## **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.

attach hearing evidence to this applica	ition.						ŀ	APPLICATIO	JN I	UMBER	; Clerk	Use O	nly
1. APPLICANT INFORMATION - PLEAS	E PRI	NT						A36	5				
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), I WHITEWAVE FOODS/NATURAL SELECTION			TRUST NAME				E	MAIL ADDRESS	Ar	ndrew.	Grov	e@R	yan.com
MAILING ADDRESS OF APPLICANT (STREET ADDRESS			12002			T WAY							
BROOMFIELD					1	12 <sup>7</sup> 934200		ALTERNATE (			(	ELEPHON	
2. CONTACT INFORMATION - AGENT, A				IVE O	FAP	PLICANT if a	appli	cable - (RE	PRE	SENTAT	ION I	S OPTI	ONAL)
RYANTLETOR MADREW GRE	NE"	DLE IN	ITIAL)				E	MAILADDRESS	Ar	drew.	Grov	e@R	/an.com
COMPANY NAME													
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIR	ST, MIDE	LE INT	ΠAL)										
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			Noel Rd										
CITY Dallas		STATE TX	ZIP CODE 75	5240	<b>197</b>	2)934-05	)22	ALTERNATE T	ELEI	PHONE	(97	E5793	4-4939
AUTHORIZATION OF AGENT The following information must be come attorney as indicated in the Certificatio applicant is a business entity, the agen The person named in Section 2 above is	n seci t's au	tion, d thoriz	ttached to t or a spouse ation must	this ap e, child t be sig	plica d, pai gned	rent, register by an officer	struc red d r or a	omestic pa authorized	em;	er, or the ployee of	pers f the b	on affe usines	cted. If the s.
ne person named in Section 2 above i enter in stipulat	ion ad	reem	ients, and c	otherw	s my rise s	ettle issues i	relati	ing to this a	מסנ	lication.	sct as	303301	s recorus,
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED  SEE ATTACHED						TITLE			.,			DATE	
ENTER APPLICABLE NUMBER FROM Y ASSESSOR'S PARCEL NUMBER 012-020-017-000	OUR				990-0	053-603-000	0 F	EE NUMBER					
ACCOUNT NUMBER			BILL NUMBER										
PROPERTY ADDRESS OR LOCATION 1721	Sa	n Ji	uan Ho	lliste	er H	łWY	D	OING BUSINE	55,	AS (DBA),	if appro	priate	
PROPERTY TYPE													
SINGLE-FAMILY / CONDOMINIUM / TO	NNHO	USE/	DUPLEX		AG	RICULTURAL				POSSES	SSOR	INTER	EST
MULTI-FAMILY/APARTMENTS: NO. OF	JNITS				] MA	NUFACTURE	D HC	ME		VACANT	LANE	)	
COMMERCIAL/INDUSTRIAL					] WA	TER CRAFT				AIRCRA	AFT		
BUSINESS PERSONAL PROPERTY/FIX	TURES	3			) отн	-ter:							
. VALUE		A. V	ALUE ON RO	LL	T	B. APPLICANT	'S OP	INION OF VAL	.UE	C. A	PPEAL	S BOAR	USE ONLY
LAND			765,900			3	300,0	00					
MPROVEMENTS/STRUCTURES		5	9,075,752			30	,000	000					
FIXTURES													
PERSONAL PROPERTY (see instructions)													
VINERAL RIGHTS													
TREES & VINES													
OTHER													
TOTAL		5	9,841,652			30	,300,	000					
PENALTIES (amount or percent)							1000						

BOE-305-AH (P2) REV. 08 (01-15)	
5. TYPE OF ASSESSMENT BEING APPEALED V Check only one. Se	e instructions for filing periods
☐ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF TH	E CURRENT YEAR
SUPPLEMENTAL ASSESSMENT	
*DATE OF NOTICE: 7-26-2017 ROLL YEAR: 2	013
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAM	TITY REASSESSMENT PENALTY ASSESSMENT
*DATE OF NOTICE: **ROLL YEAR:	
*Must attach copy of notice or bill, where applicable **Eac	h roll year requires a separate application
	ctions before completing this section.
If you are uncertain of which item to check, please check "I. OTHER" and The reasons that I rely upon to support requested changes in value are a	provide a brief explanation of your reasons for filing this application. s follows:
A. DECLINE IN VALUE     The assessor's roll value exceeds the market value as of Janu.	any 1 of the current year
B. CHANGE IN OWNERSHIP	sy i o mo canon you.
1. No change in ownership occurred on the date of	
<ul> <li>2. Base year value for the change in ownership established on</li> </ul>	
C. NEW CONSTRUCTION	
☐ 1. No new construction occurred on the date of	•
2. Base year value for the completed new construction establis	hed on the date of is incorrect.
3. Value of construction in progress on January 1 is incorrect.	
D. CALAMITY REASSESSMENT	- l-fh
☐ Assessor's reduced value is incorrect for property damaged by E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value	
1. All personal property/fixtures.	s of personal property andror fixtures exceeds market value.
2. Only a portion of the personal property/fixtures. Attach descri	ption of those items.
F. PENALTY ASSESSMENT	•
☐ Penalty assessment is not justified.	
G. CLASSIFICATION/ALLOCATION	
<ul> <li>1. Classification of property is incorrect.</li> <li>2. Allocation of value of property is incorrect (e.g., between land</li> </ul>	ond improvements)
H. APPEAL AFTER AN AUDIT. Must include description of each prope	
1. Amount of escape assessment is incorrect.	
2. Assessment of other property of the assessee at the location	is incorrect.
I, OTHER	
Explanation (attach sheet if necessary)	
7. WRITTEN FINDINGS OF FACTS (\$	PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER
Are requested.	PARCEL (APN) IS REQUIRED AT THE TIME OF THE instructions HEARING.
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See	instructions.
■ Yes □ No	
CERTIFICAT	ION
I certify (or declare) under penalty of perjury under the laws of the State of C	alifornia 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 intere agent authorized by the applicant under Item 2 of this application, or (3) an a	st in the payment of taxes on that property — The Applicant'), (2) an attorney licensed to practice law in the State of California, State Bar
Number, who has been retained by the applicant and h	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  DATE
NAME (Plane Girl)	Dallas, TX
NAME (Please Print) Andrew Grove	9 - 41
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)	
OWNER AGENT ATTORNEY SPOUSE REGISTERED	DOMESTIC PARTNER
CORPORATE OFFICER OR DESIGNATED EMPLOYEE	

## **ASSESSMENT APPEAL APPLICATION**

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

\$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.

attach hearing evidence to this applica	tion.			APPLICATION N	UMBER	: Clerk U	se Only
1. APPLICANT INFORMATION - PLEAS	E PRINT			14364			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), E WHITEWAVE FOODS/NATURAL SELECTION				EMAIL ADDRESS An	drew.	Grove(	@Ryan.com
MAILING ADDRESS OF APPLICANT (STREET ADDRESS	12002 AII						
BROOMFIELD	STATE ZIP CODE 8002					FAX TELE	
2. CONTACT INFORMATION - AGENT, A		E OF AP	PLICANT if app	licable - (REPRE	SENTAT	TON IS C	OPTIONAL)
TYPANTLETO TANDREW GRO	NE INITIAL)			EMAIL ADDRESS An	drew.	Grove@	②Ryan.com
COMPANY NAME							
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	ST, MIDDLE INTITAL)						
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	13155 Noel Rd. S						
Dallas	STATE ZIP CODE 7524	40 (97	2)934-002	2 ALTERNATE TELEP	HONE	(*97±)	934-4939
AUTHORIZATION OF AGENT The following information must be compattorney as indicated in the Certification applicant is a business entity, the agent The person named in Section 2 above is	oleted (or attached to this n section, or a spouse, c t's authorization must be	applica hild, par signed	rent, registered by an officer o	uctions) unless th I domestic partne r authorized emp	r, or the loyee o	person the bus	affected, If the iness.
enter in stipulati	ion agreements, and othe	erwise s	ettle issues rel	ating to this appl	ication.		
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED  SEE ATTACHED	DEMPLOYEE		TITLE			Di	ATE
3. PROPERTY IDENTIFICATION INFORM	MATION						
Yes No Is this property a single	e-family dwelling that is occup	ied as the	e principal place of	residence by the ow	ner?		
ENTER APPLICABLE NUMBER FROM Y	OUR NOTICE/TAX BILL						
ASSESSOR'S BARCEL NUMBER 012-020-017-000	ASSESSMENT NUMBE	<sup>ER</sup> 990-(	053-603-000	FEE NUMBER			
ACCOUNT NUMBER	TAX BILL NUMBER						
PROPERTY ADDRESS OR LOCATION 1721	San Juan Hollis	ster F	łWY	DOING BUSINESS A	S (DBA),	if appropria	ite
PROPERTY TYPE							
SINGLE-FAMILY / CONDOMINIUM / TOV	VNHOUSE / DUPLEX	☐ AG	RICULTURAL		POSSE	SSORY IN	ITEREST
☐ MULTI-FAMILY/APARTMENTS: NO. OF U	JNITS	□ ма	NUFACTURED I	HOME 📳	VACAN	LAND	
COMMERCIAL/INDUSTRIAL		☐ WA	TER CRAFT		AIRCRA	AF1	
BUSINESS PERSONAL PROPERTY/FIX	TURES	□ от	HER:				
4. VALUE	A. VALUE ON ROLL		B. APPLICANT'S	OPINION OF VALUE	C. A	PPEALS B	OARD USE ONLY
LAND	765,900		300	,000			
IMPROVEMENTS/STRUCTURES	59,075,752		30,00	00,000			
FIXTURES							
PERSONAL PROPERTY (see instructions)							
MINERAL RIGHTS							
TREES & VINES							
OTHER							
TOTAL	59,841,652		30,30	00,000			
PENALTIES (amount or percent)							

BOE-3	05-AH (P2) REV. 08 (01-15)			
5. TY	PE OF ASSESSMENT BEING APPEALED 🗹 Check only one. See	instructions for filing p	eriods	
	REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE	E CURRENT YEAR		
	SUPPLEMENTAL ASSESSMENT			
	*DATE OF NOTICE: 7-26-2017 ROLL YEAR: 20	14		
		TY REASSESSMENT	☐ PENALTY ASS	ESSMENT
	*DATE OF NOTICE: **ROLL YEAR:			
	*Must attach copy of notice or bill, where applicable **Eacl	roll year requires a sep	arate application	
	ASON FOR FILING APPEAL (FACTS)  See instruct	ions before completing	this section.	
The	ou are uncertain of which item to check, please check "I. OTHER" and e reasons that I rely upon to support requested changes in value are as DECLINE IN VALUE		n of your reasons for f	iling this application.
	■ The assessor's roll value exceeds the market value as of Janua	rv 1 of the current year.		
В. 4	CHANGE IN OWNERSHIP			
	1. No change in ownership occurred on the date of			
1	2. Base year value for the change in ownership established on to	he date of 01/02/2014	is incorrect	•
	NEW CONSTRUCTION			
	1. No new construction occurred on the date of		io ir	aaraat
	2. Base year value for the completed new construction establish	led on the date of	IS II	iconect.
	☐ 3. Value of construction in progress on January 1 is incorrect.  CALAMITY REASSESSMENT			
	Assessor's reduced value is incorrect for property damaged by i	nisfortune or calamity.		
	BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value		d/or fixtures exceeds	market value.
-	1. All personal property/fixtures.			
[	2. Only a portion of the personal property/fixtures. Attach description	otion of those items.		
	PENALTY ASSESSMENT			
_	Penalty assessment is not justified.			
	CLASSIFICATION/ALLOCATION  1. Classification of property is incorrect.			
Ī	2. Allocation of value of property is incorrect (e.g., between land	and improvements).		
	APPEAL AFTER AN AUDIT. Must include description of each prope	rty, issues being appeale	ed, and your opinion	of value.
_	1. Amount of escape assessment is incorrect.	a lacomost		
	2. Assessment of other property of the assessee at the location of the control	s mcorect.		
	Explanation (attach sheet if necessary)			
	TTEN FINDINGS OF FACTS (\$	DI RASE NOTE:	A DEPOSIT OF \$500	ON LIST PER
	Are requested.	PARCEL (APN) IS R		
	S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See		HEARING.	
	Yes No			
	CERTIFICATI			
I certify	r (or declare) under penalty of perjury under the laws of the State of Ca panying statements or documents, is true, correct, and complete to the	alifornia that the foregoing	and all information he thelief and that I am i	reon, including any
proper	ly or the person affected (i.e., a person having a direct economic interes	t in the payment of taxes of	on that property — "The	Applicant"), (2) an
agent a	authorized by the applicant under item 2 of this application, or (3) an a	ttomey licensed to practice	e law in the State of C	Salifornia, State Bar
Numbe	or, who has been retained by the applicant and harmonic states of the applicant and harmonic states application.	SIGNED AT (CITY, STATE)	person to me una app	DATE/
i 🍆	RE (Use size Fen - Original signature required on paper-rised approximent	Dallas, TX		9/22/17
NAME (PI	ease Print)			
Andrew				
	TATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)	_		
	OWNER AGENT ATTORNEY SPOUSE REGISTERED	DOMESTIC PARTNER C	HILD   PARENT	PERSON AFFECTED
	OCRPORATE 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

NOTICE OF SUPPLEMENTAL ASSESSMENT

831-636-4030

DATE OF NOTICE:

07/26/2017

Parcel Number: 012-020-017-000

Doc Num: 2014ILEOP

Asmt Num: 990-053-603-000

Orig Asml: 012-020-017-000

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

Comments:

RECEIVED

AUG Ö 3 2017

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

11. 21 14

01/02/2014

Date of Change of Ownership or Completion of New Construction:

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

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

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

## YOUR RIGHT TO AN INFORMAL REVIEW

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

	CURRE	NT ROLL 201	3 - 2014	ROLL BEING PREPARED 2014 - 201			
	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	59,075,752	8,819,977	50,480,583	59,076,752	8,595,169	
Growing	0	0	0	0	0	0	
Fixtures	0	0	0	0	0	0	
Personal Prop./ Mobile Home	o	o	0	О	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	o	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	

## **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.

attach hearing evidence to this applica		HOL			AF	PLICATION	ON NUMBE	R: Clerk	Use Only
1. APPLICANT INFORMATION - PLEAS	E PRINT				P	136	9		
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), I WHITEWAVE FOODS/NATURAL SELECTION		TRUST NAME			EM/	ALADDRES	Andrew	.Grov	e@Ryan.com
MAILING ADDRESS OF APPLICANT (STREET ADDRESS	S OR P. O. BOX)	12002 All	RPO	RT WAY					
BROOMFIELD	STATE	ZIP CODE 8002	21 (8	772,1934-00	22 1	LTERNATE	TELEPHONE	FAX TI	ELEPHONE )
2. CONTACT INFORMATION - AGENT, A			OFA	PPLICANT if ap					
THE TOTAL OF THE WIND	SVE DDLE INI	TIAL)			EMA	IL ADDRESS	Andrew	.Grove	e@Ryan.com
COMPANY NAME									
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIR	ST, MIDDLE INT	TAL)							
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)		Noel Rd. S							
CITY Dallas	STATE	ZIP CODE 7524	10 (9)	72)934-002	22 (	LTERNATE 1	ELEPHONE	F97	艺934-4939
AUTHORIZATION OF AGENT The following information must be come attorney as indicated in the Certification applicant is a business entity, the agental in the control of the	n section, o t's authoriz	ttached to this or a spouse, c ation must be	applic hild, p signe	arent, registere d by an officer	ruction d dor or aut	nestic pa thorized	rtner, or the employee	ne perso of the b	on affected. If the usiness.
The person named in Section 2 above i enter in stipulat									sessor's recoras,
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED  SEE ATTACHED				TITLE		•			DATE
Yes No Is this property a sing ENTER APPLICABLE NUMBER FROM Y  ASSESSOR'S PARCEL NUMBER 012-020-017-000	OUR NOTIC		-R	-020-017-000		NUMBER	e owner?		
ACCOUNT NUMBER	TAX B	ILL NUMBER	- 012	-020-017-000					
DECREETY ADDRESS OF LOCATION					DOIN	IC BUSINE	SS AS (DBA)	if agoror	printo
PROPERTY ADDRESS OR LOCATION 1721	San J	uan HWY			5011	10 000111	.0070 (007)	i abbot	71/210
PROPERTY TYPE	ABILIOUSE /	DUDI EV		CDICLETEDAL			C		
SINGLE-FAMILY / CONDOMINIUM / TO			_	GRICULTURAL		_			INTEREST
MULTI-FAMILY/APARTMENTS: NO. OF	UNITS	_	_	IANUFACTURED	HOM	E	_	NT LAND	1
COMMERCIAL/INDUSTRIAL			_	ATER CRAFT			AIRCE	RAFT	
BUSINESS PERSONAL PROPERTY/FIX	TURES		0	THER:					
. VALUE	A. V	ALUE ON ROLL		B. APPLICANT'S			.UE C.	APPEALS	BOARD USE ONLY
LAND		781,203			00,000				
MPROVEMENTS/STRUCTURES	6	3,079,473		25,0	00,000	00			
FIXTURES									
PERSONAL PROPERTY (see instructions)									
WINERAL RIGHTS									
TREES & VINES									
OTHER									
TOTAL	6	3,860,676		25,5	500,00	10			
DENIALTIES (amount or percent)									

BOE-305-AH (P2) REV. 08 (01-15)	
5. TYPE OF ASSESSMENT BEING APPEALED V Check only one. See	instructions for filing periods
REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE	
☐ SUPPLEMENTAL ASSESSMENT	
*DATE OF NOTICE: ROLL YEAR:	
	TY REASSESSMENT
*DATE OF NOTICE: 8-17-2017 **ROLL YEAR: 20	
*Must attach copy of notice or bill, where applicable **Eacl	roll year requires a separate application
	ions before completing this section.
If you are uncertain of which item to check, please check "I. OTHER" and The reasons that I rely upon to support requested changes in value are as	provide a brief explanation of your reasons for filing this application.
A. DECLINE IN VALUE	
The assessor's roll value exceeds the market value as of Janua	ry 1 of the current year.
B. CHANGE IN OWNERSHIP	
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C. NEW CONSTRUCTION	
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2. Base year value for the completed new construction establish	ed on the date of is incorrect.
3. Value of construction in progress on January 1 is incorrect.	
<ul> <li>D. CALAMITY REASSESSMENT</li> <li>Assessor's reduced value is incorrect for property damaged by remaining the contract of the property damaged by remaining the pro</li></ul>	nisfortune or calamity.
E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value	
1. All personal property/fixtures.	
2. Only a portion of the personal property/fixtures. Attach descrip	ition of those items.
F. PENALTY ASSESSMENT	
☐ Penalty assessment is not justified.	
G. CLASSIFICATION/ALLOCATION	
<ul> <li>1. Classification of property is incorrect.</li> <li>2. Allocation of value of property is incorrect (e.g., between land</li> </ul>	and improvements).
H. APPEAL AFTER AN AUDIT. Must include description of each prope	rty, 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	s incorrect.
I. OTHER	
Explanation (attach sheet if necessary)	
7. WRITTEN FINDINGS OF FACTS (\$ per)	
Are requested. Are not requested.	PARCEL (APN) IS REQUIRED AT THE TIME OF THE Instructions. HEARING.
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See	nstructions.
☐ Yes ☐ No	
CERTIFICATI	ON
I certify (or declare) under penalty of perjury under the laws of the State of Ca	ulifornia 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 agent authorized by the applicant under item 2 of this application, or (3) an a	t in the payment of taxes on that property — "The Applicant"), (2) an Homey licensed to practice law in the State of California. State Bar
Number, who has been retained by the applicant and h	as 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
N. Dalta	Dallas, TX 9/32/17
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 Holfister 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	ō
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) 638-4030 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 filling 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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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.

attach hearing evidence to this applica	tion.			APPLICATION	NUMBER	: Clerk Use Only
1. APPLICANT INFORMATION - PLEAS				A 3/0		
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), E WHITEWAVE FOODS/NATURAL SELECTION	BUSINESS, OR TRUST NA ON FOODS	ME		EMAIL ADDRESS	Indrew.	Grove@Ryan.com
MAILING ADDRESS OF APPLICANT (STREET ADDRESS	OPPO BON	02 AIRPO	RT WAY			
BROOMFIELD			372,554°602			FAX TELEPHONE
2. CONTACT INFORMATION - AGENT, A		LATIVE OF A	PPLICANT if app	olicable - (REPF	RESENTA	TION IS OPTIONAL)
RYANTLE CANDREW GRO	VE INITIAL			EMAIL ADDRESS	ndrew.	Grove@Ryan.com
COMPANY NAME						
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRE	ST, MIDDLE INTITAL)					
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	13155 Noel					
OITY Dallas	STATE ZIP CO	75240 PA	72,934-002	2 ALTERNATE TEL	EPHONE	(4972) 934-4939
AUTHORIZATION OF AGENT The following information must be compattorney as indicated in the Certification applicant is a business entity, the agent	oleted (or attached n section, or a sp t's authorization r	d to this appli ouse, child, p nust be signe	parent, registered ad by an officer o	uctions) unless I domestic part or authorized en	ner, or the aployee o	e person affected. If the fifthe first the business.
The person named in Section 2 above is	s hereby authorize ion agreements, a	ed to act as n	ny agent in this a	pplication, and	may insp	ect assessor's records,
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED  SEE ATTACHED		na omerwise	TITLE	aung to uns ap	рисацоп.	DATE
a apparently including a tion in con-	MATION!					
3. PROPERTY IDENTIFICATION INFORM		in according on	the arisainal alogo s	franklanen by the	aumar?	
Yes No Is this property a single			ule principal place o	residence by the	OWIEL	
ENTER APPLICABLE NUMBER FROM Y						
012-020-017-000	ASSESSMEN	T NUMBER 012	2-020-017-000	FEE NUMBER		
ACCOUNT NUMBER	TAX BILL NU	BER	•			
PROPERTY ADDRESS OR LOCATION 1721	San Juan	HWY		DOING BUSINES	SAS (DBA),	if appropriate
PROPERTY TYPE						
SINGLE-FAMILY / CONDOMINIUM / TOV	WNHOUSE / DUPLE	x 🗆 /	AGRICULTURAL	[	POSSE	SSORY INTEREST
☐ MULTI-FAMILY/APARTMENTS: NO. OF U	JNITS		MANUFACTURED	HOME [	VACAN	T LAND
COMMERCIAL/INDUSTRIAL		□ v	VATER CRAFT	[	AIRCR	AFT
☐ BUSINESS PERSONAL PROPERTY/FIX	TURES		THER:			
4. VALUE	A. VALUE O	N ROLL	B. APPLICANTS	OPINION OF VALU	E C. A	APPEALS BOARD USE ONLY
LAND	793,1	16	50	0,000		
IMPROVEMENTS/STRUCTURES	64,041,			00,000		
FIXTURES						
PERSONAL PROPERTY (see instructions)						
MINERAL RIGHTS						
TREES & VINES						
OTHER						
TOTAL	64,834,	551	25,5	00,000		

BOE-305-AH (P2) REV. 08 (01-15)		
5. TYPE OF ASSESSMENT BEING APPEALED 🗹 Check only one. Se	e instructions for filing periods	
☐ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF TH	E CURRENT YEAR	
☐ SUPPLEMENTALASSESSMENT		
*DATE OF NOTICE: ROLL YEAR: _		
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAM	ITY REASSESSMENT   PENALTY AS	SESSMENT
	h roll year requires a separate application	
	tions before completing this section.	
If you are uncertain of which item to check, please check "I. OTHER" and The reasons that I rely upon to support requested changes in value are a A. DECLINE IN VALUE  The assessor's roll value exceeds the market value as of January 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 C. NEW CONSTRUCTION  1. No new construction occurred on the date of  2. Base year value for the completed new construction establish  3. Value of construction in progress on January 1 is incorrect.	provide a brief explanation of your reasons for sollows:  ary 1 of the current year.  the date of is incorre	ct.
D. CALAMITY REASSESSMENT  Assessor's reduced value is incorrect for property damaged by the BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value 1. All personal property/fixtures.  2. Only a portion of the personal property/fixtures. Attach description of the personal property/fixtures. Attach description 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 H. APPEAL AFTER AN AUDIT. Must include description of each property 1. Amount of escape assessment is incorrect.  2. Assessment of other property of the assessee at the location I. OTHER  Explanation (attach sheet if necessary)	of personal property and/or fixtures exceed on the property and the property and the property and the property and improvements).  The property and the propert	
7. WRITTEN FINDINGS OF FACTS (\$ per)		
Are requested.  Are not requested.	PARCEL (APN) IS REQUIRED AT TH	E TIME OF THE
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See		
CERTIFICATI		
I certify (or declare) under penalty of perjury under the laws of the State of Caccompanying statements or documents, is true, correct, and complete to the property or the person affected (i.e., a person having a direct economic interest agent authorized by the applicant under item 2 of this application, or (3) an an Number, who has been retained by the applicant and his	best of my knowledge and belief and that I am t in the payment of taxes on that property "TI torney licensed to practice law in the State of	(1) the owner of the ne Applicant"), (2) an California, State Bar
SIGNATURE (Use Blue Pen Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DATE /
NAME (Magaz Digit)	Dallas, TX	9/22/17
NAME (Piease Print) Andrew Grove		
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
OWNER AGENT ATTORNEY SPOUSE REGISTERED	DOMESTIC PARTNER CHILD C BARGUT C	PERSON AFFECTED
CORPORATE OFFICER OR DESIGNATED EMPLOYEE	SOURCE COURT DIENERAL F	1 FERSON AFFECTED



## County of San Benito

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

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

#### NOTICE OF ENROLLMENT OF ESCAPE ASSESSMENT

NATURAL SELECTION FOODS LLC 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 5318. That notice was sent to advise you of the proposed escape assessment 10 days prior to enrollment of the escape assessment. This is to notify you, as required by Revenue and Taxation Code section 534, that the following escape assessment has now been enrolled.

## ASSESSOR'S USE ONLY

VALUE SUMMARY FOR YEAR 2016 - 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**

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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.

## 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.

## 2016 NOV 36 A 8: 19

attach hearing evidence to this application.					APPLICATION NUMBER: Clerk Use Only			
1. APPLICANT INFORMATION - PLEAS	E PRINT							
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), & WhiteWave Foods/Natural Selection Fo		RUSTHAME			EMAIL ADDR	Andrew	v.Grove@	ryan.com
MAILING ADDRESS OF APPLICANT (STREET ADDRESS		12002 Air						
GITY Broomfield	CO	ZIP CODE 8002	21 69	7725 1934.502	22 ALTERNA	TE TELEPHONE	FAX TEL	EPHONE )
2. CONTACT INFORMATION - AGENT, A			OFA	PPLICANT if app	oficable - (F	REPRESEN	TATION IS	OPTIONAL)
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIFW. Andrew Grove	RST, MIDDLE INI	TIAL)			EMAIL ADDR	ESS		
COMPANY NAME Ryan, LLC								
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIR:	ST, MIDDLE INTI	TAL)						
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	Ryan, L	LC - 1315	5 No	el RD Suite	100			
Dallas	STATE	ZIP CODE 7524	O (8	972, 934.002	2 ALTERNAT	TE TELEPHONE	7972	934.4939
AUTHORIZATION OF AGENT The following information must be compattorney as indicated in the Certificatio applicant is a business entity, the agen The person named in Section 2 above is	n section, c t's authoriz	tached to this or a spouse, c ation must be	applio hild, p signe	arent, registered ed by an officer o	uctions) ur I domestic r authorize	partner, or ed employe	the person e of the bus	affected. If the
enter in stipulat	ion agreem			settle issues rei				3307 3 7500703,
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	D EMPLOYEE			TITLE			D	ATE
ENTER APPLICABLE NUMBER FROM Y ASSESSOR'S PARCEL NUMBER 012-020-017-000		CE/TAX BILL	₽R.		FEE NUMBE	:R		
ACCOUNT NUMBER	TAX B	ILL NUMBER						
PROPERTY ADDRESS OR LOCATION 1721	San Jua	n Bautista			DOING BUS	INESS AS (DB	A), if appropris	ale
PROPERTY TYPE  SINGLE-FAMILY / CONDOMINIUM / TOV	WNHOUSE /	DUPLEX		AGRICULTURAL		POS:	SESSORY II	VTEREST
MULTI-FAMILY/APARTMENTS: NO. OF I	בבב STINU	_		MANUFACTURED	HOME	☐ VAC	ANT LAND	
COMMERCIAL/INDUSTRIAL			□ N	VATER CRAFT		☐ AIRC	CRAFT	
BUSINESS PERSONAL PROPERTY/FIX	TURES			THER:				
. VALUE	A. W	ALUE ON ROLL		B. APPLICANT'S	OPINION OF V	VALUE (	C. APPEALS B	OARD USE ONLY
LAND		,110,190		+	0,000			
IMPROVEMENTS/STRUCTURES	54	1,347,723		25,00	000,000			
FIXTURES								
PERSONAL PROPERTY (see instructions)								
MINERAL RIGHTS								
TREES & VINES								
OTHER								
TOTAL	55	,457,913		25,50	00,000			
PENALTIES (amount or percent)								

5. TYPE OF ASSESSMENT BEING APPEALED V Check only one.	See instructions for filing a	nerinde
REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF		Del 7043
	THE CORRENT TEAR	
U SUPPLEMENTAL ASSESSMENT		
*DATE OF NOTICE: ROLL YEAR		
*DATE OF NOTICE: **ROLL YEAR		☐ PENALTY ASSESSMENT
*Must attach copy of notice or bill, where applicable **E	Each roll year requires a se	parate application
6. REASON FOR FILING APPEAL (FACTS)  If you are uncertain of which item to check, please check "I. OTHER" a The reasons that I rely upon to support requested changes in value ar A. DECLINE IN VALUE  The assessor's roll value exceeds the market value as of Ja B. CHANGE IN OWNERSHIP  1. No change in ownership occurred on the date of 2. Base year value for the change in ownership established C. NEW CONSTRUCTION 1. No new construction occurred on the date of 2. Base year value for the completed new construction estables as year value for the completed new construction estables as year value for the completed new construction estables as year value for the completed new construction estables as year value in progress on January 1 is incorrect D. CALAMITY REASSESSMENT Assessor's reduced value is incorrect for property damaged E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value 1. All personal property/fixtures. 2. Only a portion of the personal property/fixtures. Attach designs a series of the personal property/fixtures.	e as follows:  nuary 1 of the current year.  on the date of  plished on the date of  t.  by misfortune or calamity.  alue of personal property an	on of your reasons for filing this applic
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 later than the property is incorrect.  1. Amount of escape assessment is incorrect.  2. Assessment of other property of the assessee at the location.  I. OTHER	operty, issues being appeal	ed, and your opinion of value.
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<ul> <li>☐ Penalty assessment is not justified.</li> <li>G. CLASSIFICATION/ALLOCATION</li> <li>☐ 1. Classification of property is incorrect.</li> <li>☐ 2. Allocation of value of property is incorrect (e.g., between later than the property of the assessment of each property of the assessment of other property of the assessment is incorrect.</li> <li>☐ 2. Assessment of other property of the assessment is incorrect.</li> <li>I. OTHER</li> </ul>	operty, issues being appeal ion is incorrect.  PLEASE NOTE: PARCEL (APN) IS I	ed, and your opinion of value.  A DEPOSIT OF \$500.00 USD PER REQUIRED AT THE TIME OF THE HEARING.
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□ 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 later the property is incorrect (e.g., between later the property is incorrect. □ 2. Allocation of value of property is incorrect. □ 1. Amount of escape assessment is incorrect. □ 2. Assessment of other property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the property of the location of the property of the property of the person affected (i.e., a person having a direct economic integent authorized by the applicant under item 2 of this application, or (3) and the property of the property of the applicant under item 2 of this application, or (3) and the property of the property of the applicant and property of	PLEASE NOTE:  PLEASE NOTE:  PARCEL (APN) IS I  CATION  of California that the foregoing the best of my knowledge an erest in the payment of taxes an attorney licensed to practic that been authorized by that signed at (City, STATE)	A DEPOSIT OF \$500.00 USD PER REQUIRED AT THE TIME OF TH HEARING.  I and all information hereon, including of belief and that I am (1) the owner of on that property — "The Applicant"), (2) the law in the State of California, State
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TPUI/2 1.2.001

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## San Benito COUNTY 2016 - 2017 PROPERTY TAX BILL

Mary Lou Andrade

San Benito County Treasurer/Tax Collector, 440 Fif

09/23/2018 6:50, 40AM

SECURED TA

			SECURED IA			
	PROPERTY:	NFORWATION			IMPORTANT MESSAGES	
ASMT NUMBER:	012-020-017-0	000 TAX RATE A	REA. 079009	Origin, I b		
ORIG ASMT:	012-020-017-0	00 AC	RES: 17:02	1		
FEE NUMBER:	012-020-017-0			1		
LOCATION:	1721 - A SAN	JUAN HOLLISTE	RHWY			
OWNER JAN. 19	st:					
1721 SAN JUAN	HWY					
	TISTA CA 95045					
				i		
		COUNTY VAL	JES, EXEMPTIONS	S, AND TAXE	\$	
HONE#		RIPTION		PRIOR	CURRENT	BILLED
VALUATIONS (831) 6: FAX RATES (831) 636		,		0	1110190	1110190
EXEMPTIONS (831)6:				•	0	0
PAYMENTS (831) 635		TOTAL ILIBERON PAR	The To	0	Ú	0
PERS PROP (831) 63		ICTURAL IMPROVEM	EN 179	a	34247773	54347723
				Q	ů	0
ADDR CHGS (831)636 GENERAL (831) 636-				0	Ò	0
3EMERAL (031) 030-	4034			0	0	0
	NET	TAXABLE VALUE		٥	0	0
		ES X TAX RATE PER	R \$100 1.000000			55457913 554579.1400
		ES / TAXING AGE	NCY DIRECT CHAP	RGES & SPE	CIAL ASSESSMENTS / FEES	
PHONE # CODE 318264090 00610	DESCRIPTION AROMAS-S LIE	0 2011 RFND BOND	ASSESSED VALUE 55457/213	x	TAX PATE / 100	TAX AMOUNT
318364097 00910			55457913		0.050350 0.023881	27923.4000
01299120) 00845	GAVILAN 3-2-04		55 : 57 413		0,021600	13243,9000 11978,9000
316378218 00911	SB WATER-SAN	IFELIPE	55457913		0.250000	2775,4300
HCNE# DESC	RIPTION BIR (	CHRG PHONE#	DESCRIPTION	DIR CHRG	PHONE # DESCRIPTION	DIR CHRO
002735167 SBC N	OSQUITO ABATEN 12.	2000 8516364165	ADVANCED LIFE 3U			
				AGENGY TAXE	s	55921,3400
		ALTY & COST	0,000.0	DIRECT CHAR		424.6200 \$0.00
1st INSTAL	LMENT \$305,462	DIRECT CHARGES +	STALLMENT \$3	051 + DELINE		\$56,345,90
	ENT AFTER 1		NQUENT AFTER		TOTAL TAXES	
					\$610,925.10 ALLMENT PAYMENT ST	THE
SMT NUMBER:	012-020-017-0		2016		AKE CHECK PAYABLE TO:	0.0
RIG ASMT:	012-020-017-0		2010		an Benito County Tax C	ollector
EE NUMBER:	012-020-017-0	00			440 Fifth Street, Room	
OCATION:	1721 - A SAN	JUAN HOLLISTE	R HWY		Hollister, CA 95023-3	
URRENT OWNER					1101113151, UM 33023-3	034
	1721 SAN JUA					ALF
	SAN JUAN BAI	JTISTA CA 9504	5		- /	VIVI
					A.	ent.
					F PAID BY 04/10/2017 \$3	05462.55
	DELINOHENT ACT	ER 04/50/2017 /04/	CLUDES 1085 DCM			
	DECINQUENT AFT	LIN ON HOIZUIT (IN	PEODES IN FENI	MLITUR \$30	1949.29 AND \$17,50 CDST) \$	\$336026.30

012020017000520164000305462558200033602630720164

San Benit	O COUNTY SECU	RED PROPE	RTYT	AXES - 1ST IN	STALLMENT	PAYMENT	STUB
ASMT NUMBER: ORIG ASMT: FEE NUMBER: LOCATION. CURRENT OWNER:	012-020-017-000 TAX YEAR: 2016 012-020-017-000 012-020-017-000 1721 - A SAN JUAN HOLLISTER HWY				San Benito Co 440 Fifth St		Collector 1#107
	1721 SAN JUAN H SAN JUAN BAUTIS						1ST
					IF PAID BY	12/10/2016	\$305462.55
	DELINQUENT AFTER			10% PENALTY OF TAL TAXES, RETUR			\$336008.80 \$610925.10

## **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.

S45.00 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.

ADDITION MUMBER, OF THE DE

attach hearing evidence to this applica	ation.				AFTERNATION	ONDE	K. Clerk Ose Only
1. APPLICANT INFORMATION - PLEAS	SE PRINT	•			A-376	7	
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), WHITEWAVE FOODS/NATURAL SELECTI					EMAIL ADDRESS A	ndrew	.Grove@Ryan.com
MAILING ADDRESS OF APPLICANT (STREET ADDRES	\$ OR P. O. B	12002 AI					
BROOMFIELD	C			972,934-002			FAX TELEPHONE
2. CONTACT INFORMATION - AGENT,			E OF A	PPLICANT if ap	plicable - (REPRE	SENTA	TION IS OPTIONAL)
KYANTLETONANDREW CHO		EINITIAL)			EMAIL ADDRESS A	drew.	.Grove@Ryan.com
COMPANY NAME					.1		
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIR	RST, MIDDLE	INTITAL)					
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	1315	5 Noel Rd. S					
<sup>CTY</sup> Dallas	STA TX	ZIP CODE 752	40 (9	72)934-002	2 ALTERNATE TELES	HONE	(972) 934-4939
The following information must be com attorney as indicated in the Certification applicant is a business entity, the agen The person named in Section 2 above in enter in stipular	on section at's authoris is hereby	r attached to this n, or a spouse, c rization must be authorized to ac	appli hild, p signe t as m	parent, registered and by an officer on any agent in this a	uctions) unless to d domestic partno r authorized emp	er, or the loyee of ay insp	ne person affected. If the of the business. Dect assessor's records
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZE SEE ATTACHED				TITLE	and app	100001	DATE
ENTER APPLICABLE NUMBER FROM Y ASSESSOR'S PARCELNUMBER 012-020-017-000		TICE/TAX BILL SSESSMENT NUMBE	R 012	2-020-017-000	FEE NUMBER		
ACCOUNT NUMBER		X BILL NUMBER	012	-020-017-000			
PROPERTY ADDRESS OR LOCATION 1721	1 San	Juan HWY	,	DOING BUSINESS AS (DBA), if appropriate			, if appropriate
PROPERTY TYPE  SINGLE-FAMILY / CONDOMINIUM / TO	WNHOUS	E/DUPLEX		AGRICULTURAL		POSSE	SSORY INTEREST
☐ MULTI-FAMILY/APARTMENTS: NO. OF	UNITS			MANUFACTURED			IT LAND
COMMERCIAL/INDUSTRIAL			□ v	VATER CRAFT		AIRCR	
BUSINESS PERSONAL PROPERTY/FIX	TURES			THER:			
1. VALUE	A	. VALUE ON ROLL		B. APPLICANT'S	OPINION OF VALUE	C./	APPEALS BOARD USE ONLY
LAND		808,978		400	0,000		
IMPROVEMENTS/STRUCTURES		65,332,263			00,000		
FIXTURES						Ì	
PERSONAL PROPERTY (see Instructions)							
MINERAL RIGHTS							
TREES & VINES							Day.
OTHER							
TOTAL		66,131,241		30,40	00,000		
PENALTIES (amount or percent)							•

BOE-305-AH (P2) REV. 08 (01-15) 5. TYPE OF ASSESSMENT BEING APPEALED V Check only one. See instructions for filing periods REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE CURRENT YEAR ☐ SUPPLEMENTAL ASSESSMENT \*DATE OF NOTICE: ROLL YEAR: ☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT \*DATE OF NOTICE: \*\*ROLL YEAR: \*Must attach copy of notice or bill, where applicable \*\*Each roll year requires a separate application 6. REASON FOR FILING APPEAL (FACTS) See instructions before completing this section. If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows: A. DECLINE IN VALUE The assessor's roll value exceeds the market value as of January 1 of the current year. **B. CHANGE IN OWNERSHIP** 1. No change in ownership occurred on the date of 2. Base year value for the change in ownership established on the date of C. NEW CONSTRUCTION 1. No new construction occurred on the date of \_ 2. Base year value for the completed new construction established on the date of 3. Value of construction in progress on January 1 is incorrect. D. CALAMITY REASSESSMENT Assessor's reduced value is incorrect for property damaged by misfortune or calemity. 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.  $\square$  2. Assessment of other property of the assessee at the location is incorrect, 1. OTHER ☐ Explanation (attach sheet if necessary) 7. WRITTEN FINDINGS OF FACTS (\$\_ PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER ☐ Are requested. Are not requested. PARCEL (APN) IS REQUIRED AT THE TIME OF THE HEARING. 8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. Yes CERTIFICATION I certify (or declare) under penalty of penjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic Interest in the payment of taxes on that property - "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar , who has been retained by the applicant and has been authorized by that person to file this application. SIGNATURE (Usp Blue Pen - Original signature required on paper-filed application) SIGNED AT (CITY, STATE) Dallas, TX NAME (Please Print) Andrew Grove FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1) OWNER ☐ 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	2017ILEOP
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 2011 NOV 13 P 4: 43

Three Galleria Tower
13155 Noel Road
Suite 100
Dalias, 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, 1<sup>st</sup> 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	
fee	
Signature	
Vellocknos190	
Title	
3-2-17	
Date	
Subscribed and sworn to before me this and day of Fel	oruary ,2017
4) Jarne Conest Be	
Notary Public	
State of <u>Colorade</u> .	Marni L. Vonesh-Blair
My commission expires June 16, 2019	Notary ID 20034019959 My Commission Expires June 16, 2019
The WhiteWave Foods Company • 12002 Airport Way	

Broomfield, CO 80021 - 303.635.4000

www.WhiteWave.com

## 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

BOE-305-AH (P1) REV. 08 (01-15)  ASSESSMENT APPEAL APPLICATION This form contains all of the requests for that are required for filling an application assessment. Failure to complete this appresult in rejection of the application and/or appeal. Applicants should be prepared to subminformation if requested by the assessor or at the hearing. Failure to provide information at the appeals board considers necessary may continuance of the hearing or denial of the appeatach hearing evidence to this application.  1. APPLICANT INFORMATION - PLEASE PLANE OF APPLICANT ILLAST, FIRST, MIDDLE INITIAL), BUSI WHITEWAVE FOODS/NATURAL SELECTION I	Information for changed lication may denial of the nit additional at the time of the heading result in the peal. Do not n.  RINT SAN BENINESS, OR THUS FAMILIEE BO	time of filing for separate applications of the Process  OV 2 8 2018  TO COUNTY CLERK ARD. HOLLISTER, C.	each parcel being tion must be filed from the filed	appealed. A or each parcel. REFUNDABLE.
ony BROOMFIELD		RPORT WAY 21 (1972) 934-0022	ALTERNATE TELEPHONE	FAXTELEPHONE
2. CONTACT INFORMATION - AGENT, ATT NAME OF AGENT. CTORNEY OF BELATIVE (LAST, FIRST, AND REW GROV) COMPANY NAME CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, A	ORNEY, OR RELATIVE MIDDLE INITIAL) E	OF APPLICANT if appl	icable - (REPRESENTA	TION IS OPTIONAL) Grove@Ryan.com
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	3155 Noel Rd. S	uite 100		
Dallas		0 (972)934-0022	ALTERNATE TELEPHONE	79727934-4939
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EN SEE ATTACHED  3. PROPERTY IDENTIFICATION INFORMAT	ereby authorized to ac- agreements, and othe PLOYEE	t as my agent in this ap rwise settle issues rela TITLE	plication, and may insp ting to this application	ect assessor's records,
		ied as the principal place of	residence by the owner?	
ENTER APPLICABLE NUMBER FROM YOU ASSESSOR'S PARCEL NUMBER 012-020-017-000	ASSESSMENT NUMBE	R 012-020-017-000	FEE NUMBER	The state of the Committee of the
ACCOUNT NUMBER	TAX BILL NUMBER			
PROPERTY ADDRESS OR LOCATION 1721 S	' San Juan HWY	The state of the s	DOING BUSINESS AS (DBA)	, if appropriate
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWN MULTI-FAMILY/APARTMENTS: NO. OF UNI COMMERCIAL/INDUSTRIAL BUSINESS PERSONAL PROPERTY/FIXTU	тѕ	☐ AGRICULTURAL ☐ MANUFACTURED H ☐ WATER CRAFT ☐ OTHER:		
4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S O	PINION OF VALUE C.	APPEALS BOARD USE ONLY
LAND IMPROVEMENTS/STRUCTURES	825,157 66,628,708	400 30,00	,000 0,000	
FIXTURES PERSONAL PROPERTY (see instructions) MINERAL RIGHTS TREES & VINES OTHER				
TOTAL	67,453,865	30,40	0,000	

PENALTIES (amount or percent)

BOE-3	05-AH (P2) REV. 08 (01-15)				
5, TY	PE OF ASSESSMENT BEING APPEALED 🗹 Check	conly one. See	instructions for filing p	eriods	
	REGULAR ASSESSMENT - VALUE AS OF JANU				
	SUPPLEMENTAL ASSESSMENT				
_	*DATE OF NOTICE: R	OU YEAR:			
	ROLL CHANGE   ESCAPE ASSESSMENT			☐ PENALTY ASSESS	SMENT
	*DATE OF NOTICE: **Ri				31412141
	*Must attach copy of notice or bill, where applicab	le **Each	roll year requires a set	arate application	
6. RE	ASON FOR FILING APPEAL (FACTS)	See Instruction	ons before completing	this section.	
The A.	ou are uncertain of which item to check, please check " e reasons that I rely upon to support requested changes DECLINE IN VALUE The assessor's roll value exceeds the market val	in value are as t	ollows:	n of your reasons for filing	this application.
	CHANGE IN OWNERSHIP		, , , , , , , , , , , , , , , , , , , ,		
	1. No change in ownership occurred on the date				
	2. Base year value for the change in ownership e	stablished on th	e 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	uction establishe	ed on the date of	is incor	rect.
	3. Value of construction in progress on January 1	is incorrect.			
	CALAMITY REASSESSMENT				
	Assessor's reduced value is Incorrect for property			días futuras avecado um	auleatival
	BUSINESS PERSONAL PROPERTY/FIXTURES. A:	ssessors value	or personal property ar	oror fixtures exceeds ma	irket value.
	<ul> <li>2. Only a portion of the personal property/fixtures</li> </ul>	. Attach descript	ion of those items.		
	PENALTY ASSESSMENT				
	Penalty assessment is not justified.				
G.	CLASSIFICATION/ALLOCATION				
	1. Classification of property is incorrect.				
ы	<ul> <li>2. Allocation of value of property is incorrect (e.g. APPEAL AFTER AN AUDIT. Must include description</li> </ul>	, between land a	ind improvements). Na iseues heing anneal	ed and your opinion of a	raluo.
	1. Amount of escape assessment is incorrect.	Tor each proper	ty, issues being appear	ed, and your opinion or v	alue.
	☐ 2. Assessment of other property of the assessee	at the location is	incorrect.		
	OTHER				
	Explanation (attach sheet if necessary)				
	RITTEN FINDINGS OF FACTS (\$ per	)	PLEASE NOTE:	A DEPOSIT OF \$500:00 REQUIRED AT THE TI	USD PER
	Are requested. Are not requested.		PARCEL (APN) IS	REQUIRED AT THE TI	ME OF THE
8. TH	S APPLICATION IS DESIGNATED AS A CLAIM FOR	REFUND See i	nstructions.	HEARING.	
m	Yes No				
		CERTIFICATIO	DN .		
l certit	y (or declare) under penalty of perjury under the laws of	f the State of Ca	lifornia that the foregoing	and all information hereo	n, including any
accon	panying statements or documents, is true, correct, and try or the person affected (i.e., a person having a direct	campiete to the l economic interes	best of my knowledge and I in the payment of taxes	ו (ד) מחו Deller and נחם נחם נים מו on that property – "The Al	ne owner of the
agent	authorized by the applicant under item 2 of this applica	ition, or (3) an at	torney licensed to practic	e law in the State of Calif	omia, State Bar
Numb				nt person to file this applica	tion.
SIGNAT	URE (Use Blue Pdn - Original signature required on paper-filed application	n)	SIGNED AT (CITY, STATE) Dallas, TX	DA'	1, 1,0
NAME (	Please Prints				100/10
	w Grove				
FILING S	STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1				
$   \overline{\mathbf{A}} $	OWNER AGENT ATTORNEY SPOUSE	REGISTERED	DOMESTIC PARTNER []	CHILD PARENT PE	RSON AFFECTED
	CORPORATE OFFICER OR DESIGNATED EMPLOYEE				

TEUNEWES

## SAN BENITO COUNTY 2018 - 2019 PROPERTY TAX BILL

11/15/2018 10:57:14AM

1.2.002

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

	PRODUIED INV	HORE I OIL HOOF	de telesto	OLI 1, 2010 - 00112 00; 2013	
	PROPERTY INFO	PMATION	IMPORTANT MESSAGES		
ASMT NUMBER: ORIG ASMT: FEE NUMBER: LOCATION:	012-020-017-000 012-020-017-000 012-020-017-000	TAX RATE AREA: ACRES: AN HOLLISTER HI	17.02	Criginal b3l da:3 09/17/2013	

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

		The state of the s		
	COUNTY VALUES, EXEMPTION	S, AND TAXES		-
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
VALUATIONS (831) 636-4030	LAND	0	825157	825157
TAX PATES (831) 535-4090		0	0	C
EXEMPTIONS (831)636-4030		ů	ů.	0
PAYMENTS (631) 636-4034	STRUCTURAL IMPROVEMENTS	0	00628708	68620708
PERS PROP (831) 638-4030		0	0	۵
ADDA CHGS (831)696-4030		0	¢.	0
GENERAL (831) 636-4034		0	0	0
		0	O	0
	NET TAXABLE VALUE			57453855
	VALUES X TAX RATE PER \$100 1.000000			\$674,538.66

	VOTER /	APPROVED TAXES / TAXING AGEN	CY DIRECT CHARGE	S & SPECI.	AL ASSESSMENTS /	FEES	
PHONE # (631) 636-4990	CODE	DESCRIPTION ARONAS-SU USD 2011 REND BOXD	ASSESSED VALUE (7.453865	x	TAX RATE /100 7 0 0 0 0 0	=	TAX AMOUNT £33,738.40
(831) 638-4050	CG819	SS HOSPITAL BOND #2014	67453865		0.021765		\$14,681.34
(408) 299-5200	03845	GAVILAN 3-2-04 D.S.	67453865		0.019200		\$12,951.14
(931) 637-8218	60911	SB WATER-SAN FELIPE	67453865		0.250000		\$2,062.90

PHONE #	DESCRIPTION	DIA CHRG	FHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIN CKRG
(600) 273-516	7 SEC MOSCLITO ABAT	El/ 8112.20	(831) 636-4188	ADVANCED LIFE SU	5300.00	(831) 637-8218	SAN BENTTO WATER	\$102,42

	PENALTY : AGENCY TAXES + DIRECT	COST \$0.00 CHARGES + FEES + PENALTY		ARGES	\$514.62 \$0,00 \$3,000
Γ	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 MAKE CHECK PAYABLE TO: TAX YEAR: 2018

ASMT NUMBER: 012-020-017-000 012-020-017-000 ORIG ASMT: 012-020-017-000 FEE NUMBER:

1721 - A SAN JUAN HOLLISTER HWY

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

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

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

012020017000520180000369243530200040619388820180

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

ASMT NUMBER: 012-020-017-000 012-020-017-000 ORIG ASMT:

TAX YEAR: 2018

MAKE CHECK PAYABLE TO:

FEE NUMBER: LOCATION:

LOCATION:

012-020-017-000

San Benito County Tax Collector

1721 - A SAN JUAN HOLLISTER HWY

EARTHBOUND FARM LLC 1721 SAN JUAN HWY

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

SAN JUAN BAUTISTA CA 95045

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

DELINQUENT AFTER 12/10/2018 (INCLUDES 10% PENALTY OF \$36924.35 AND \$0.00 COST) \$405167.88 TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 12/10/2018 \$738487.06

BOE-305-AH (P1) REV. 08 (01-15)  ASSESSMENT APPEAL APPLICAT  This form contains all of the requests for that are required for filing an application assessment. Failure to complete this appresult in rejection of the application and/or appeal. Applicants should be prepared to subinformation if requested by the assessor or the hearing. Failure to provide information at the appeals board considers necessary may continuance of the hearing or denial of the all attach hearing evidence to this application.	or information for changed plication may denial of the umit additional at the time of at the heading y result in the popeal. Do not	SAS ON USED PROCESS time of filing for each separate application in THE PROCESSING I	parcel being aust be filed f RE IS NON-	appealed. A or each parcel.
1. APPLICANT INFORMATION - PLEASE NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUS WHITEWAVE FOODS/NATURAL SELECTION	FOODS	a street mount	DRESS Andrew	.Grove@Ryan.com
MAILING ADDRESS OF APPLICANT (STREET ADDRESS O	12002 AI	RPORT WAY		
CITY BROOMFIELD	STATE ZIP CODE 800	21 7972 934-0022 (TEF	NATE TELEPHONE	FAX TELEPHONE
2. CONTACT INFORMATION - AGENT, AT THE STORY COMPANY NAME		E OF APPLICANT if applicable -	TANK BERTANA	TION IS OPTIONAL) Grove@Ryan.com
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST,	MIDDLE INTITAL)			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	13155 Noel Rd. S	Suite 100	A constant	
CITY Dallas	STATE ZIP CODE 752	40 (972) 934-0022 (	NATE TELEPHONE	(972) 934-4939
applicant is a business entity, the agent's The person named in Section 2 above is enter in stipulatio signature of APPLICANT, OFFICER, OR AUTHORIZED I SEE ATTACHED  3. PROPERTY IDENTIFICATION INFORMA	hereby authorized to a in agreements, and oth MPLOYEE		n, and may ins	pect assessor's records,
		pied as the principal place of residenc	e by the owner?	
ENTER APPLICABLE NUMBER FROM YO	UR NOTICE/TAX BILL			
012-020-017-000	ASSESSMENT NUME	012-020-017-000 FEE NUI	MBER	
ACCOUNT NUMBER	TAX BILL NUMBER	THE STANDARD METALOGRAPH		ner-verdeningen
PROPERTY ADDRESS OR LOCATION 1721	San Juan HW	Y DOING E	USINESS AS (DBA	), if appropriate
PROPERTY TYPE V SINGLE-FAMILY / CONDOMINIUM / TOW MULTI-FAMILY / APARTMENTS: NO. OF U COMMERCIAL / INDUSTRIAL BUSINESS PERSONAL PROPERTY / FIXT	NHOUSE / DUPLEX	AGRICULTURAL  MANUFACTURED HOME WATER CRAFT OTHER:		ESSORY INTEREST NT LAND RAFT
4. VALUE	A. VALUE ON ROLL	23769 3-7	OF VALUE   C	APPEALS BOARD USE ONLY
LAND	825,157	400,000		AN -
IMPROVEMENTS/STRUCTURES FIXTURES PERSONAL PROPERTY (see instructions) MINERAL RIGHTS	66,628,708	30,000,000		
TREES & VINES	person of the second			
OTHER	verse d		ec.	AL AL

PENALTIES (amount or percent)

BOE-305-AH (P2) REV. 08 (01-15)	
5. TYPE OF ASSESSMENT BEING APPEALED of Check only one. See instructions for filing periods	
■ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE CURRENT YEAR	
☐ SUPPLEMENTAL ASSESSMENT	
*DATE OF NOTICE: ROLL YEAR:	
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSES	SMENT
*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.  The reasons that I rely upon to support requested changes in value are as follows:  A. DECLINE IN VALUE	this application.
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 inco	rrect.
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.	
<ul> <li>E. BUSINESS PERSONAL PROPERTY/FIXTURES, Assessor's value of personal property and/or fixtures exceeds m.</li> <li>1. All personal property/fixtures.</li> </ul>	arket value.
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   1. Amount of escape assessment is incorrect.	/alue.
☐ 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 )	Hera Hera
7. WRITTEN FINDINGS OF FACTS (\$ per ) PLEASE NOTE: A DEPOSIT OF \$500 E.  Are requested. # Are not requested. PARCEL (ATTS 15 RI QUIRED AT THE TI	ME OF THE
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.	
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFORD SEE INSUBLICIONS.	
Tes E IVO	
CERTIFICATION	No. Margage
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hered	n including one
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 A	pplicant"), (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 Call Number, who has been retained by the applicant and has been authorized by that person to file this applicant	iomia, State Bar Ition
	TE. (
	/25/18
NAME (Please Print)	Imalia .
Andrew Grove	
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)	
OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PE	ERSON AFFECTED
CORPORATE OFFICER OR DESIGNATED EMPLOYEE	

approximate the second

-

PHORES

(6.11) 6395-4690 (4.18) 2399-5200

LOCALON.

(831) 636-4090 60810

Mary Lon Andrado

San Bentto County Treasurer/Tex Collector, 440 Fifth Street, Room #107, Hollister, CA 95023-3534

SECURED TAX ROLL FOR FISCAL YEAR JULY 1	1, 2018 - JUNE 30, 2019
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PROPERTY INFORMATION HAPORTANCY MEDISAGES ASSIT CHARGEP: 012-020-017-000 TAX TATE FREE TE PEEB 070009 COR AS AL

\$12-020-017-000 Fue al Jes

COCATION 1721 - A SAN JUA'I HOLLISTILM HWY

EARTHLOUID FARMILLO 1721 SALLUAN HAY SANJUAN BAUTISTA CA 95045

				-thirtegraphic in.
	COUNTY VALUES, EXEMP	TIONS, AND TAXES		
PHONI	of scores such	PIROR	CLERMI	ر داده د
SALUATIONS (831) 636-6533	ANO		<b>625</b> (57	F75: 7
FAXERATES (NOT) CO.			Ü	
EXPERIENCE (SEL) LOS COMO			6	
PAYAR WID (ANY) \$15, 403	STRUCTURE OF THE SEMENTS	5		68620708
PERS (PROP (931) 630-4530		0	6	
ACOR CHOS (8319035-4000				
SCREGAL (831) 636-4534				
		9		
	Service of the following of the first terms of the			

THE STATE OF THE S

DOTER APPROVED VAKES / LAXING AGENCY BIREOF CHARGES A SPECIAL ASSESSMENTS / FEED 72 / 43-71B; AROMAS SU USD 2011 REND SONO A TURNY #7453805 LB HOSPITAL BOND (2014 GEN AND 2 OF D.C. SD WATER DN FE JEE 0.021765 015200 613-91

PROVED DESCRIPTION DISCRIPT FROM CONTROL CONTR DIRECTOR PROPER 

16595

AJENCY TAXES
DEBUT CHARGES
DET PELINQUENT PENALTHES
TOYAL TAXES ACENCY TAXES \* DIRECT CHARGES \* FEES \* PENALTY \* COST \* DEU 1st INSTALLMENT \$369,243.53 2nd INSTALLMENT \$369,243.53 DELINQUENT AFTER 04/10/2019 | SAN BENITC COUNTY SECURED PROPERTY TAXES - 2NO INSTALLMENT PAYMENT STUB | ASIAT NUMBER: 012-020-017-000 TAX YEAR: 2018 MAKE CHECK PAYABLE TO: CRIG ASMT: 012-020-017-000 San Benito County Tax Count DELINQUENT AFTER 12/10/2018

JEE NUMBER:

1721 - A SAN JUAN HOLL STEM HAY

San Benito County Tax Collector 440 Fifth Street, Room #107 Hollister, CA 95623-3694

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

0.5

F PAID BY 04/10/2019 \$369 243 63 DEFINOUS AFTER MILEDIA (INCLUDES 10 CPENALTY OF \$38204.35 AND \$26.00 COST)

01202007400025501900003F45432530500040P143999990

актариалическая в пометь в пом SAN BENITO COUNTY SECURED PROPERTY TAXES - 157 IN STALLMENT PAYMENT STUD 012-020-017-000 TAXYEAR: 2018 012-020-017-000 ASMENUNCET: PARE CHECKPAYABLE TO OR G ASS T San Bendto County Tax Collector 012-020-017-000 FILL WELVER 440 Fifth Street, Room #107 LOCATION.

McMister, CA 05023-2904 PARTHEO IND FARM LLC 1721 SANJUAN HVY SANJUAN PALIFIETA CA 20045

E PAID BY 12/10/2018 \$369,243.5\*
DELINQUENT AFTER 1740 2014 SHOULDEST BY PENALTY OF \$809,4435 AND \$100 COST) \$100 FBV 100 PBV 100 PBV

## 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. (State)	95045 (Zip Code)	
2	Anniigant will be represent	(Address)	(City)		(Zip Code)	
3	Applicant will be represented		YESX NO	If yes, state		
	Agent's Name		(Andrew Grove)	()		
		(First)	(MI)	(Last)		
	Agent's Address	13155 Noel Road suite 10		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 Suppler	mental Rolf:			
	TAXABLE VALUES:					
	Land	\$ 765,900				
	Improvements					
	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 upo					
	Value reduced to fall within	market indicators. Correct	ions also made to correct	duplicate reporting resulti	ng	
	in an over-assessment.					
8	I stipulate that the values for t	the subject property set forth	in paragraph 6, above, are f	air values for said property.		
	Date: 10/28/2019 ALUEM. 12019					
	10/2.10		(Applicant or Agent	BYAN, LIC		
	Date: 10/3/[/9	- Jon (	1 auer			
	Inda	200	(County Assessor)			
	Date: 11 5 19	Danga	19 Thank			
	((4.))		(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 / Natur	ral 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 represent	ed by an agent:	YES X NO	If yes, state	
	Agent's Name	Rvan LLC	(Andrew Grove)		
	•	(First)	(MI)	(Last)	
	Agent's Address	13155 Noel Road suite 10	00 Dallas	TX	75240
	·	(Address)	(City)	(State)	(Zip Code)
4	Description of Property: Assessor's Parcel Number (s)	012-020-017-000 (A-	-364)	, ,	(,r,
5	Taxable value of property				
Ĭ		SHOWN ON THE ZOTA OUPPION	TION.		
	TAXABLE VALUES:	¢ 765,000			
	Land Improvements		-		
	Personal Property		-		
	Less Exemptions		si .		
	Total				
	1 6001111111111111111111111111111111111	Ψ 33,041,032	•		
6	Reduced values stipulated	to by the Applicant and the	Assessor:		
	TAXABLE VALUES:	,			
	Land	\$ 765,900			
	Improvements		6		
	Personal Property				
	Less Exemptions				
	Total				
7	This reduction is based upo	on the following facts:			
-	Value reduced to fall within	market indicators. Correcti	ions also made to correct	duplicate reporting resulting	i i
	in an over-assessment.				
R	I stipulate that the values for the	he subject property set forth i	n naragranh 6, ahawa, ara f	eis unban fan arid aras da	
		L .	n paragraph o, above, are n	all values for said property.	
	Date: 10 28 2019	Dely	ern. hanne		
	Date: 10/31/19 .	( ) cm /	Haveh Agent	KYAN, UC	
	1-1		(County Assessor)		
	Date: 11 5/19	Kaul	bara Thank		
			(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

Name of Applicant	Whitewave Foods / Natural Selection Foods LLC				
Applicant's Address	1721 San Juan Hwy	San Jua	an Bautista	CA.	95045
	(Address)	(C	lity)	(State)	(Zip Code)
Applicant will be represent	ed by an agent:	YES X NO	D	yes, state	
Agent's Name	Ryan LLC	(Andrew Gro	ve)		
	(First)	(1)	MI)	(Last)	
Agent's Address	13155 Noel Road suite 10	0 Dall	as	TX	75240
	(Address)	(C	ity)	(State)	(Zip Code)
Description of Property: Assessor's Parcel Number (s)	012-020-017-000 (A	-369)		19	
Taxable value of property s	shown on the 2015 Escape	d Assessmen	t:		
			-		
	\$ 781.203				
· · · · · · · · · · · · · · · · · · ·					
Reduced values stipulated	to by the Applicant and the	Assessor:			
	, ,,				
	\$ 781 203				
This reduction is based upo	n the following facts:				
Value reduced to fall within	market indicators. Correcti	ons also made	e to correct dupl	icate reporting result	ing
in an over-assessment.					
I stipulate that the values for the	ne subject property set forth in	n paragraph 6,	above, are fair va	lues for said property.	
Date: 10/3//19	Jan M	(Appli	icant-or Agent)	124AN, LLC	
1 -1		(Cou	nty Assessor)		
Date: 1, 5,19	Barb	ara T	cna		
-		(Cou	inty Counsel)		
	Applicant's Address  Applicant will be represent. Agent's Name  Agent's Address  Description of Property: Assessor's Parcel Number (s)  Taxable value of property stand	Applicant's Address  Applicant will be represented by an agent:  Agent's Name  Ryan LLC  (First)  Agent's Address  Description of Property: Assessor's Parcel Number (s)  Taxable value of property shown on the 2015 Escape  TAXABLE VALUES:  Land	Applicant's Address 1721 San Juan Hwy (Address) (Coderes) (Coorders) (Coorder	Applicant's Address    1721 San Juan Hwy   San Juan Bautista	Applicant's Address

## 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 / Natur	ral Selection	on Foods LLC		
2	Applicant's Address	1721 San Juan Hwy	San	Juan Bautista	CA.	95045
		(Address)		(City)	(State)	(Zip Code)
3	Applicant will be represent	ed by an agent:	YES X	NO	If yes, state	
	Agent's Name	Ryan LLC	(Andrew	Grove)		
		(First)	(/ 11/01/01/	(MI)	(Last)	
	Agent's Address	13155 Noel Road suite 10	00	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 s	-		nent:		
	TAXABLE VALUES:					
	Land	\$ 793,116				
	Improvements		7.			
			-			
	Less Exemptions					
	Total	\$ 64,834,551				
	<b>6</b>					
ь	Reduced values stipulated	to by the Applicant and the	Assessor	•		
	TAXABLE VALUES:					
	Land		-			
	Improvements					
	Personal Property					
	Less Exemptions					
	Total	\$ 54,714,685				
7	This reduction is based upo	on the following facts:				
	Value reduced to fall within		ions also n	nade to correct d	uplicate reporting resulting	í
	in an over-assessment.				- The state of the	
8	I stipulate that the values for the	ne subject property set forth i	n naragran	h 6 ahove are fai	r values for said property	
	Date: 10/28/2019			10/		
	Date: 1414510019		Dipl	M1/2/2		
	Date: 10/31/19	( ) cm /	Mans	op <del>licant o</del> r Agent)	RYAN, LLC	
	1 1 -			County Assessor)		
	Date: 11 5 19	Boul	bara	Thona		
	,			(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

•	Name of Applicant	Whitewave Foods / Natur	al Selection Foods LLC		
2	2 Applicant's Address	1721 San Juan Hwy	San Juan Bautista	CA.	95045
		(Address)	(City)	(State)	(Zip Code
3	Applicant will be represent	ed by an agent:	YES X NO	If yes, state	
	Agent's Name	Rvan LLC	(Andrew Grove)		
		(First)	(MI)	(Last)	
	Agent's Address	13155 Noel Road suite 10	0 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 :				
	TAXABLE VALUES:				
	Land	\$ 793,116			
	Improvements				
	Personal Property				
	Less Exemptions	\$ -			
	Total	\$ 64,834,551			
6	Reduced values stipulated	to by the Applicant and the	Assocrar:		
	TAXABLE VALUES:	to by the Applicant and the	A55655UI.		
	Land	\$ 793,116			
	Improvements				
	Personal Property				
	Less Exemptions				
	Total				
7	This reduction is based upo	n the following facts:			
	Value reduced to fall within	market indicators. Correction	ons also made to correct o	duplicate reporting resulting	1
	in an over-assessment.				
8	I stipulate that the values for the	ne subject property set forth in	n paragraph 6, above, are fa	ir values for said property	
	Date: 10 28 2019	descr	1) home	in values for said property.	
	Date: 10/31/19	Jan Ma	(Applicanter Agent)	RYAN, LLC	
	1 1		(County Assessor)		
	Date: 11519	Raila	attana		
		WILL MILL	(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 / Natur	al 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 represent	ed by an agent:	YES X NO	If yes, state	
	Agent's Name	Rvan LLC	(Andrew Grove)		
	-	(First)	(MI)	(Last)	
	Agent's Address	13155 Noel Road suite 10	0 Dallas	TX	75040
		(Address)	(City)	(State)	75240 (Zip Code)
4	Description of Property:		. ,,	(=====	(EIP COUL)
٠	Assessor's Parcel Number (s)	012-020-017-000 (A	-376)		
5	Taxable value of property s				
	TAXABLE VALUES:			,	
	Land	\$ 808,978			
	Improvements				
	Personal Property				
	Less Exemptions				
	Total				
6	Reduced values stipulated	to by the Applicant and the	Assessor:		
	TAXABLE VALUES:				
	Land	\$ 808,978			
	Improvements	\$ 55,000,000			
	Personal Property	\$ -			
	Less Exemptions	\$ -			
	Totai	\$ 55,808,978			
7	This reduction is based upo				
	Value reduced to fall within	market indicators. Correction	ons also made to correct d	uplicate reporting resulting	9
59	in an over-assessment.				
8	I stipulate that the values for the	ne subject property set forth in	n paragraph 6, ahove, are fai	r values for eaid property	
	Date: 10/28/2019	Dreem	120010-	r values for said property.	
	Date: 1-19/10-17.	Colles 1.1	(Applies et au Apput)	DUDINILLE	
	Date: 10/3/1/9	( ) an Man	(Applicant or Agent)	eyan, LC	
	1.40		(County Assessor)		
	Date: 11/5/14	Bay	bora Thank	-	
	1		(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

•	Name of Applicant	Whitewave Foods / Natur	al Selection Foods LLC		
2	2 Applicant's Address	1721 San Juan Hwy	San Juan Bautista	CA.	95045
		(Address)	(City)	(State)	(Zip Code)
3	Applicant will be represent	ted 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 10	0 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 Assessr	nent Roll:		
	TAXABLE VALUES:				
	Land	\$ 825,157			
	Improvements				
	Personal Property				
	Less Exemptions				
	Total	\$ 67,453,865			
_	Dadward with the Color of				
ь	Reduced values stipulated	to by the Applicant and the	Assessor:		
	TAXABLE VALUES:	-2			
	Land				
	Improvements				
	Personal Property				
	Less Exemptions				
	Total	\$ 56,925,157			
7	This reduction is based upo	n the following factor			
•	Value reduced to fall within	market indicators. Correction		Control of the same of the same	
	Value reduced to fall within in an over-assessment.	market indicators. Correctly	ons also made to correct o	suplicate reporting resulting	ıg
B	I stipulate that the values for the	ne subject property set forth in	paragraph 6, above, are fa	ir values for said property.	
	Date: 10 28 2019	Deepl	M. honore		
	Date: 10/31/19	( um)	(Applicant-or Agent)	RYAN, LLC	
	1 1		(County Assessor)		
	Date: 11 519	Barbar	a thone		
	_	2020-00	(County Counsel)	7	
			()		

## **ASSESSMENT APPEAL APPLICATION**

This form contains all of the requests for information that are required for filing an application for changed assessment. Fallure 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 ENTITY COUNTYFUNDABLE.

2016 NOV 36 A 8: 18

attach hearing evidence to this application.					APPLICATION NUMBER: Clerk Use Only				
1. APPLICANT INFORMATION - PLEASE PRINT					A333.1				
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME WhiteWave Foods/Natural Selection Foods					EMAIL ADDRESS Andrew. Grove@ryan.com				
MAILING ADDRESS OF APPLICANT (STREET ADDRESS C		12002 A							
Broomfield				972,5934.602		_	FAX TELEPHONE		
2. CONTACT INFORMATION - AGENT, AT	TORNEY,	OR RELATIV	E OF	APPLICANT if app	olicable - (REP	RESENTA	TION IS OPTIONAL)		
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST. FIRST W.ANDREW Grove	T, MIDDLE INI	TIAL			EMAIL ADDRESS				
COMPANY NAME Ryan, LLC									
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST,	MIDDLE INTO	TAL)							
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	Ryan, L	LC - 131	55 No	oel RD Suite	100				
CITYDallas	STATE	ZIP CODE 752	40 DA	972) 934.002	2 ALTERNATE TEL	EPHONE	(°972\934.4939		
The following information must be comple attorney as indicated in the Certification applicant is a business entity, the agent's The person named in Section 2 above is I enter in stipulation	section, o authoriza hereby aut	r a spouse, ation must b thorized to a	child, ¡ e signe ct as n	parent, registered ed by an officer o ny agent in this a	domestic part rauthorized en oplication, and	ner, or the nployee o may insp	e person affected. If the f the business.		
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED E				TITLE		•	DATE		
3. PROPERTY IDENTIFICATION INFORMA	TION								
_				No. 1.1.					
			pied as	the principal place of	residence by the	owner?			
ENTER APPLICABLE NUMBER FROM YOU	UR NOTIC	E/TAX BILL							
ASSESSOR'S PARCEL NUMBER 012-050-017-000	ASSESSOR'S PARCEL NUMBER 012-050-017-000 ASSESSMENT NUMBER				FEE NUMBER				
ACCOUNT NUMBER	TAX BI	LL NUMBER							
PROPERTY ADDRESS OR LOCATION 1721 San Juan Bautista				DOING BUSINESS AS (DBA), if appro			if appropriate		
PROPERTY TYPE V									
SINGLE-FAMILY / CONDOMINIUM / TOWN	HOUSE / [	UPLEX		AGRICULTURAL	Г	7 POSSES	SSORY INTEREST		
MULTI-FAMILY/APARTMENTS: NO. OF UN	MULTI-FAMILY/APARTMENTS: NO. OF UNITS			MANUFACTURED H	IOME [	7 VACANT			
COMMERCIAL/INDUSTRIAL			_	VATER CRAFT		AIRCRA			
BUSINESS PERSONAL PROPERTY/FIXTU	RES			THER:	_	JAINGRA	AT I		
VALUE	A. VA	LUE ON ROLL		B. APPLICANTS C	PINION OF VALUE	C. Al	PPEALS BOARD USE ONLY		
LAND	8	847,153		400,000			TE TO DO THE OUT ONE!		
IMPROVEMENTS/STRUCTURES		12,235,890		6,000,000		1			
FIXTURES									
PERSONAL PROPERTY (see instructions)			- 1 2						
MINERAL RIGHTS									
TREES & VINES									
OTHER									
TOTAL	13,	083,043		6,400	0,000	1			
PENALTIES (amount or percent)				.,	,	1	-		

BOE-305-AH (P2) REV. 08 (01-15)	
5. TYPE OF ASSESSMENT BEING APPEALED V Check only one. S	ee instructions for filing periods
REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE	
☐ SUPPLEMENTAL ASSESSMENT	
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAI	MITY REASSESSMENT
*DATE OF NOTICE: **ROLL YEAR:	WITH REPORTERIAL TO LEWYTH ASSESSMENT
444	ch roll year requires a separate application
6. REASON FOR FILING APPEAL (FACTS) See instru	ctions before completing this section
If you are uncertain of which item to check, please check "I, OTHER" an	d 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	and after a constant
The assessor's roll value exceeds the market value as of Janu B. CHANGE IN OWNERSHIP	eary 1 or the current year,
1. No change in ownership occurred on the date of	
2. Base year value for the change in ownership established on	
C. NEW CONSTRUCTION	is incorrect.
1. No new construction occurred on the date of	
2. Base year value for the completed new construction establis	
☐ 3. Value of construction in progress on January 1 is incorrect.	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	e of personal property and/or fixtures exceeds market value
☐ 1. All personal property/fixtures.	
2. Only a portion of the personal property/fixtures. Attach descr	iption of those items,
F. PENALTY ASSESSMENT	
Penalty assessment is not justified.	
G. CLASSIFICATION/ALLOCATION	
<ul> <li>1. Classification of property is incorrect.</li> <li>2. Allocation of value of property is incorrect (e.g., between land</li> </ul>	d and improvements)
H. APPEAL AFTER AN AUDIT. Must include description of each prop	erty, issues being appealed, and your onlinion of value
1. Amount of escape assessment is incorrect.	opinion of value.
$\square$ 2. Assessment of other property of the assessee at the location	is incorrect.
1. OTHER	
Explanation (attach sheet if necessary)	
7. WRITTEN FINDINGS OF FACTS ( \$ per)	PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER
Are requested.	PARCEL (APN) IS REQUIRED AT THE TIME OF THE
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See	instructions. HEARING.
Yes No	
CERTIFICAT	
I certify (or declare) under penalty of perjury under the laws of the State of C	alifornia that the foregoing and all information hereon, including any
accompanying statements or documents, is true, correct, and complete to the property or the person affected (i.e., a person having a direct economic intere	st in the payment of taxes on that property - "The Applicant") (2) and
agent authorized by the applicant under item 2 of this application, or (3) an a	Ittorney licensed to prectice law in the State of California State Rec
	as 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 (Plesse Print)	MULAS, TX 11/38/16
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	

TBUN1 1.2.001 San Benito COUNTY 2016 - 2017 PROPERTY TAX BILL

Mary Lou Andrade

San Benito County Treasurer/Tax Collector, 440 Fif

C9/28/2016 7:02:50AM

		SEC	URED TA		
	PROPERTY INFO	IMPORTANT MESSAGES			
ASMT NUMBER: ORIG ASMT. FEE NUMBER: LOCATION:	012-050-017-000 012-050-017-000 012-050-017-000 1721 SAN JUAN F	TAX RATE AREA: ACRES:		Original b	
OWNER JAN. 1st	t:			1	
1721 SAN JUAN I	HIGHWAY				
SAN JUAN BAUT	ISTA CA 95045				

		COUNTY VALU	ES, EXEMPTIONS, AND	TAXES		_	
PHONE #		DESCRIPTION	PRI		CURRENT	_	BILLES
	S (831) 636-403	0 LAND		0	847153		84715
TAX RATES	(831) 636-4090			0	0		
EXEMPTION	S (831)836-403	0		0	0		
PAYMENTS (	(£31) 636-4034	STRUCTURAL IMPROVEMEN	NTS	D	12255880		12235890
PERS PROP	(831) 636-4030			0	tı		(
ADDR CHGS	(631)638-1030			٥	ō		
GENERAL (831) 535-4034		0	٥				
				0	0		0
		NET TAXABLE VALUE					13083043
		VALUES X TAX RATE PER					130830.4200
	VOTER AP	PROVED TAXES / TAXING AGEN	CY DIRECT CHARGES	SPECIAL	ASSESSMENTS /	FEES	
HDNE # 31636409D	CODE 09810	DESCRIPTION AROLIAS-SJ USD 2011 REND BOND	ASSESSED VALUE 13083043	X	TAX RATE / 100 0.050350	2	TAX AMOUN

	VOIERA	APPROVED TAXES / TAXING AGEN	CY DIRECT CHARGE	5 & SPECI	AL ASSESSMENTS /	FEES	
PHDNE # 8316364090 3316364090 40828952C0 8316376218	00810 00819 00845 00811	DESCRIPTION ARCHAS-SJ USD 2011 REND BOND SB HOSPITAL BOND 82014 GAVILAN 3-2-04 D S. SB WATER-SAN FELIPE	ASSESSED VALUE 13083043 13083043 13083043 13083043	X	TAX RAYE / 300 0.050350 0.023881 0.021600 0.250000	2	TAX AMOUN 6587.3200 3124,3600 2825,9400 2117,8800

PHONE # 8002735167 DESCRIPTION

DIR CHRS PHONE# SBC MOSQUITO ABATEM 12,2000 8316364168

DESCRIPTION DIR CHRG PHONE# ADVANCED LIFE SUPPORT 14,0000 8316378218

DESCRIPTION

DIR CHRG SAN BENITO WATER-STANDOG 9800

333,0800 30 02

PEMALTY & COST D.0000 GRECT CHARGES STEES + PENALTY + COST FEES TOTAL STEED TOTAL STEED TO THE S

**TOTAL TAXES** 

DELINQUENT AFTER 1

DELINQUENT AFTER 0

\$145,819.00

San Benito COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB ASMT NUMBER:

ORIG ASMT:

012-050-017-000

012-050-017-000 TAX YEAR: 2016

MAKE CHECK PAYABLE TO:

FEE NUMBER: LOCATION:

012-050-017-000 1721 SAN JUAN HWY San Benito County Tax Collector 440 Fifth Street, Room #107 Hollister, CA 95023-3894

CURRENT OWNER:

1721 SAN JUAN HIGHWAY SAN JUAN BAUTISTA CA 95045

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

San Benito COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER: ORIG ASMT:

012-050-017-000 012-050-017-000

TAX YEAR: 2016

MAKE CHECK PAYABLE TO: San Benito County Tax Collector

FEE NUMBER: LOCATION:

012-050-017-000 1721 SAN JUAN HWY 440 Fifth Street, Room #107 Hollister, CA 95023-3894

CURRENT OWNER:

1721 SAN JUAN HIGHWAY SAN JUAN BAUTISTA CA 95045

IF PAID BY 12/10/2016 \$72909.50

DELINQUENT AFTER 12/10/2016 (INCLUDES 10% PENALTY OF \$7290.95 /:ND \$0,00 COST) \$80200.45 TO PAY TOTAL TAXES, RETURN SOTH STUBS BY 11/01/2016 \$1458 19.00



Three Galleria Tower

13155 Noel Road

Suite 100

Dallas, Texas 75240

Main 972.934.0022

Fex 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, 1<sup>st</sup> 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	
Vellar Controller	
Title	
-3-3-16	
Date	
Subscribed and sworn to before me this 3rd day of 1	arch 2016
Notary Public	
State of Colorado	Marni L. Vonesh-Blair Notary Public State of Colorado
My commission expires June 16th, 2019.	Notary ID 20034019959 My Commission Expires June 16, 2019

The Mhite Maye Fr. ds. Johnson J. - 12000 Airport Way Proprietal CO 80031 - 304 650,4000

Sell The Walls

## 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.

attach hearing evidence to this applic	ie appea estion	II. DO HOL					Γ	APPLICA	TION	MIMREP	· Clork	Use Only
1. APPLICANT INFORMATION - PLEA		IT						AS		NUMBER	. Cieri	Cose Only
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL) WHITEWAVE FOODS/NATURAL SELECT	BUSINESS	S, OR TRUST NA	4ME				-	EMAIL ADDR	ECC	ndrew.	Grov	e@Ryan.cor
MAILING ADDRESS OF APPLICANT (STREET ADDRE		BOXI	02 A	JRP(	ORT	WAY						<b>Ger</b> 17 am. 001
BROOMFIELD		STATE ZIP CO	DDE 800	021 7	972	1515740NE 934-00	22	ALTERNA (	,		1	ELEPHONE
2. CONTACT INFORMATION - AGENT,	ATTORI	NEY, OR RE	LATIV	E OF	APPL	ICANT if ap	oplic	cable - (F	REPR	ESENTAT	ION IS	S OPTIONAL)
HYTANTLETO ANDREW GR	JVF WOD	LE INITIAL)					E	MAIL ADDR	ESS A	ndrow	2rov	e@Ryan.com
COMPANY NAME										iluiew.	3104	e@ryan.com
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FI	RST, MIDDL	E INTITAL)										
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX	131	55 Noel	 Rd. :	—— Suite	100	)						
OITY Dallas	S	TATE ZIP COE	<sup>DE</sup> 752	40 %	AYJME (	TELEPHONE	22	ALTERNAT	TE TELE	PHONE	FAXTE	2, 934-4939
AUTHORIZATION OF AGENT The following information must be con attorney as indicated in the Certification applicant is a business entity, the age	on sectiont's auth	or attached on, or a spo porization n	i to thi: ouse, c nust be	s appl child, e sign	icatio paren ed by	t, registere an officer (	ruci d d or a	omestic uthorize	partn d em	er, or the ployee of	person	on affected. If the
The person named in Section 2 above	is hereb	y authorize	d to a	ct as r	ny ag	ent in this a	app	ication,	and n	nay inspe	ct ass	essor's records
enter in stipula SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZE	D EMPLOY	EE	na oui	el wis	TITL		eratr	ng to tni	s app	lication.		DATE
➤ SEE ATTACHED												
ENTER APPLICABLE NUMBER FROM V		OTICE/TAX		ER 99(	0-053	-605-000	FE	E NUMBE	R			
ACCOUNT NUMBER	T	AX BILL NUM	BER									
PROPERTY ADDRESS OR LOCATION 172	1 San	Juan I	-WY				DC	ING BUSI	NESS /	AS (DBA), if	арргор	riate
PROPERTY TYPE												
SINGLE-FAMILY/CONDOMINIUM/TO	WNHOUS	SE / DUPLEX	K		AGRIC	ULTURAL			П	POSSES	SORY	INTEREST
MULTI-FAMILY/APARTMENTS: NO. OF	UNITS_				MANUI	FACTURED	HO	ME		VACANT		
COMMERCIAL/INDUSTRIAL				□ v	VATER	CRAFT			П	AIRCRA		
BUSINESS PERSONAL PROPERTY/FIX	TURES				THER	:						
VALUE		A. VALUE ON	ROLL		B.A	PPLICANT'S	OPIN	ION OF V	ALUE	C. AP	PEALS	BOARD USE ONLY
AND		1,549,35	50			700	0,00	0	=			DOTALD COL ONE!
MPROVEMENTS/STRUCTURES		7,826,10	10			3,00			_			
IXTURES												
PERSONAL PROPERTY (see instructions)												
MINERAL RIGHTS												
REES & VINES												
OTHER												
TOTAL		9,375,45	0			3,70	0,00	00				
ENALTIES (amount or percent)						·						

BOE-305-AH (P2) REV. 08 (01-15)		
5. TYPE OF ASSESSMENT BEING APPEALED 🗹 Check only one. S	ee instructions for filing periods	
REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF TI		
SUPPLEMENTAL ASSESSMENT		
*DATE OF NOTICE: 7-26-2017 ROLL YEAR:	2013	
	MITY REASSESSMENT   PENALTY AS	SESSMENT
1102212111	ch roll year requires a separate application	
	ctions before completing this section.	
If you are uncertain of which item to check, please check "I. OTHER" an The reasons that I rely upon to support requested changes in value are an A. DECLINE IN VALUE  The assessor's roll value exceeds the market value as of January B. CHANGE IN OWNERSHIP	d provide a brief explanation of your reasons for as follows:	filing this application.
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 incorred	ct.
C. NEW CONSTRUCTION		
1. No new construction occurred on the date of		
2. Base year value for the completed new construction establis	hed on the date of is	incorrect.
3. Value of construction in progress on January 1 is incorrect.		
<ul> <li>D. CALAMITY REASSESSMENT</li> <li>Assessor's reduced value is incorrect for property damaged by</li> </ul>	minfortune or colomity	
E. BUSINESS PERSONAL PROPERTY/FIXTURES, Assessor's value		let
1. All personal property/fixtures.	a or personal property amoror fixtures exceed	s market value.
<ul> <li>2. Only a portion of the personal property/fixtures. Attach descr</li> </ul>	iption of those items	
F. PENALTY ASSESSMENT	, p. 1011 01 11000 1201110.	
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		
H. APPEAL AFTER AN AUDIT. Must include description of each prop	arty, issues being appealed, and your opinion	of value.
1. Amount of escape assessment is incorrect.		
<ul> <li>2. Assessment of other property of the assessee at the location</li> <li>I. OTHER</li> </ul>	is incorrect,	
☐ Explanation (attach sheet if necessary)		
7. WRITTEN FINDINGS OF FACTS (\$	PLEASE NOTE: A DEPOSIT OF \$50	
Are requested.	PARCEL (APN) IS REQUIRED AT THE	E TIME OF THE
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See	instructions. HEARING.	
Yes       No		
CERTIFICAT	ION	District Control of the Control of t
certify (or declare) under penalty of perjury under the laws of the State of C	alifornia that the foregoing and all information he	ereon, 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 intere agent authorized by the applicant under item 2 of this application, or (3) an a	it in the payment of taxes on that property — "The	e Applicant"), (2) an
Number, who has been retained by the applicant and h	as been authorized by that person to file this app	Jairomia, State Bar Dication
SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DATE, /
> U) Quala GAN	Dallas, TX	9/22/15
NAME (Please Print)		1,00,11,
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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attach hearing evidence to this applic	cation.			APPLICATION I	NUMBER	R: Clerk Use Only
1. APPLICANT INFORMATION - PLEA	SE PRINT			A362		•
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL) WHITEWAVE FOODS/NATURAL SELECT	, BUSINESS, OR TRUST NAME TON FOODS			EMAIL ADDRESS A	ndrew.	Grove@Ryan.com
MAILING ADDRESS OF APPLICANT (STREET ADDRES	12002 A	-0.00	ORT WAY			
BROOMFIELD			972,934-00			FAX TELEPHONE
2. CONTACT INFORMATION - AGENT,	ATTORNEY, OR RELATI	VE OF /	APPLICANT if ap	plicable - (REPRE	SENTA	TION IS OPTIONAL)
KYTHE CTO THE BETWEEN GET	OVE INITIAL)			EMAIL ADDRESS Ar	drew	Grove@Ryan.com
COMPANY NAME				1		
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIL	RST, MIDDLE INTITAL)					
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX,	13155 Noel Rd.					
<sup>CITY</sup> Dallas	STATE ZIP CODE 75	240 (8	772)934-002	2 ALTERNATE TELEF	PHONE	(972) 934-4939
The following information must be con attorney as indicated in the Certification applicant is a business entity, the age The person named in Section 2 above enter in stipula	on section, or a spouse, nt's authorization must l	child, p be signe act as m	parent, registere ed by an officer o ny agent in this a	d domestic partne or authorized emp application, and m	er, or the loyee of av inspi	e person affected. If the figure of the first
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZE SEE ATTACHED	ED EMPLOYEE		TITLE		, , , , , , , , , , , , , , , , , , , ,	DATE
3. PROPERTY IDENTIFICATION INFOR	MATION		-			
☐ Yes ☐ No Is this property a sing	gle-family dwelling that is occu	upied as t	the principal place of	of residence by the ow	mer?	
ENTER APPLICABLE NUMBER FROM						
012-050-017-000	ASSESSMENT NUMI	BER 990	0-053-605-000	FEE NUMBER		
ACCOUNT NUMBER	TAX BILL NUMBER					
PROPERTY ADDRESS OR LOCATION 172	1 San Juan HW	Y		DOING BUSINESS A	S (DBA), i	f appropriate
PROPERTY TYPE						
SINGLE-FAMILY / CONDOMINIUM / TO	WNHOUSE / DUPLEX		AGRICULTURAL	П	PUSSES	SSORY INTEREST
MULTI-FAMILY/APARTMENTS: NO. OF	UNITS		MANUFACTURED		VACANT	
COMMERCIAL/INDUSTRIAL		-	VATER CRAFT			
BUSINESS PERSONAL PROPERTY/FIX	TURES		THER:	L	AIRCRA	IF I
. VALUE	A. VALUE ON ROLL		B. APPLICANTS	OPINION OF VALUE	C. Af	PPEALS BOARD USE ONLY
LAND	1,549,350		700	0,000		
IMPROVEMENTS/STRUCTURES	7,826,100			0,000		
FIXTURES						
PERSONAL PROPERTY (see instructions)						
MINERAL RIGHTS						
TREES & VINES						
OTHER						
TOTAL	9,375,450		3.70	0,000		
PENALTIES (amount or percent)	-101.01.00		5,70	-,		

BOE-305-AH (P2) REV. 08 (01-15)		
5. TYPE OF ASSESSMENT BEING APPEALED M Check only one, Se	e instructions for filing periods	
REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF TH		
SUPPLEMENTAL ASSESSMENT		
*DATE OF NOTICE: 7-26-2017 ROLL YEAR: 2	014	
	TY REASSESSMENT ☐ PENALTY AS:	SESSMENT
*DATE OF NOTICE: **ROLL YEAR:	T TENDETONIEST	DECOMENT
	h roll year requires a separate application	
6. REASON FOR FILING APPEAL (FACTS)  If you are uncertain of which item to check, please check "f. OTHER" and The reasons that I rely upon to support requested changes in value are a A. DECLINE IN VALUE  The assessor's roll value exceeds the market value as of Janua 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 C. NEW CONSTRUCTION  1. No new construction occurred on the date of  2. Base year value for the completed new construction establish  3. Value of construction in progress on January 1 is incorrect.  D. CALAMITY REASSESSMENT  Assessor's reduced value is incorrect for property damaged by E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value 1. All personal property/fixtures.  2. Only a portion of the personal property/fixtures. Attach description of the personal property/fixtures.  F. PENALTY ASSESSMENT  Penalty assessment is not justified.  G. CLASSIFICATION/ALLOCATION  1. Classification of value of property is incorrect (e.g., between land)	tions before completing this section. provide a brief explanation of your reasons for a follows:  ary 1 of the current year.  the date of 01/02/2014 is incorrect  med on the date of is a section of those items.	ct. incorrect. Is market value.
<ul> <li>H. APPEAL AFTER AN AUDIT. Must include description of each prope</li> <li>1. Amount of escape assessment is incorrect.</li> </ul>	rty, issues being appealed, and your opinion	of value.
☐ 2. Assessment of other property of the assessee at the location	s incorrect.	
I. OTHER		
Explanation (attach sheet if necessary)		
7. WRITTEN FINDINGS OF FACTS (\$	PLEASE NOTE: A DEPOSIT OF \$50	0.00 USD PER
Are requested.	PARCEL (APN) IS REQUIRED AT THE	
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See	instructions. <u>HEARING.</u>	
CERTIFICATI		
I certify (or declare) under penalty of perjury under the laws of the State of Ca accompanying statements or documents, is true, correct, and complete to the property or the person affected (i.e., a person having a direct economic interes agent authorized by the applicant under item 2 of this application, or (3) an all Number, who has been retained by the applicant and he	best of my knowledge and belief and that I am t in the payment of taxes on that property — "Th torney licensed to practice law in the State of	(1) the owner of the e Applicant"), (2) an California, State Bar
SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DATE
Mark of n-	Dallas, TX	19/22/19
NAME (Please Print)  Andrew Grove		
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
M □ 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)

DATE OF NOTICE:

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

NOTICE OF SUPPLEMENTAL ASSESSMENT

07/26/2017

Parcel Number: 012-050-017-000

Doc Num: 2014ILEOP

Asmt Num: 990-053-605-000

Orig Asmt: 012-050-017-000

Situs Address: 1721 SAN JUAN HWY SAN JUAN BAUTISTA CA

Comments:

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

AUG 0 8 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

	CURRE	NT ROLL 201	3 - 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 Growing	6,590,881   0	7,826,100 0	1,235,219 0	6,599,318 0	7,826,100 0	1,226,782 0
Fixtures	0	0	0	0	0	0
Personal Prop./ Mobile Home	o	0	o	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	U	0	0	U
NET TOTAL	7,405,267	9,375,460	1,970,183	7,417,401	9,375,450	1,958,049

## **ASSESSMENT APPEAL APPLICATION**

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

attach hearing evidence to this appli	ication.				APPLICAT	ION	NUMBER	₹: Cler	k Use Only
1. APPLICANT INFORMATION - PLEA	ASE PR	NT			A37	1			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL WHITEWAVE FOODS/NATURAL SELEC	TION FO	ODS			EMAIL ADDRES	SS A	ndrew.	.Grov	 ∕e@Ryan.com
MAILING ADDRESS OF APPLICANT (STREET ADDRE	ESS OR P. (	<sup>0. BOX)</sup> 12002 A	IRP	ORT WAY					
CITYBROOMFIELD		STATE ZIP CODE 80	021	972,1934-00	22 ALTERNATE	TEL	EPHONE	FAX	TELEPHONE
2. CONTACT INFORMATION - AGENT	ATTOR	NEY, OR RELATIV	/F OF	APPLICANT If a	onlicable (DE	DB	ECENTA	\{ TION	)
RYANEL CTORNENBREW GR	FIRST, LUC	DLE INITIAL)		POT CIONITY II &	EMAIL ADDRES	5 .	ESENIA	IIONI	S OPTIONAL)
COMPANY NAME	OVL					A	ndrew.	Grov	e@Ryan.com
CONTACT PERSON IF OTHER THAN ABOVE (LAST, F	FIRST, MIDE	DLE INTITAL)							
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX	<sup>x)</sup> 13 <sup>.</sup>	155 Noel Rd.	Suite	e 100				-	
Dallas		STATE ZIP CODE 752	240 7	AYTIME TELEPHONE	22 ALTERNATE	TELE	PHONE	FAXT	Z) 934-4939
The following information must be con attorney as indicated in the Certificati applicant is a business entity, the age The person named in Section 2 above	nt's aut is here	(or attached to the lon, or a spouse, horization must b by authorized to a	is app child, e sign	parent, registere led by an officer my agent in this	ructions) unle ed domestic pa or authorized	ertn em	er, or the ployee of	perso	on affected. If the
enter in stipula SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZ	anon ay	reements, and our	erwis	e settle issues re	lating to this	app	lication.		
SEE ATTACHED				III CE					DATE
ASSESSOR'S PARCEL NUMBER FROM 012-050-017-000		OTICE/TAX BILL ASSESSMENT NUMB	ER 01:	2-050-017-000	FEE NUMBER				
ACCOUNT NUMBER		TAX BILL NUMBER							
PROPERTY ADDRESS OR LOCATION 172	1 Sar	า Juan HW	/		DOING BUSINE	SS A	AS (DBA), if	арргор	riate
PROPERTY TYPE									
SINGLE-FAMILY / CONDOMINIUM / TO				AGRICULTURAL			POSSES	SORY	INTEREST
MULTI-FAMILY/APARTMENTS: NO. OF	UNITS_			MANUFACTURED	НОМЕ		VACANT		
COMMERCIAL/INDUSTRIAL			Dν	VATER CRAFT		П	AIRCRA		
BUSINESS PERSONAL PROPERTY/FIX	KTURES			OTHER:				•	
VALUE		A. VALUE ON ROLL		B. APPLICANT'S	OPINION OF VALI	JE	C AP	PEALS	BOARD USE ONLY
AND		1,580,306			,000		0.71	LACO	BOARD GAE ONLY
MPROVEMENTS/STRUCTURES		13,303,389			0.000				
IXTURES					-,				
ERSONAL PROPERTY (see instructions)									
ERSONAL PROPERTY (see instructions)									
INERAL RIGHTS									
INERAL RIGHTS REES & VINES		14,883,595		6.40	0.000				
INERAL RIGHTS REES & VINES THER		14,883,595		6,40	0,000				

BOE-305-AH (P2) REV. 08 (01-15)		
5. TYPE OF ASSESSMENT BEING APPEALED V Check only one. Se	e instructions for filing periods	
☐ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF TH	E CURRENT YEAR	
☐ SUPPLEMENTAL ASSESSMENT		
*DATE OF NOTICE: ROLL YEAR:		
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAM *DATE OF NOTICE: 8-17-2017 **ROLL YEAR: 20	ITY REASSESSMENT   PENALTY	ASSESSMENT
*Must attach copy of notice or bill, where applicable **Eac.	h roll year requires a separate applicatio	on
	tions before completing this section.	
If you are uncertain of which item to check, please check "I. OTHER" and The reasons that I rely upon to support requested changes in value are as A. DECLINE IN VALUE		s for filing this application.
☐ The assessor's roll value exceeds the market value as of Janua B. CHANGE IN OWNERSHIP	ary 1 of the current year.	
1. No change in ownership occurred on the date of		
2. Base year value for the change in ownership established on	the date of is inco	prrect.
C. NEW CONSTRUCTION		
1. No new construction occurred on the date of		
2. Base year value for the completed new construction establish	ned on the date of	is incorrect.
3. Value of construction in progress on January 1 is incorrect.		
<ul> <li>D. CALAMITY REASSESSMENT</li> <li>Assessor's reduced value is incorrect for property damaged by</li> </ul>	misfortune or calamity	
E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value		eeds market value.
1, All personal property/fixtures.		
<ul> <li>2. Only a portion of the personal property/fixtures. Attach description.</li> </ul>	otion of those items.	
F. PENALTY ASSESSMENT		
Penalty assessment is not justified.		
G. CLASSIFICATION/ALLOCATION		
<ul> <li>1. Classification of property is incorrect.</li> <li>2. Allocation of value of property is incorrect (e.g., between land</li> </ul>	and improvements).	
H. APPEAL AFTER AN AUDIT. Must include description of each prope		nion 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.	PARCEL (APN) IS REQUIRED AT instructions HEARING.	THE TIME OF THE
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See	instructions.	
☐ Yes ☐ No		
CERTIFICATI	ON	
I certify (or declare) under penalty of perjury under the laws of the State of Co	alifornia that the foregoing and all information	on 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 agent authorized by the applicant under item 2 of this application, or (3) an a	it in the payment of taxes on that property – thomey licensed to practice law in the State	- "The Applicant"), (2) an e of California, State Bac
Number, who has been retained by the applicant and h	as been authorized by that person to file this	s application.
SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DATE / /_
in! Onhtela-	Dallas, TX	9/22/17
NAME (Přesse Prini) 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

DATE OF NOTICE: August 17, 2017

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

#### ASSESSOR'S USE ONLY

NET CHANGE	NEW VALUE	OLD VALUE .	/ALUE SUMMARY FOR YEAR 2015 - 2016
745,878	1,580,306	834,428	LAND
1,251,293	13,303,389	12,052,096	STRUCTURE
0	0	0	GROWING IMPROVEMENTS
ō	0	0	PP MOBILE HOME
Ô	0	0	FIXTURES
0	0	0	PERSONAL PROPERTY
0	0	0	LESS EXEMPTIONS
1,997,171	14,883,695	12,886,524	NET TAXABLE

#### YOUR RIGHT TO AN INFORMAL REVIEW

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

You also have the right to a formal appeal of the assessment which involves (1) the filling 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.

ition.			APPLICATION	NUMBER	R: Clerk Use Only
E PRINT			H3/2		
ON FOODS	Æ		EMAIL ADDRESS A	ndrew.	.Grove@Ryan.
1200			Water State		
					FAX TELEPHONE
	LATIVE OF A	APPLICANT if ap	plicable - (REPRI	SENTA	TION IS OPTIONAL
VE INITIAL)			EMAIL ADDRESS A	ndrew.	Grove@Ryan.d
ST, MIDDLE INTITAL)					
STATE ZIP CODE	75240 (9	772)934-002	2 ALTERNATE TELE	PHONE	[4972] 934-49
oleted (or attached : n section, or a spo t's authorization mi	to this appli use, child, p ust be signe	cation - see instr parent, registered ed by an officer o	uctions) unless t d domestic partn or authorized emp	er, or the ployee o	e person affected. I If the business.
EMPLOYEE		TITLE			DATE
IATION					
e-family dwelling that is	s occupied as t	the principal place o	f residence by the or	wner7	
		printoipai printo d			
ASSESSMENT	012	2-050-017-000	FEE NUMBER		
TAX BILL NUMB	BER				
San Juan F	łWY		DOING BUSINESS	AS (DBA),	If appropriate
		'			
VNHOUSE / DUPLEX		GRICULTURAL		POSSE	SSORY INTEREST
INITS	□ N	MANUFACTURED	HOME 📋	VACANT	T LAND
	□ v	VATER CRAFT		AIRCRA	AFT
TURES	□ o	THER:			
A. VALUE ON I	ROLL	B. APPLICANT'S	OPINION OF VALUE	C. A	PPEALS BOARD USE O
		400	0.000		
			· · · · · · · · · · · · · · · · · · ·		
15,029,52	8	6,40	0,000		
	E PRINT  BUSINESS, OR TRUST NAME ON FOODS  BORP O. BOX)  STATE ZIP CODE  STATE ZIP CODE  STATE ZIP CODE  STATE ZIP CODE  TX  Deleted (or attached in section, or a spo f's authorization m schereby	E PRINT BUSINESS, OR TRUST NAME ON FOODS STATE ZIP CODE 80021 ON STATE CO RELATIVE OF A STATE ZIP CODE 75240 ON STATE ZIP CODE 75240 ON Detected (or attached to this applification, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed in section, or a spouse, child, price authorization must be signed i	E PRINT  BUSINESS, OR TRUST NAME  ON FOODS  BORP. O. BOX)  12002 AIRPORT WAY  STATE ZIPCODE 80021 DAYTIME TELEPHONE CO TTORNEY, OR RELATIVE OF APPLICANT if application.  ST, MIDDLE INITIAL)  13155 Noel Rd. Suite 100  STATE ZIPCODE 75240 DAYTIME TELEPHONE TX ZIPCODE 80021 DAYTIME TELEPHONE TX ZIPCODE 72021 DAYTIME TELEPHONE TX ZIP	E PRINT  BUSINESS, OR TRUST NAME ON FOODS  STATE  STATE  CO  ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRINT  STATE  ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRINT  ST, MIDDLE INITIAL)  13155 Noel Rd. Suite 100  STATE  TX  AUTHORIZATION ATTACHED  Coleted (or attached to this application - see instructions) unless to a section, or a spouse, child, parent, registered domestic partners authorization must be signed by an officer or authorized employeements, and otherwise settle issues relating to this application, and in agreements, and otherwise settle issues relating to this application.  BATION  e-family dwelling that is occupied as the principal place of residence by the or OUR NOTICE/TAX BILL  ASSESSMENT NUMBER  SAN JUAN HWY  DOING BUSINESS  WINHOUSE / DUPLEX  MANUFACTURED HOME  WATER CRAFT  URRES  A. VALUE ON ROLL  1,604,406  B. APPLICANT'S OPINION OF VALUE  400,000	E PRINT  BUSINESS, OR TRUST NAME DIN FOODS  AND 12002 AIRPORT WAY  STATE ZIP CODE 80021 DAY THE PROVIDE (REPRESENTA  STATE ZIP CODE 80021 DAY THE TELEPHONE (REPRESENTA  STATE ZIP CODE 75240 DAY THE TELEPHONE  TAX BILL NUMBER STATE DAY  DIE MALIADDRESS AND THE TELEPHONE  TITLE  MATION  GRAPHOYEE TITLE  DOING BUSINESS AS (DBA),  WHOUSE / DUPLEX AGRICULTURAL POSSE  WATER CRAFT AIRCRY  WATER CRAFT AIRCRY  TURES DAY AGRICULTURAL POSSE  WATER CRAFT AIRCRY  WATER CRAFT AIRCRY  TURES DAY AGRICULTURAL AIRCRY  WATER CRAFT AIRCRY  STATE ZIP CODE 80021 ALTERNATE TELEPHONE  A VALUE ON ROLL B. APPLICANT'S OPINION OF VALUE C. A  1,604,406 B. APPLICANT'S OPINION OF VALUE C. A

BOE-305-AH (P2) REV. 08 (01-15)		
5. TYPE OF ASSESSMENT BEING APPEALED M Check only one. Se	e instructions for filing periods	
☐ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF TH		
☐ SUPPLEMENTAL ASSESSMENT		
*DATE OF NOTICE: ROLL YEAR; _		
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAN *DATE OF NOTICE: 8-17-2017 **ROLL YEAR: 2	016	SSESSMENT
*Must attach copy of notice or bill, where applicable **Eac	h roll year requires a separate application	
if you are uncertain of which item to check, please check "I. OTHER" and The reasons that I rely upon to support requested changes in value are at A. DECLINE IN VALUE    The assessor's roll value exceeds the market value as of January 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 C. NEW CONSTRUCTION   1. No new construction occurred on the date of   2. Base year value for the completed new construction establis   3. Value of construction in progress on January 1 is incorrect.  D. CALAMITY REASSESSMENT   Assessor's reduced value is incorrect for property damaged by E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value   1. All personal property/fixtures.   2. Only a portion of the personal property/fixtures. Attach description of the personal property/fixtures. Attach description   1. Classification of property is incorrect.   2. Allocation of value of property is incorrect (e.g., between land H. APPEAL AFTER AN AUDIT. Must include description of each property   1. Amount of escape assessment is incorrect.   2. Assessment of other property of the assessee at the location I. OTHER   Explanation (attach sheet if necessary)	tions before completing this section. If provide a brief explanation of your reasons for shollows:  ary 1 of the current year.  the date of is Incorrect.  the date of is Incorrect.  and improvements).  arty, issues being appealed, and your opinion is incorrect.	ect. s incorrect. ds market value, n of value.
7. WRITTEN FINDINGS OF FACTS (\$)	PLEASE NOTE: A DEPOSIT OF \$5	00.00 USD PER
Are requested.  Are not requested.	PARCEL (APN) IS REQUIRED AT TH	E TIME OF THE
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See  Yes No  CERTIFICATION		
		<u> </u>
I certify (or declare) under penalty of perjury under the laws of the State of Ca accompanying statements or documents, is true, correct, and complete to the property or the person affected (i.e., a person having a direct economic interes agent authorized by the applicant under Item 2 of this application, or (3) an a Number, who has been retained by the applicant and h	best of my knowledge and belief and that I am at in the payment of taxes on that property – "T ttorney licensed to practice law in the State of	n (1) the owner of the the Applican("), (2) an California, State Bar
SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DATE /
MI Dun Ola	Dallas, TX	9/20/17
NAME (Please Print)		,
Andrew Grove		
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
	DOMESTIC PARTNER	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

DATE OF NOTICE: August 17, 2017

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

#### ASSESSOR'S USE ONLY

NET CHANGE	NEW VALUE	OLD VALUE	VALUE SUMMARY FOR YEAR 2016 - 2017
757,253	1,604,406	847,153	LAND
1,189,232	13,425,122	12,235,890	STRUCTURE
C	0	0	GROWING IMPROVEMENTS
n	0	0	PP MOBILE HOME
o	0	0	FIXTURES
ō	0	0	PERSONAL PROPERTY
0	0	0	LESS EXEMPTIONS
1,946,485	15,029,528	13,083,043	NET TAXABLE

#### YOUR RIGHT TO AN INFORMAL REVIEW

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

#### YOUR RIGHT TO APPEAL

You also have the right to a formal appeal of the assessment which involves (1) the filling 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 filled with, the Clerk of the Appeals Board. You may contact the Clerk's Office at (831) 636-4000 for more information on filling 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.

4133

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

San Benito County Assessment Appeals Board

PAYTO THE ORDER OF

Seven Hundred Twenty Only\*\*\*\*\*\*

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

WWF Operating Company - 291125200,001 - Appeal Fee

MEMO

9/19/2017

\$ \*\*720.00

Details on Back

DOLLARS 🗓

AUTHORIZED SIGNATORIE

4133

RYAN, LLC / RYAN PROPERTY TAX ACCOUNT

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

9/19/2017

720.00

9/27/2017 12:58:15PM Page 1 of 14

# Personal Property Detail Costs County of San Benito Model AU17CC

ASR70-2300-010-04 wPPItemDetail.rpt 2.4.002

31,511 31,510 144,529 8,899 28,499 15,662 9,825 23,477 93,649 43,199 126,945 15,812 10,995 25,354 9,793 21,445 Assessed Value Assessed Value 13,457 31,511 31,511 152,136 9,368 29,999 16,487 10,343 24,713 98,578 45,473 16,645 26,689 10,762 14,789 23,566 133,627 11,574 **Asset Cost Asset Cost** (Factors: 91) (Factors: 13) TOTALS: Item Model Item Model Item Make Item Make A0: SUPPLIES A1: M&E Form: 2 Form: 2 COMBUSTION SYSTEM HEATER SUPPLIES/UNIFORMS/SAFETY CLEAN IN PLACE SYSTEM #4 STEAM GENERATOR-ADDTL Asmt: 051-120-047-000 Asmt: 051-120-047-000 INNO-TECH I & II UPGRADE CHILLER MOTOR STARTER NID VALVE BAR UPGRADE REFURBISH FACTORY AIR **NEW WATER SYSTEM** STEAM GENERATOR D&D COMPRESSOR CHOCOLATE TANK PALLET WRAPPER HOBART COOLER Item Description Item Description DEHUMIDIFIER BULK PACK II FORM FILL II Asmt Year: 2014 Asmt Year: 2014 Acq Year 2013 Comments: 2013 Comments: 2013 Comments: Acq Year 2013 Comments: Comments: Comments: Comments: Comments: Comments: 2013 2013 2012 2012 2012 2012 140358 140003 140004 140005 140006 140008 140009 140010 140012 140014 140002 140007 140377 140361 140362 140363 140364 ģ Š

ECONLINE LABELER

2012 Comments:

VIDEOJET PRINTER

Comments: Comments:

2012

140366 140367

6,798

7,471

13,288 36,966

12,092 33,639

#### 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.

ch hearing evidence to this application				APPLICATION	NUMBER	R: Clerk	Use Only
PPLICANT INFORMATION - PLEASE F				A372			
OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUS TEWAVE FOODS/NATURAL SELECTION	DDS			MAIL ADDRESS	ndrew.	Grov	e@Ryan.c
NG ADDRESS OF APPLICANT (STREET ADDRESS OF	12002 Al	RPORT WA	Y				
BROOMFIELD	STATE ZIP CODE 800	21 (972) 932	1-0022	ALTERNATE TEL		16	ELEPHONE )
ONTACT INFORMATION - AGENT, ATT	NEY, OR RELATIVE	OF APPLICANT	T if applic	able - (REPR	ESENTA	TION IS	OPTIONAL
ANTLEOPHNOREW GROV			E	MAIL ADDRESS A	ndrew	Grow	@Puan a
ANY NAME					ildi Cvv.	CIOVI	Certyan.c
CT PERSON IF OTHER THAN ABOVE (LAST, FIRST, I	LE INTITAL)						
GADDRESS (STREET ADDRESS OR P. O. BÖX)	155 Noel Rd. S	 Suite 100					
Dallas	STATE ZIP CODE 7524	40 7972 1934	-0022	ALTERNATE TELE	PHONE	FAXTE	Z°934-493
ollowing information must be comple ney as indicated in the Certification s cant is a business entity, the agent's person named in Section 2 above is h	ion, or a spouse, cl horization must be by authorized to ac	hild, parent, reging signed by an of t as my agent in	istered d ficer or a this app	omestic partri uthorized em lication, and r	er, or the ployee o	person	n affected. If usiness.
enter in stipulation URE OF APPLICANT, OFFICER, OR AUTHORIZED EM EE ATTACHED	reements, and other YEE	TITLE	ues relati	ng to this app	lication.		DATE
R APPLICABLE NUMBER FROM YOU SESSOR'S BARCEL NUMBER 12-050-017-000	ASSESSMENT NUMBE	iR 042 DED 047	coo FE	E NUMBER			
COUNT NUMBER		012-050-017-	-000				
	TAX BILL NUMBER						
PERTY ADDRESS OR LOCATION 1721 S	 า Juan HWY	,	DC	ING BUSINESS .	AS (DBA), I	f approp	riate
ERTY TYPE							
IGLE-FAMILY / CONDOMINIUM / TOWNH	ISE / DUPLEX	☐ AGRICULTU	IRAL		DOSSES	eopv	INTEREST
LTI-FAMILY/APARTMENTS: NO. OF UNIT		☐ MANUFACTU		ME E			INTEREST
MMERCIAL/INDUSTRIAL		☐ WATER CRA		WL @	VACANT		
SINESS PERSONAL PROPERTY/FIXTUR		OTHER:	1 1	Ц	AIRCRA	) <del>-</del> (	
JE	A. VALUE ON ROLL		ANT'S ODI	NON OF VALUE	0.44	DELLA	22.00
	1,604,406	B. All FEIO	400,00	-	G. Al	PEALS	BOARD USE ON
VEMENTS/STRUCTURES	13,425,122		6,000,0				
RES	11 1 444		0,000,0	-	-		
					-		
AL RIGHTS					-		
					-		
					-		
		1					
TOTAL	15,029,528		6,400,00	20			
& VINES							

BOE-305-AH (P2) REV. 08 (01-15)	
5. TYPE OF ASSESSMENT BEING APPEALED Check only one.	See Instructions for filing periods
☐ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF 1	THE CURRENT YEAR
☐ SUPPLEMENTAL ASSESSMENT	
*DATE OF NOTICE: ROLL YEAR:	
*DATE OF NOTICE: 8-17-2017 ***POLL YEAR:	MITY REASSESSMENT PENALTY ASSESSMENT
*Must attach copy of notice or bill, where applicable **E	ach roll year requires a separate application
6. REASON FOR FILING APPEAL (FACTS)  See instru	uctions before completing this section
If you are uncertain of which item to check, please check "I. OTHER" at The reasons that I rely upon to support requested changes in value are A. DECLINE IN VALUE	nd provide a brief explanation of your reconn for files this sand
The assessor's roll value exceeds the market value as of Jan	uan 1 of the current year
B. CHANGE IN OWNERSHIP	uary i of the current year.
1. No change in ownership occurred on the date of	
2. Base year value for the change in ownership established or	n the date of
C. NEW CONSTRUCTION	is incorrect.
1. No new construction occurred on the date of	
2. Base year value for the completed new construction establi	
3. Value of construction in progress on January 1 is incorrect.	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	Je of personal property and/or fixtures exceeds market value
All personal property/fixtures.	
2. Only a portion of the personal property/fixtures, Attach desc	ription of those items.
F. PENALTY ASSESSMENT	
Penalty assessment is not justified.	
G.CLASSIFICATION/ALLOCATION	
1. Classification of property is incorrect.	
<ul> <li>2. Allocation of value of property is incorrect (e.g., between land</li> <li>H. APPEAL AFTER AN AUDIT. Must include description of each prop</li> </ul>	and improvements).
1. Amount of escape assessment is incorrect.	erry, resules being appealed, and your opinion or value.
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 )	PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER
Are requested.   Are not requested.	PARCEL (APN) IS REQUIRED AT THE TIME OF THE
. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See	instructions. HEARING.
☐ Yes ☐ No	THIS DELIGITIS.
CERTIFICAT	
certify (or declare) under penalty of perjury under the laws of the State of Companying statements or decuments in true, permet, and appellate to the	alifornia that the foregoing and all information hereon, including any
accompanying statements or documents, is true, correct, and complete to the property or the person affected (i.e., a person having a direct economic interests authorized by the proliferation of the person affected (i.e., a person having a direct economic interests authorized by the proliferation of the proliferation of the person affected (i.e., a person having a direct economic interests authorized by the proliferation of the person affected (i.e., a person having a direct economic interests).	St ID IDO navment of favor on that property. IIThe A - II IIII
gent authorized by the applicant under item 2 of this application, of (3) an a	MOMEY licensed to practice law in the State of Colfornia State Co.
who has been retained by the applicant and h	as been authorized by that person to file this application.
GNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)  DATE
Wis Man Adult & Man	Dallas, TX 9/32/1)
ME (Please Print) ndrew Grove	
ING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)	
<i>(</i>	
DATIONEL DATIONEL DECORE DEGISTERED	DOMESTIC PARTNER
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

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

#### ASSESSOR'S USE ONLY

NET CHAN	NEW VALUE	OLD VALUE	ALUE SUMMARY FOR YEAR 2016 - 2017
757,2	1,604,406	847,153	LAND
1,189,2	13,425,122	12,235,890	STRUCTURE
	0	0	GROWING IMPROVEMENTS
	0	0	PP MOBILE HOME
	0	0	FIXTURES PERSONAL PROPERTY
	0	0	PERSONAL PROPERTY
	0	0	LESS EXEMPTIONS
1,946,4	15,029,528	13,083,043	NET TAXABLE

#### YOUR RIGHT TO AN INFORMAL REVIEW

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

You also have the right to a formal appeal of the assessment which involves (1) the filling 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 filling an application.

#### **FILING DEADLINES**

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

An application is considered limely filed if: (1) it is sent by U.S. mail, properly addressed with postage prepaid, postmarked on or before the filing deadline; OR (2) the appeals board is satisfied that the mailing occurred by the filing deadline. If the filing deadline falls on a Saturday, Sunday, or a legal holiday, an application that is mailed and postmarked on the next business day shall be considered timely 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 flability. Please contact our office at (831) 636-4030 for further information.

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

San Benito County Assessment Appeals Board

Seven Hundred Twenty Only\*\*\*\*\*\*

\$ \*\*720.00

Details on Back.

DOLLARS 🗓

9/19/2017

4133

PAYTO THE ORDER OF

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

Hollister, CA 95023

MEMO

WWF Operating Company - 291125200.001 - Appeal Fee

"OCESTS2088% %520000111% WEE1400" AUTHORIZED SIGNATORE

RYAN, LLC / RYAN PROPERTY TAX ACCOUNT

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

9/19/2017

4133

720.00

#### **ASSESSMENT APPEAL APPLICATION**

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

attach hearing evidence to this applic	ation.			APPLICATION NUMBER: Clerk Use Only			
1. APPLICANT INFORMATION - PLEAS	SE PRINT						
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), WHITEWAVE FOODS/NATURAL SELECT	BUSINESS, OR TRUST NAME ION FOODS			EMAIL ADDRESS Ar	ndrew.Grov	e@Ryan.con	
MAILING ADDRESS OF APPLICANT (STREET ADDRES	12002		ORT WAY				
CITY BROOMFIELD			972 934-002		(	ELEPHONE )	
2. CONTACT INFORMATION - AGENT,	ATTORNEY, OR REL	ATIVE OF	APPLICANT if app	licable - (REPRE	SENTATION IS	OPTIONAL)	
KYANTLOTTKINDREW CRO	ST MIDDLE INITIAL)			EMAIL ADDRESS Ar	drew.Grove	@Ryan.com	
COMPANY NAME						265, 174,11.0011	
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIR	RST, MIDDLE INTITAL)						
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	13155 Noel R						
CITY Dallas	STATE ZIP CODE.	75240 C	972)934-0022	ALTERNATE TELEF	HONE FAX TE	2) 934-4939	
AUTHORIZATION OF AGENT The following information must be com attorney as indicated in the Certification applicant is a business entity, the agen The person named in Section 2 above	ipleted (or attached to on section, or a spou ot's authorization mus	o this appi se, child, st be sign	parent, registered led by an officer of	ictions) unless the domestic partner authorized emp	er, or the perso loyee of the bi	n affected. If the usiness.	
enter in stipula	tion agreements, and	io aci as i I otherwis	iny agent in unis at le settle issues reli	ipiicauon, and m sting to this anni	lay inspectass lication	essor's records	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZE  SEE ATTACHED			TITLE			DATE	
ENTER APPLICABLE NUMBER FROM							
012-050-017-000	ASSESSMENT N	O1	2-050-017-000	FEE NUMBER			
ACCOUNT NUMBER	TAX BILL NUMBE						
PROPERTY ADDRESS OR LOCATION 172	1 San Juan H	WY		DOING BUSINESS A	S (DBA), if approp	iate	
PROPERTY TYPE							
SINGLE-FAMILY / CONDOMINIUM / TO	WNHOUSE / DUPLEX		AGRICULTURAL		POSSESSORY	INTEREST	
MULTI-FAMILY/APARTMENTS: NO. OF	UNITS		MANUFACTURED H		VACANT LAND		
COMMERCIAL/INDUSTRIAL			WATER CRAFT	ñ	AIRCRAFT		
BUSINESS PERSONAL PROPERTY/FIX	TURES		OTHER:				
. VALUE	A. VALUE ON RO	DLL	B. APPLICANT'S O	PINION OF VALUE	C. APPEALS	BOARD USE ONLY	
AND	1,636,494		500,			20,000 002 01121	
MPROVEMENTS/STRUCTURES	13,693,624		5,000				
TIXTURES							
PERSONAL PROPERTY (see instructions)							
MINERAL RIGHTS			1				
REES & VINES							
OTHER			1				
TOTAL	15,330,118		·5,000	.000			
PENALTIES (amount or nement)	11114		-,,,,,				

BOE-305-AH (P2) REV. 08 (01-15) 5. TYPE OF ASSESSMENT BEING APPEALED M Check only one. See instructions for filing periods REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE CURRENT YEAR ☐ SUPPLEMENTAL ASSESSMENT \*DATE OF NOTICE: ROLL YEAR: ... ☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT \*DATE OF NOTICE: \*\*ROLL YEAR: \*Must attach copy of notice or bill, where applicable \*\*Each roll year requires a separate application 6. REASON FOR FILING APPEAL (FACTS) See Instructions before completing this section. If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows: A. DECLINE IN VALUE The assessor's roll value exceeds the market value as of January 1 of the current year. B. CHANGE IN OWNERSHIP 1. No change in ownership occurred on the date of 2. Base year value for the change in ownership established on the date of C. NEW CONSTRUCTION 1. No new construction occurred on the date of \_\_\_ 2. Base year value for the completed new construction established on the date of 3. Value of construction in progress on January 1 is incorrect. D. CALAMITY REASSESSMENT Assessor's reduced value is incorrect for property damaged by misfortune or calamity. E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value. 1. All personal property/fixtures. 2. Only a portion of the personal property/fixtures. Attach description of those items. F. PENALTY ASSESSMENT Penalty assessment is not justified. G. CLASSIFICATION/ALLOCATION 1. Classification of property is incorrect. 2. Allocation of value of property is incorrect (e.g., between land and improvements). H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value. 1. Amount of escape assessment is incorrect. 2. Assessment of other property of the assessee at the location is incorrect. I. OTHER Explanation (attach sheet if necessary) 7. WRITTEN FINDINGS OF FACTS (\$ PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER Are requested. Are not requested. PARCEL (APN) IS REQUIRED AT THE TIME OF THE 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 , 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 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

■ AGENT PERSON AFFECTED

■ A CORPORATE OFFICER OR DESIGNATED EMPLOYEE



LAND

## SECURED TAX BILL 2017-2018

## SAN BENITO COUNTY

MARY LOU ANDRADE TREASURER - TAX COLLECTOR 440 FIFTH STREET, ROOM 107 HOLLISTER, CA 95023-3834 Propertylassedforesh us propertyta

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.

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

> > 664

## SEE BACK OF STATEMENT FOR USEFUL INFO MAYION ASSESSMENT INFORMATION **FULL VALUE** 1,636,494

21KOCI ÓÚGT IMEKOAEMEMES	Interesting
NET TAXABLE	15,330,118
many transport agency and the contract of	A MILL COMPANY

ASSESSED VALUES ARE DETERMINED BY THE ASSESSOR
IN ACCORDANCE WITH STATE LAW

ORIGINAL BILL DATE 09/13/2017

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

TAX RATE AREA	ASSESSMENT KILL THE
079-009	612-050-017-000



VISIT www.cosb.us/tex, 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

ACCEPCED QUART	NATURAL SELECTION FOODS LLC
LOCATION OF PROFERTY	1721 SAN JUAN HWY
ACREAGE	34.43

TAXING ENTITY	TAX RATE PER \$100	GROSS TAXES
GENERAL PROPERTY TAX GAVILAN 3-204 D.S. BE WATER-BAN FELIPE ADVIANCED LIFE SUPPORT AROMAS-SJ USD 2011 RFND BOND SSH MOSPITAL BOND #2014 BEN MOSPUTO ABATEMENT BAN BENTO WATER-STANEY	1,00000 0,02000 0,02000 0,02000 DIRECT CHARGE 0,002040 DIRECT CHARGE DIRECT CHARGE	\$ 153,301.18 3,085.02 4,091.24 200.00 7,749.22 3,486.08 112.20 206.86
OCT 18 2017		٠

FIRST INSTALLMENT DUE 11/01/17

\$ 86,108.40

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

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 85023-3884

VISA RECE DSCOVER

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

**COCKING** 012-050-017-000 ALCOUNTING TO SERVE NATURAL SELECTION FOODS LLC TAX DUE DUE BY: 02/01/18 \$ 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.

012050017000220172000086106404280009473454120172

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

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 40 FFH SIREET, ROOM 107 HOLLSTER, CA 95023-3884



A AUGUS ACCIOCATED TO A 079-009 012-050-017-000 NATURAL SELECTION FOODS LLC DUE BY: 11/01/17 TAX OUR \$ 86,106.40 AFTER: 12/10/17 ADD 10% PENALTY 8,610.64 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.

BOE-305-AH (P1) REV. 08 (01-15) ASSESSMENT APPEAL APPLICATION \$45.00 USD PROCESSING FEE. To be paid at the This form contains all of the requests for information time of filing for each parcel being appealed. A that are required for filing an application for changed application must be filed for each parcel. assessment. Failure to complete this application may result in rejection of the application and/or denial of the THE PROCESSING FEE IS NON-REFUNDABLE. 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 NOV 28 2013 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. APPLICATION NUMBER: Clerk Use Only SAN BENITO COUNTY CLE 1. APPLICANT INFORMATION - PLEASE PRINT OF THE BOARD, HOLLISTER, NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME WHITEWAVE FOODS/NATURAL SELECTION FOODS Andrew.Grove@Ryan.com MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 12002 AIRPORT WAY BROOMFIELD STATE SP CODE 80021 (972) 934-0022 ALTERNATE TELEPHONE FAX TELEPHONE CO 2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL) Andrew.Grove@Ryan.com CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INTITAL) MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 13155 Noel Rd. Suite 100 TX ZIP CODE 75240 (972) 934-0022 CITY Dallas ALTERNATE TELEPHONE **AUTHORIZATION OF AGENT M** 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 Row 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 ASSESSMENT NUMBER 012-050-017-000 012-050-017-000 FEE NUMBER ACCOUNT NUMBER TAX BILL NUMBER PROPERTY ADDRESS OR LOCATION DOING BUSINESS AS (DBA), if appropriate 1721 San Juan HWY PROPERTY TYPE V 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 BOLL 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)

BOE-305-AH (P2) REV. 08 (01-15) 5. TYPE OF ASSESSMENT BEING APPEALED of Check only one. See instructions for filing periods REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR ☐ SUPPLEMENTAL ASSESSMENT \*DATE OF NOTICE: ROLL YEAR: ☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT \*DATE OF NOTICE: \*\*ROLL YEAR: \*Must attach copy of notice or bill, where applicable \*\*Each roll year requires a separate application 6. REASON FOR FILING APPEAL (FACTS) See Instructions before completing this section. If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows: The assessor's roll value exceeds the market value as of January 1 of the current year. B. CHANGE IN OWNERSHIP 1. No change in ownership occurred on the date of 2. Base year value for the change in ownership established on the date of C. NEW CONSTRUCTION 1. No new construction occurred on the date of 2. Base year value for the completed new construction established on the date of 3. Value of construction in progress on January 1 is incorrect. D. CALAMITY REASSESSMENT Assessor's reduced value is incorrect for property damaged by misfortune or calamity. E. BUSINESS PERSONAL PROPERTY/FIXTURES, Assessor's value of personal property and/or fixtures exceeds market value. 1. All personal property/fixtures. 2. Only a portion of the personal property/fixtures. Attach description of those items. F. PENALTY ASSESSMENT Penalty assessment is not justified. G. CLASSIFICATION/ALLOCATION ☐ 1. Classification of property is incorrect. 2. Allocation of value of property is incorrect (e.g., between land and improvements). H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value. ☐ 1. Amount of escape assessment is incorrect. 2. Assessment of other property of the assessee at the location is incorrect. I. OTHER Explanation (attach sheet if necessary) 7. WRITTEN FINDINGS OF FACTS (\$ PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER Are requested. Are not requested. PARCEL (APN) IS REQUIRED AT THE TIME OF THE 8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. HEARING. Yes CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property - "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar  $\_$ , who has been retained by the applicant and has been authorized by that person to file this application. SIGNATURE (Use Blue Pen - Original signature required on paper-filed application) SIGNED AT (CITY, STATE) Dallas, TX Andrew Grove FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1) CORPORATE OFFICER OR DESIGNATED EMPLOYEE

BOE-305-AH (P1) REV. 08 (01-15) ASSESSMENT APPEAL APPLICATION \$45.00 USD PROCESSING FEE. To be paid at the This form contains all of the requests for information time of filing for each parcel being appealed. A that are required for filing an application for changed separate application must be filed for each parcel. assessment. Failure to complete this application may result in rejection of the application and/or denial of the THE PROCESSING FEE IS NON REFUNDABLE. 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 NOV 2 8 0013 the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. Do not APPLICATION NUMBER: Clerk Use Only attach hearing evidence to this application. 1. APPLICANT INFORMATION - PLEASE PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TR WHITEWAVE FOODS/NATURAL SELECTION FOODS Andrew.Grove@Ryan.com MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 12002 AIRPORT WAY **GITY** BROOMFIELD 2IP CODE 80021 (972) 934-0022 (1 TERNATE TELEPHONE FAX TELEPHONE 2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL) GROV MIDDLE INITIAL) **EMAIL ADDRESS** Andrew.Grove@Ryan.com COMPANY NAME CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INTITAL) MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 13155 Noel Rd. Suite 100 CITY Dallas 75240 7972 **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 FEE NUMBER 012-050-017-000 ACCOUNT NUMBER TAX BILL NUMBER PROPERTY ADDRESS OR LOCATION DOING BUSINESS AS (DBA), if appropriate 721 San Juan HWY PROPERTY TYPE V 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

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Mary Lou Andrade

.. 4.514 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

Charles I Land	INCHES TO SELECTION	WE LEVEL O	OLI 4, 2016 - JONE JU, 2019	
PROPERTY INFOR	HATIOH		IMPORTANT MESSAGES	Mary
012-050-017-000	TAX RATE AREA	079669	(10) A 11 days 20/17/2018	. w week of place
012-050-017-000	ACFES	31 43		
012-050 017-000				
1721 SAN JUAN AT	Y			
	9ROPERTY INFOI 012-050-017-000 012-050-017-000 012-050-017-000	PROFERTY INFOR IATION 012-050-017-000 TAX RATE AREA 012-050-017-000 ZCFE6	PROFERTY INFORMATION  012-050-017-000 TAX RAM ARIA 079009  012-050-017-000 ACFES 37-43	012-050-017-000 TAX RATILARILA 079009 Ceglus cilidas 82/17/2018 012-050-017-000 ACFES 3r 43 012-050-017-000 1721 SAM JUAN BWY

FARTHBOUND FANIALLS 1721 SANJUAN HIGHWAY SAN JUAN BAUTISTA CA 95045

· · ·	COUNTY VALUES, EXEMPTION	S, AND TAKES	Name of the second seco	-
PHONE # VALUATION 3 (831) 636 4663	DESCRIPTION LAND	PROR	CURRENT 1469723	8 LLED   569201
YAX (RATES (831) 835-4003			0	
EXE (421 m) in 4 in		0		
PAYNENTS (831) 636-4034	STRUCTURAL IMPROVEMENTS			1256744
PF 548 - ROP 1,011 \$35 4030				
ADDR CHGS (\$31)\$36 4050			0	
GENERAL (231) 636-4334				
			1	
7111 BARTON SERVICES SERVICES	VALUES A TAX PATE PER 168 1,00000			13635717

/1111 H. J. P. P. P. L.	VOTER	APPROVED TAXES / TAXING AGE	NCY DIRECT CHARGE	S & SPECIAL ASSESSMENTS / FEE	5 1136,367,23
1999 1 636 1555	\$200E \$20010		126201 VILUS	TAX PATE 1136 5 05:00-7	VAR ANGEN
(421) 621 4233		SENOSTIA E NO HOLL	8530710	2.021765	\$3,400 c
(421) 637 631	61865	GAVIAN SIZ BA DIS. SE WATER GAN PERPE	15638211	0 0:2300 0 :27 ct s	\$1017.56 \$1.010.56

PHONCE	DSSCAPNON	0.34570	11 GS 4	ENGLESSO.	on white because		SYR C
(955) 774-6367	SEC MOSQUITO ABATEA	\$112.25	(800) 800-4705	ADVANCOD LINE SU	\$200.00 VALUE OF NAME	THE WAY	A COAL

PENATY		***
	2nd INSTALL MENT \$87.642.98	TOTAL TAXES
DELINQUENT AFTER 12/10/2018	DELINQUENT AFTER 04/18/2019	\$175,285.96
SAN BENITO COUNTY SEC	CURED PROPERTY TAXES - 2ND INSTALL	MENT PAYMENT STUG
CHT MINROLD (112.050.5117.000)	TAY YEARS 2010	VE CHEEKE MALLENA TO THE

HEE NU ABEH 1721 SAN JUAN HWY LOCATION,

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

EARTHSCUND FARM LLG 1/21 SANJUA NISIGHWAY S/N IUAN BAUNDIA OA 25045

012-050-017-000

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

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DELINOLER FAFTHMONACEOFF (FROMDER 10% FEMALTY OF SEVENCE ANALYSIS 50 COST)

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SAFI	ent of the America process of the community of the commun	CURED PRO	PERTY TAXES	19TINSTALLAENT PAYMENT STUB	
ASMI NUMBER.	012-050-017-000 TAX YEAR: 2018 012-050-017-000 012-050-017-000 1721-SAN JUAN HWY		2018	MAKE CHECK PAYABLE TO. San Benito County Tax Collector 440 Fifth Street, Room #107 Hollister, CA 95023-3894	
	E ARTHBOUND FA 1721 SAM JUAN II SAN JUAN BAUTIS	MAY	-	15°	

1F PAID BY 12/10/2018 \$87,642 98
ECLINUTION AFTER 12/10/2016 GIGGLODES 10% PENALTY OF \$8764 29 AND \$0.00 COST) \$96407 27
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 12/10/2016 \$175/255 06