOR
 440 FIFTH STREET, ROOM 107
 HOLLISTER, CA 95023-3884
 propertytaxes@cosb.us

Phone: (831) 636-4034

Fax: (831) 636-4383

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

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

TAX RATE AREA	ASSESSMENT NUMBER
079-009	012-050-017-000



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
 EARTHBOUND FARM LLC
 1721 SAN JUAN HIGHWAY
 SAN JUAN BAUTISTA CA 95045

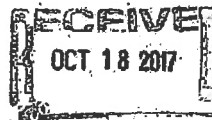
664

SEE BACK OF STATEMENT
 FOR USEFUL INFORMATION

ASSESSMENT INFORMATION	FULL VALUE
LAND	1,236,494
STRUCTURAL IMPROVEMENTS	13,993,924
NET TAXABLE	15,330,118
ASSESSED VALUES ARE DETERMINED BY THE ASSESSOR IN ACCORDANCE WITH STATE LAW	
ORIGINAL BILL DATE 09/13/2017	

ASSESSED OWNER AS OF JANUARY 1, 2017	NATURAL SELECTION FOODS LLC
LOCATION OF PROPERTY	1721 SAN JUAN HWY
ACREAGE	34.43

TAXING ENTITY	TAX RATE PER \$100	GROSS TAXES
GENERAL PROPERTY TAX	1.000000	\$ 153,301.18
GAVILAN 3-2-04 D.S.	0.020000	3,066.02
88 WATER-SAN FELIPE	0.250000	4,081.24
ADVANCED LIFE SUPPORT		200.00
AROMAS-SJ USD 2011 RFND BOND	0.050549	7,749.22
98 HOSPITAL BOND #2014	0.022740	3,485.08
680 MOSQUITO ABATEMENT		112.20
SAN BENITO WATER-STANBY		208.88



FIRST INSTALLMENT \$ 86,106.40
 DUE 11/01/17

SECOND INSTALLMENT \$ 86,106.40
 DUE 02/01/18

TOTAL TAX DUE \$ 172,212.80

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
 EARTHBOUND FARM LLC
 1721 SAN JUAN HIGHWAY
 SAN JUAN BAUTISTA CA 95045

MAKE CHECK PAYABLE TO:
MARY LOU ANDRADE, TAX COLLECTOR
SAN BENITO COUNTY
 440 FIFTH STREET, ROOM 107
 HOLLISTER, CA 95023-3884



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

TAX RATE AREA	ASSESSMENT NUMBER
079-009	012-050-017-000
ASSESSED OWNER AS OF JANUARY 1, 2017	NATURAL SELECTION FOODS LLC
DUE BY: 02/01/18	TAX DUE \$ 86,106.40
AFTER: 04/10/18 - ADD 10% PENALTY AND COST	8,610.64 + 17.50
AFTER: 04/30/18 - AND NOTICE FEE	+ 7.00

WRITE THE ASSESSMENT NUMBER ON THE FACE OF THE CHECK.

012050017000220172000061106404200009473454320172

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
 EARTHBOUND FARM LLC
 1721 SAN JUAN HIGHWAY
 SAN JUAN BAUTISTA CA 95045

MAKE CHECK PAYABLE TO:
MARY LOU ANDRADE, TAX COLLECTOR
SAN BENITO COUNTY
 440 FIFTH STREET, ROOM 107
 HOLLISTER, CA 95023-3884



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

TAX RATE AREA	ASSESSMENT NUMBER
079-009	012-050-017-000
ASSESSED OWNER AS OF JANUARY 1, 2017	NATURAL SELECTION FOODS LLC
DUE BY: 11/01/17	TAX DUE \$ 86,106.40
AFTER: 12/10/17 - ADD 10% PENALTY AND COST	8,610.64 + 17.50
AFTER: 12/31/17 - AND NOTICE FEE	+ 7.00
BOTH INSTALLMENTS BY 12/10/17	\$ 172,212.80

WRITE THE ASSESSMENT NUMBER ON THE FACE OF THE CHECK.

012050017000220172000061106404300009471704320172

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 28 2013

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-418

EMAIL ADDRESS

Andrew.Grove@Ryan.com

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 BILLASSESSOR'S PARCEL NUMBER
012-050-017-000

ASSESSMENT NUMBER

012-050-017-000

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

1721 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

1,669,223

500,000

IMPROVEMENTS/STRUCTURES

13,967,496

5,000,000

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

15,636,719

5,000,000

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 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

11/28/18

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

ASSESSMENT APPEAL APPLICATION

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1. APPLICANT INFORMATION - PLEASE PRINT

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

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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.

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 BILLASSESSOR'S PARCEL NUMBER
012-050-017-000ASSESSMENT NUMBER
012-050-017-000

FEE NUMBER

ACCOUNT NUMBER

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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

1,669,223

500,000

IMPROVEMENTS/STRUCTURES

13,967,496

5,000,000

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

15,636,719

5,000,000

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)

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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:

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PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER PARCEL (APND) IS REQUIRED AT THE TIME OF THE FILING.

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

11/26/15

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

RECEIVED
12/002

SAN BENITO COUNTY 2018 - 2019 PROPERTY TAX BILL

11/15/2018
09:17 AM

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	012-050-017-000	TAX RATE AREA	079009	Check for date 09/17/2018
ORIG ASMT	012-050-017-000	ACRES	3.43	
FEE NUMBER	012-050-017-000			
LOCATION	1721 SAN JUAN HWY			
EARTHBOUND FARM LLC 1721 SAN JUAN HIGHWAY SAN JUAN BAPTISTA CA 95045				

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PROPERTY	DESCRIPTION	PRIOR	CURRENT	ADDED
VALUATIONS (031) 636-4030	LAND	0	1669202	1669202
TAX RATES (031) 636-4030		0	0	0
EXEMPTIONS (031) 636-4030		0	0	0
PAYMENTS (031) 636-4030	STRUCTURAL IMPROVEMENTS	0	12687696	12687696
PILES (031) 636-4030		0	0	0
ADDITIONS (031) 636-4030		0	0	0
GENERAL (031) 636-4030		0	0	0
NET TAXABLE VALUE				13656719
VALUATION & TAX RATE PER \$100 1.000000				\$136,567.19

VOTER APPROVED TAXES, TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES				
PHONE #	CODE	DESCRIPTION	AGENCY VALUE	TAX/FEES
(408) 636-4030	0001	ARCHAS STATED 2011 RING BOND	1669202	0.050000
(408) 636-4030	0002	SEWAGE TREATMENT	1669202	0.021700
(408) 636-4030	0003	WATER SANITARY	1669202	0.010000
(408) 636-4030	0004	WATER SANITARY	1669202	0.020000

PHONE #	DESCRIPTION	ORIGIN	11/001	11/002	11/003	11/004	11/005	11/006	11/007	11/008	11/009	11/010
(408) 636-4030	SAN BENITO COUNTY	11/001	11/002	11/003	11/004	11/005	11/006	11/007	11/008	11/009	11/010	11/011

PENALTY & COST		AGENCY TAXES		DIRECT CHARGES		FEES		TOTAL	
\$0.00		\$136,567.19		\$136,567.19		\$136,567.19		\$136,567.19	
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST		\$136,567.19		\$136,567.19		\$136,567.19		\$136,567.19	

1st INSTALLMENT \$87,642.98	2nd INSTALLMENT \$87,642.98	TOTAL TAXES
DELINQUENT AFTER 12/10/2018	DELINQUENT AFTER 04/10/2019	\$175,285.96

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

ASMT NUMBER: 012-050-017-000	TAX YEAR: 2018	MAKE CHECK PAYABLE TO:
ORIG ASMT: 012-050-017-000		San Benito County Tax Collector
FEE NUMBER: 012-050-017-000		440 Fifth Street, Room #107
LOCATION: 1721 SAN JUAN HWY		Hollister, CA 95023-3894

EARTHBOUND FARM LLC
1721 SAN JUAN HIGHWAY
SAN JUAN BAPTISTA CA 95045

2ND

IF PAID BY 04/10/2019 \$87,642.98

DELINQUENT AFTER 04/10/2019 (INCLUDES 10% PENALTY OF \$8,764.29 AND \$0.00 COST) \$96,407.27

0120500170002201800000067642984200009643327420160

CURRENT

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

ASMT NUMBER: 012-050-017-000	TAX YEAR: 2018	MAKE CHECK PAYABLE TO:
ORIG ASMT: 012-050-017-000		San Benito County Tax Collector
FEE NUMBER: 012-050-017-000		440 Fifth Street, Room #107
LOCATION: 1721 SAN JUAN HWY		Hollister, CA 95023-3894

EARTHBOUND FARM LLC
1721 SAN JUAN HIGHWAY
SAN JUAN BAPTISTA CA 95045

1ST

IF PAID BY 12/10/2018 \$87,642.98

DELINQUENT AFTER 12/10/2018 (INCLUDES 10% PENALTY OF \$8,764.29 AND \$0.00 COST) \$96,407.27
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 12/10/2018 \$175,285.96

0120500170002201800000067642984200009643327420160