

MEETING AGENDA MONO COUNTY ASSESSMENT APPEALS BOARD

Regular Meeting
December 7, 2022 at 9:00 A.M.

Meeting Location:
Board of Supervisors Chambers
County Courthouse
278 Main St., Bridgeport, CA 93517

TELECONFERENCE INFORMATION

Current statutes and regulations set forth rules and procedures an appeals board must follow when holding hearings. No statute may be construed as prohibiting an appeals board from holding hearings remotely. (See Revenue and Taxation Code, §§1616 and 1752.4.) Therefore, appeals boards have the administrative authority and option to provide either in-person hearings or remote hearings, or both.

To join the meeting by computer:

Visit https://monocounty.zoom.us/webinar/register/WN bjbTOtVAT42EJ0YIBudQmQ

Passcode: 271514

Or visit https://www.zoom.us/, click on "Join A Meeting" and enter the Zoom Webinar ID

835 4062 4693. Passcode: 271514.

To provide public comment, press the "Raise Hand" button on your screen.

To join the meeting by telephone:

Dial (669) 900-6833, then enter Zoom Webinar ID 835 4062 4693. Passcode: 271514. To provide public comment, press *9 to raise your hand and *6 to mute/unmute

PUBLIC MAY COMMENT ON AGENDA ITEMS AT THE TIME THE ITEM IS HEARD.

NOTE: In compliance with the Americans with Disabilities Act if you need special assistance to participate in this meeting, please contact Queenie Barnard, Assistant Clerk of the Board, at (760) 932-5530. Notification 48 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting (see 42 USCS 12132, 28CFR 35.130).

9:00 A.M.	Call Meeting to Order
	APPROVAL OF MINUTES
1.	None.
	ADMINISTRATIVE BUSINESS
2.	Administrative Updates
	a) Ormat Waiver (see Exhibit B) and Pre-Hearing Conference update.
	HEARINGS
3.	KUPFER LIVING TRUST 5-6-93
	(1) Parcel No. 031-120-002-000 AAB File No. 2021-024 Assessment Year: 2021 Roll Value: \$1,739,439
	Recommended Action: Approve the withdrawal request submitted by the applicant via email for File No. 2021-024 (Exhibit A). [22-12-01]
4.	RJD Trust 9-1-16
	(1) Parcel No. 035-212-040-000 AAB File No. 2021-025 Assessment Year: 2021 Roll Value: \$525,000
	Recommended Action: Approve the withdrawal request submitted by the applicant via email for File No. 2021-025 (Exhibit B).
	[22-12-02]
5.	BEACON MAMMOTH, INC.
	(1) Parcel No. 033-041-015-000 AAB File No. 2021-018

Assessment Year: 2021 Roll Value: \$1,571,614

(2) Parcel No. 033-041-016-000 AAB File No. 2021-019 Assessment Year: 2021 Roll Value: \$3,601,832

(3) Parcel No. 033-043-005-000 AAB File No. 2021-020 Assessment Year: 2021 Roll Value: \$2,128,121

(4) Parcel No. 033-043-016-000 AAB File No. 2021-021 Assessment Year: 2021 Roll Value: \$917,204

(5) Parcel No. 033-043-019-000 AAB File No. 2021-022 Assessment Year: 2021 Roll Value: \$1,638,601

(6) Parcel No. 039-030-015-000 AAB File No. 2021-023 Assessment Year: 2021 Roll Value: \$5,601,132

Recommended Action:

Announce File Nos. 2021-018 to 2021-023 (Exhibit C) as applications for reduction in assessment, the role value of subject property, and applicant's opinion of value; at the Board's discretion, request the parties to briefly describe the subject property, the issues presented, and any agreements or stipulations agreed to by the parties; and thereafter, either:

- (1) Take the matter under submission; or
- (2) Request that the parties answer any questions and/or provide any additional materials/documentation; or
- (3) Determine the full value of the subject property based on the evidence before the Board and direct staff to prepare an order.

[22-10-03]

6. PAI FAMILY TRUST 09-06-19

(1) Parcel No. 035-025-003-000 AAB File No. 2020-018 Assessment Year: 2020 Roll Value: \$3,154,065

(2) Parcel No. 035-025-003-000 AAB File No. 2021-007 Assessment Year: 2018 Roll Value: \$3,001,626

Recommended Action:

Announce File Nos. 2020-018 and 2021-007 (Exhibit D) as applications for reduction in assessment, the role value of subject property, and applicant's opinion of value; at the Board's discretion, request the parties to briefly describe the subject property, the issues presented, and any agreements or stipulations agreed to by the parties; and thereafter, either:

- (4) Take the matter under submission; or
- (5) Request that the parties answer any questions and/or provide any additional materials/documentation; or
- (6) Determine the full value of the subject property based on the evidence before the Board and direct staff to prepare an order.

[22-10-04]

ADJOURN

NOTE:

FOR ALL HEARINGS WHERE EVIDENCE WILL BE PRESENTED: Parties must appear at the hearing either personally or through their previously designated agent or attorney. Failure to appear may result in the denial of their appeal.

FOR ALL OTHER HEARINGS: Notwithstanding the foregoing, appearance is not required if a party has withdrawn their application, stipulated to an agreed upon value with the Mono County Assessor's Office, or been granted a postponement by the Board.

EXHIBIT A

BOE-305-WD REV. 02 (07-15)

ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Board at the address shown.



Assessment Appeals Board P.O. Box 237 Bridgeport, CA 93517-0715 Telephone: 760-932-5530

Fax: 760-932-5531 Email: hnunn@mono.ca.gov

APPLICANT AND PROPERTY INFORMATION

All	LIO	ANTANDI	IVOI L	X11 1141 O1XIVI	411014		
NAME OF APPLICANT Kupfer Living Trust 5-6-93							HEARING DATE if applicable 12/7/2022
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. C.	D. BOX)					EMAIL ADDRESS	12/1/2022
5395 Ruffin Rd., #201							
San Diego	STATE CA	2IP CODE 92123	DAY1)	ALTERI ()	FAX TELEPHONE ()
I no longer wish to pursue an assessment that the Assessment Appeal Application			roperty	, or properties	, indicat	ed below and	hereby request
APPLICATION NUMBER				PARCEL, ACCOUNT 0		NUMBER	
APPLICATION NUMBER				PARCEL, ACCOUNT		NUMBER	
APPLICATION NUMBER PARCEL, ACCOUNT OR				OR TAX BILL	NUMBER		
An Assessment Appeal Application may this request, unless the Assessor has gethe assessed value of the property. Add	be w given	vithdrawn at a the applicar	any tim nt a wr	e prior to or at	the tim	e of the hearin	ng upon submission of nmend an increase in
the Assessor and applicant may have ag							
Withdrawals are final and will conclude a	any fu	urther action	on the	appeal. No co	nditiona	l withdrawals	will be accepted.
		CERT	ΓΙFICA	TION			
I certify that I am authorized to trai				ing to the abo eal Applicatio		g, including t	his withdrawal of
SIGNATURE SIGNATURE	_	_			8/10	/2020	
PRINT NAME OF AUTHORIZED SIGNER Chris Middleton					TITLE	President	
COMPANY NAME					9/22/99/22/01	DDRESS	
Protax LLC						ad@protaxllc.	com
FILING STATUS	105			OTIO DADTNED			
OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOU ☐ CALIFORNIA ATTORNEY, STATE BAR NUMBER:	JSE	REGISTER	ED DOME	STIC PARTNER	CHILE		PERSON AFFECTED OR DESIGNATED EMPLOYEE
GALI GRANATIONALI, GIATE BAR NOMBER.	F	OR COUNTY	ROAL	RD USE ONLY	speld of each	ONATE OF TOLK	SK DEGIGNATED LIVIT EGTEL
☐ The withdrawal request is accepted and							
☐ The withdrawal request is denied. The As	ssess	or has deliver	ed a no	tice of increase.		oeal will be set	for hearing, in which you
will be notified of the date no less than 4: The withdrawal request is denied by the	-	•	•		n 1610 8	the anneals h	oard has the authority to
proceed with an assessment review to de							sala nas the dathenty to
ATTEST BY COUNTY BOARD:							
DATED:							
BY:CHAIRPERSON							
CHAIRPERSON						CLERK OF	F THE BOARD

EXHIBIT B



MONO COUNTY ASSESSMENT APPEALS BOARD

P.O. BOX 715, BRIDGEPORT, CALIFORNIA 93517 (760) 932-5530 • FAX (760) 932-5531

Scheereen Dedman Clerk of the Assessment Appeals Board Queenie Barnard Assistant Clerk of the Assessment Appeals Board

THIS FORM MUST BE RETURNED!

October 21, 2022

Dear Assessment Appeals Applicant:

Please take a moment to complete the information below. All information is required. Please note the following:

- This letter must be received by the Clerk at least 30 days prior to your hearing date (by 11/7/2022).
- If you fail to return this letter within the designated time frame but attend the hearing anyway, your hearing may be postponed.
- If you or your agent fail to appear (and regardless of whether you have returned this form), your application will be denied.

At the hearing, you will be expected to make a brief opening statement not to exceed two minutes. The Assessment Appeals Board Chair will announce a limitation on the time allowed for the hearing based on the complexity of the case. If you provide good cause why more time is required, the Chair may allow additional time. For information on continuances, please refer to the Notice of Hearing.

APPEAL CASE NO(S):	2021-025
ASSESSOR'S PARCEL NO(S):	031-212-040-000
APPELLANT(S) NAME(S):	RJD TRUST 9-1-16
HEARING DATE / TIME:	December 7, 2022, 9:00 A.M.
I wish to withdraw my application NOTE: Withdrawal of an application	cation. lication is FINAL and your case will not be considered.
	time scheduled for my hearing. me you request to hear your case: minutes
THE	11/2/22
Signature	Date

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

ASSESSMENT APPEAL APPLICATION

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

II ING FEE

A non-refundable filing fee of \$17.70 for each application/parcel will be charged and must be included at the time of filing the application. Payment can be made by check, money order, or cash. Make checks or money orders payable to: County of Mono. If your check is returned due to insufficient funds, a returned check fee in the amount of \$25.00 will be charged. Applications submitted without the fee will not be processed.

ageting and of the bearing or denial of the	anneal Da						
continuance of the hearing or denial of the attach hearing evidence to this applicat		APPLICATION NUMBER: Clerk Use Only					
1. APPLICANT INFORMATION - PLEASE							
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BE Beacon Mammoth, Inc		RUST NAME			EMAIL ADDRESS		. 6
MAILING ADDRESS OF APPLICANT (STREET ADDRESS 2260 E, Maple Ave.	OR P. O. BOX)				,,,		
CITY El Segundo	STATE CA	ZIP CODE 90245	DAY1	TIME TELEPHONE	ALTERNATE TELEPH	HONE FA	X TELEPHONE
2. CONTACT INFORMATION - AGENT, A	TTORNEY,	OR RELATIVE	OF AF	PPLICANT if ap	plicable - (REPRES	ENTATION	I IS OPTIONAL)
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR	ST, MIDDLE INI	TIAL)			EMAIL ADDRESS		
Origer, John P. COMPANY NAME							
Assessment Counselling Services, LLC							
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	ST, MIDDLE INT	ITAL)					
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)							
125 Auburn Ct., Suite 210							
CITY		ZIP CODE		TIME TELEPHONE	ALTERNATE TELEPH		X TELEPHONE
Westlake Village	CA	91362	1100000	05) 374-9500 TION ATTACHE	[()] (8	305) 374-6777
The following information must be compattorney as indicated in the Certification applicant is a business entity, the agent	n section,	or a spouse, c	child, pa	arent, registere	d domestic partne	r, or the pe	erson affected. If the
The person named in Section 2 above is							
enter in stipulati	ion agreen				elating to this appli		
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE			TITLE			DATE
<u> </u>							
☐ Yes ☐ No Is this property a single ENTER APPLICABLE NUMBER FROM Y			oied as th	ne principal place	of residence by the ow	ner?	
A33E33OR'3 PARCEL NUMBER 033-041-015-000	ASSI	ESSMENT NUMBI	ER		FEE NUMBER		
ACCOUNT NUMBER	TAX	BILL NUMBER					
PROPERTY ADDRESS OR LOCATION					DOING BUGINESS A	C (DDA) if a	anno rioto
6220 Minaret Rd. Mammoth Lakes					DOING BUSINESS A	.S (DDA), II aj	рргорпате
PROPERTY TYPE							
SINGLE-FAMILY / CONDOMINIUM / TOV	WNHOUSE.	/ DUPLEX	Па	GRICULTURAL		DUSSESS	ORY INTEREST
☐ MULTI-FAMILY/APARTMENTS: NO. OF I					LI COME		
	UNITS	_		IANUFACTURE!	D HOIVIE	VACANT L	
☐ COMMERCIAL/INDUSTRIAL				ATER CRAFT		AIRCRAFT	•
BUSINESS PERSONAL PROPERTY/FIX	TURES		□ o	THER:			
1. VALUE	Α.\	VALUE ON ROLL		B. APPLICANT'S	S OPINION OF VALUE	C. APP	EALS BOARD USE ONLY
LAND		1,571,614		8	00,000		
IMPROVEMENTS/STRUCTURES						7	
FIXTURES							
PERSONAL PROPERTY (see instructions)							a comment of the
MINERAL RIGHTS							11011 o = 1100¢
TREES & VINES							NOV 2 3 2021
OTHER						-	
		4 574 044			00.000	eW/com ²	W20 E E
TOTAL		1,571,614		8	00,000	MOI	NO COUNTY CLE
PENALTIES (amount or percent)						1	

BOE-305-AH (P2) REV. 08 (01-15)

follows: y 1 of the current year. ne date of ed on the date of nisfortune or calamity.	parate application I this section. In of your reasons for filing this application.
roll year requires a segons before completing provide a brief explanation follows: ry 1 of the current year. ne date of ed on the date of nisfortune or calamity. of personal property an	parate application Ithis section. In of your reasons for filing this application. is incorrect. is incorrect.
roll year requires a segons before completing provide a brief explanation follows: ry 1 of the current year. ne date of ed on the date of nisfortune or calamity. of personal property an	parate application Ithis section. In of your reasons for filing this application. is incorrect. is incorrect.
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roll year requires a set ons before completing provide a brief explanation follows: by 1 of the current year. the date of bed on the date of chisfortune or calamity. of personal property and	on of your reasons for filing this application on of your reasons for filing this application is incorrect.
ons before completing provide a brief explanation follows: Ty 1 of the current year. The date of	on of your reasons for filing this application on of your reasons for filing this application is incorrect.
orovide a brief explanation follows: Ty 1 of the current year. The date of and on the date of This fortune or calamity. The of personal property and the company of the current of the	on of your reasons for filing this application is incorrect is incorrect.
s incorrect.	led, and your opinion of value.
	a and all information have a limit with
best of my knowledge a st in the payment of taxes ttorney licensed to practi	g and all information hereon, including an nd belief and that I am (1) the owner of th s on that property – "The Applicant"), (2) al ice law in the State of California, State Ba at person to file this application.
SIGNED AT (CITY, STATE)	DATE
Westlake Village, CA	11/17/21
-	1
	CHILD ☐ PARENT ☐ PERSON AFFECTE
DOMESTIC PARTNER	
a es	e best of my knowledge a est in the payment of taxes attorney licensed to pract has been authorized by th SIGNED AT (CITY, STATE) Westlake Village, CA



NOV 2 3 2021

ASSESSEE'S AUTHORIZATION OF TAX AGENT

(Name	of Appl	icant) Beacon	Mammoth, Inc.			MONO COUNT	Y CLERK
(Mailir	ng Addro	ess of Applicant)	2260 E. Maple Ave.,	El Segun	do, CA 90245	;	
Asses P.O. I	3ox 456	ono A 93517	Assessment Appeals Clerk of the Board P.O. Box 237 Bridgeport, CA 9351		County of Mono Auditor & Controller P.O. Box 556 Bridgeport, CA 93517		
I.	(Agent (Addre	rss) 125 Aut Telephonn our behalf as A	ment Counselling Serve ourn Court, Suite 210, one (805) 374-9500; Fa gent in assessment mat L PROPERTY LOC APN: PLEASE S	Westlake ix (805) 3 ters for the	Village, CA 91362 74-6777 ose properties owned or conf	rolled by the	
II.	The ex	tent of such auth	nority is (check appro	priate ite	ms):		
					ent matters with your office s regarding our assessment.	You are to	
		Agent may sign Code, §441.	Property Statements a	s provide	d under California Revenue	and Taxation	
		Other (specify)					
III.		g delegated the alope of Agent's au		cept full r	esponsibility for any action	taken within	
IV.	I unde	rstand that this	Authorization (check	one):			
	\boxtimes	is effective until	revoked.				
		is revocable earl	ier by certified letter si	igned by t	he owner, a partner, or a corp	orate officer,	
		expires automat	ically four (4) years fro	om Date o	of Execution below.		
V.	I unde	rstand that the a	uthorized agent shall	l provide	me with a copy of the appli	cation.	
VI.	This A	authorization is f	or appeals filed in cal	lendar ye	ar: <u>2021-2022</u>		
	Date	8 24 2021					
	Signed	02	Tulet	Print N	Name Daniel Lubert		
	Title	President (Owner, Partner	, Corp. Officer)	Telepl	one 310 538 9000	Fax	

Beacon Mammoth, Inc. - Property List

Property Address	<u>APN</u>
6220 Minaret Rd.	033-041-015-000
111 Berner St.	033-041-016-000
6156 Minaret Rd.	033-043-005-000
6158 Minaret Rd.	033-043-016-000
6180 Minaret Rd.	033-043-019-000
6244 Minaret Rd.	039-030-015-000

NIMAN-11

EXHIBIT C

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

ASSESSMENT APPEAL APPLICATION

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

II ING FEE

A non-refundable filing fee of \$17.70 for each application/parcel will be charged and must be included at the time of filing the application. Payment can be made by check, money order, or cash. Make checks or money orders payable to: County of Mono. If your check is returned due to insufficient funds, a returned check fee in the amount of \$25.00 will be charged. Applications submitted without the fee will not be processed.

the appeals board considers recessary in	ay result in	1110						
continuance of the hearing or denial of the attach hearing evidence to this applicat		not			APPLICATION NU	MBER: Clerk	Use Only	
1. APPLICANT INFORMATION - PLEASE					2021-019			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BE		RUST NAME			EMAIL ADDRESS	1 011		
Beacon Mammoth, Inc	000000000							
MAILING ADDRESS OF APPLICANT (STREET ADDRESS 2260 E. Maple Ave.								
El Segundo	CA	ZIP CODE 90245	(TIME TELEPHONE	ALTERNATE TELEPH	(ELEPHONE)	
2. CONTACT INFORMATION - AGENT, A			OF AF	PLICANT if ap	plicable - (REPRES	ENTATION I	S OPTIONAL)	
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR. Origer, John P.	ST, MIDDLE INIT	TAL)			EMAIL ADDRESS			
COMPANY NAME								
Assessment Counselling Services, LLC CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T, MIDDLE INTI	ΓAL)						
MAILING ADDRESS (STREET ADDRESS OF B. O. DOV								
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 125 Auburn Ct., Suite 210								
CITY		ZIP CODE	12.00	IME TELEPHONE	ALTERNATE TELEPH		ELEPHONE	
Westlake Village AUTHORIZATION OF AGENT	CA	91362		05) 374-9500 FION ATTACHE	- /	[[80	5) 374-6777	
attorney as indicated in the Certification applicant is a business entity, the agent The person named in Section 2 above is	t's authoriza s hereby au	ation must be thorized to ac	signed ct as m	d by an officer y agent in this	or authorized empl application, and ma	y inspect as	business.	
		ents, and oth	erwise	1	elating to this applic	cation.	1	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED) EMPLOYEE			TITLE			DATE	
☐ Yes ☐ No Is this property a single	OUR NOTIC	CE/TAX BILL		io principal piaco				
ASSESSOR'S PARCEL NUMBER 033-041-016-000	ASSE	SSMENT NUMB	ER		FEE NUMBER			
ACCOUNT NUMBER	TAX B	BILL NUMBER						
PROPERTY ADDRESS OR LOCATION					DOING BUSINESS AS	S (DBA), if appr	opriate	
111 Berner St. Mammoth Lakes								
PROPERTY TYPE 🗹								
SINGLE-FAMILY / CONDOMINIUM / TON	NNHOUSE /	DUPLEX	_ A	GRICULTURAL		POSSESSOF	RY INTEREST	
MULTI-FAMILY/APARTMENTS: NO. OF	UNITS	_	□ N	IANUFACTURED	HOME	VACANT LAN	1D	
☐ COMMERCIAL/INDUSTRIAL			□ v	ATER CRAFT		AIRCRAFT		
BUSINESS PERSONAL PROPERTY/FIX	.TURES		□ 0	THER:				
4. VALUE	A.V.	ALUE ON ROLL		B_APPLICANT'S	OPINION OF VALUE	C. APPEA	LS BOARD USE ONLY	
LAND		3,601,832		1,	800,000			
IMPROVEMENTS/STRUCTURES								
FIXTURES						M 2	Name House Band	
PERSONAL PROPERTY (see instructions)							101 0 0 0004	
MINERAL RIGHTS							NOV 2 3 2021	
TREES & VINES								
OTHER						MONIO	COLINE	
TOTAL		3,601,832		1,	800,000	MONO	COUNTY CLEF	
PENALTIES (amount or percent)								

BOE-305-AH (P2) REV. 08 (01-15)

5. TYPE OF ASSESSMENT BEING APPEALED 🗹 Check only one	. See instructions for filing p	periods	
■ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF	THE CURRENT YEAR		
☐ SUPPLEMENTAL ASSESSMENT			
*DATE OF NOTICE: ROLL YEAR	₹:		
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CA *DATE OF NOTICE: **ROLL YEAF	LAMITY REASSESSMENT	_	MENT
*Must attach copy of notice or bill, where applicable *	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' The reasons that I rely upon to support requested changes in value at A. DECLINE IN VALUE ■ The assessor's roll value exceeds the market value as of J. 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 est □ 3. Value of construction in progress on January 1 is incorred. □ 2. Base year value for the completed new construction est □ 3. Value of construction in progress on January 1 is incorred. □ 2. All personal properly/fixtures. □ 2. Only a portion of the personal property/fixtures. Assessor's □ 1. All personal properly/fixtures. □ 2. Only a portion of the personal property/fixtures. Attach defined the personal property/fixtures. □ 2. Only a portion of the personal property/fixtures. Attach defined the personal property/fixtures. Attach defined the personal property/fixtures. □ 2. Only a portion of the personal property/fixtures. Attach defined the personal property/fixtures. □ 2. Only a portion of property is incorrect. □ 2. Allocation of value of property is incorrect (e.g., between the APPEAL AFTER AN AUDIT. Must include description of each □ 1. Amount of escape assessment is incorrect. □ 2. Assessment of other property of the assessee at the loc 1. OTHER □ Explanation (attach sheet if necessary) 7. WRITTEN FINDINGS OF FACTS (\$	and provide a brief explanation are as follows: anuary 1 of the current year. d on the date of ablished on the date of ct. d by misfortune or calamity. value of personal property and escription of those items. land and improvements). property, issues being appearation is incorrect.	on of your reasons for filing to the second	rect. rket value,
CERTIF	ICATION		
I certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete property or the person affected (i.e., a person having a direct economic agent authorized by the applicant under item 2 of this application, or (3 Number, who has been retained by the applicant	e of California that the foregoin to the best of my knowledge a interest in the payment of taxes an attorney licensed to pract	nd belief and that I am (1) to s on that property – "The Ap ice law in the State of Califo	he owner of the oplicant"), (2) an ornia, State Bar
SIGNATURE (Use Blue Pen Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DAT	
Al Chin	Westlake Village, CA	(4)	17/21
NAME (Please Print)			
John P. Origer ILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)			
	ERED DOMESTIC PARTNER	CHILD PARENT PE	RSON AFFECTED
☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE			



NOV 2 3 2021

ASSESSEE'S AUTHORIZATION OF TAX AGENT

(Name	of Appl	icant) Beacon	Mammoth, Inc.			MONO COUNT	Y CLERK
(Mailir	ng Addro	ess of Applicant)	2260 E. Maple Ave.,	El Segun	do, CA 90245	;	
Asses P.O. I	3ox 456	ono A 93517	Assessment Appeals Clerk of the Board P.O. Box 237 Bridgeport, CA 9351		County of Mono Auditor & Controller P.O. Box 556 Bridgeport, CA 93517		
I.	(Agent (Addre	rss) 125 Aut Telephonn our behalf as A	ment Counselling Serve ourn Court, Suite 210, one (805) 374-9500; Fa gent in assessment mat L PROPERTY LOC APN: PLEASE S	Westlake ix (805) 3 ters for the	Village, CA 91362 74-6777 ose properties owned or conf	rolled by the	
II.	The ex	tent of such auth	nority is (check appro	priate ite	ms):		
					ent matters with your office s regarding our assessment.	You are to	
		Agent may sign Code, §441.	Property Statements a	s provide	d under California Revenue	and Taxation	
		Other (specify)					
III.		g delegated the alope of Agent's au		cept full r	esponsibility for any action	taken within	
IV.	I unde	rstand that this	Authorization (check	one):			
	\boxtimes	is effective until	revoked.				
		is revocable earl	ier by certified letter si	igned by t	he owner, a partner, or a corp	orate officer,	
		expires automat	ically four (4) years fro	om Date o	of Execution below.		
V.	I unde	rstand that the a	uthorized agent shall	l provide	me with a copy of the appli	cation.	
VI.	This A	authorization is f	or appeals filed in cal	lendar ye	ar: <u>2021-2022</u>		
	Date	8 24 2021					
	Signed	02	Tulet	Print N	Name Daniel Lubert		
	Title	President (Owner, Partner	, Corp. Officer)	Telepl	one 310 538 9000	Fax	

Beacon Mammoth, Inc. - Property List

Property Address	<u>APN</u>
6220 Minaret Rd.	033-041-015-000
111 Berner St.	033-041-016-000
6156 Minaret Rd.	033-043-005-000
6158 Minaret Rd.	033-043-016-000
6180 Minaret Rd.	033-043-019-000
6244 Minaret Rd.	039-030-015-000

NIMAN-11

EXHIBIT C

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

ASSESSMENT APPEAL APPLICATION

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

FILING FEE

A non-refundable filing fee of \$17.70 for each application/parcel will be charged and must be included at the time of filing the application. Payment can be made by check, money order, or cash. Make checks or money orders payable to: County of Mono. If your check is returned due to insufficient funds, a returned check fee in the amount of \$25.00 will be charged. Applications submitted without the fee will not be processed.

continuous of the bearing or denial of the	anneal Da										
continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.						TION NUMBE	R: Clerk L	Jse Only			
	1. APPLICANT INFORMATION - PLEASE PRINT						2021-020				
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BE Beacon Mammoth, Inc		RUST NAME			EMAIL ADDR	RESS					
MAILING ADDRESS OF APPLICANT (STREET ADDRESS 2260 E. Maple Ave.	OR P. O. BOX)										
CITY El Segundo	STATE CA	ZIP CODE 90245	DAYTI	ME TELEPHONE)	ALTERN/	ATE TELEPHONE	FAX TEL	EPHONE			
2. CONTACT INFORMATION - AGENT, A	TTORNEY,	OR RELATIVE	OF AP	PLICANT if ap	plicable - (REPRESENT	ATION IS	OPTIONAL)			
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR	ST, MIDDLE INI	TIAL)			EMAIL ADDF	RESS					
Origer, John P. COMPANY NAME											
Assessment Counselling Services, LLC											
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	ST, MIDDLE INTI	TAL)									
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)											
125 Auburn Ct., Suite 210											
CITY Westlake Village	STATE CA	2IP CODE 91362		ME TELEPHONE 5) 374-9500	ALTERNA	ATE TELEPHONE	1.26	EPHONE) 374-6777			
AUTHORIZATION OF AGENT	1011	1,		ION ATTACHE	- D	1	1,003	7374-0777			
attorney as indicated in the Certification applicant is a business entity, the agent The person named in Section 2 above is	t's authoriz	ation must be	signed	by an officer	or authoriz	ed employee	of the bu	ısiness.			
enter in stipulati		ents, and other	erwise s	No construction of the con	elating to ti	his applicatio	n.	In account			
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE			TITLE				DATE			
ENTER APPLICABLE NUMBER FROM Y ASSESSOR'S PARCEL NUMBER		CE/TAX BILL	FR		FEE NUME	aed					
033-043-005-000	7,00	LOOMEITT HOMBI			I LL NOWL	JLIC					
ACCOUNT NUMBER	TAX	BILL NUMBER									
PROPERTY ADDRESS OR LOCATION					DOING BU	ISINESS AS (DB	A), if approp	riate			
6156 Minaret Rd. Mammoth Lakes											
PROPERTY TYPE											
☐ SINGLE-FAMILY / CONDOMINIUM / TO\	WNHOUSE A	DUPLEX	□ A	GRICULTURAL		☐ POS	SESSORY	INTEREST			
☐ MULTI-FAMILY/APARTMENTS: NO. OF	UNITS		□ M/	ANUFACTURE	HOME	■ VAC	ANT LAND				
☐ COMMERCIAL/INDUSTRIAL			□ w	ATER CRAFT		☐ AIR	CRAFT				
BUSINESS PERSONAL PROPERTY/FIX	TURES		ГО	HER:							
4. VALUE	A. \	ALUE ON ROLL		B. APPLICANT'S	S OPINION O	F VALUE	C. APPEALS	BOARD USE ONLY			
LAND		2,128,121		1,	300,000						
IMPROVEMENTS/STRUCTURES								-			
FIXTURES								Bereze Berezes Bare			
PERSONAL PROPERTY (see instructions)											
MINERAL RIGHTS							N	OV 2 3 2021			
TREES & VINES											
OTHER											
TOTAL		2,128,121		1,	300,000		MONO	COUNTY CLE			
PENALTIES (amount or percent)											

BOE-305-AH (P2) REV. 08 (01-15)

5. TYPE OF ASSESSMENT BEING APPEALED Check only one.	See instructions for filing բ	periods	
■ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF	THE CURRENT YEAR		
☐ SUPPLEMENTAL ASSESSMENT			
*DATE OF NOTICE: ROLL YEAR:			
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CAL	AMITY REASSESSMENT	☐ PENALTY ASSE	SSMENT
*DATE OF NOTICE: **ROLL YEAR:		_ TENALITAGGE	SOMEN
*Must attach copy of notice or bill, where applicable **E	ach roll vear requires a se	parate application	
	ructions before completing		
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 are 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. It is incorrect to the completed new construction in progress on January 1 is incorrect. 3. Value of construction in progress on January 1 is incorrect. In All personal property/fixtures. Assessor's very assessor's reduced value is incorrect for property damaged. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's very 1. All personal property/fixtures. 2. Only a portion of the personal property/fixtures. Attach deference is not justified. 3. CLASSIFICATION/ALLOCATION 1. Classification of property is incorrect. 2. Allocation of value of property is incorrect (e.g., between the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location of the property of the assessee at the location 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 locating property of the property of the property of the property	and provide a brief explanation as follows: nuary 1 of the current year. on the date of blished on the date of t. by misfortune or calamity. alue of personal property all scription of those items. and and improvements). coperty, issues being appearation is incorrect.	on of your reasons for fi	correct.
CERTIFIC	CATION		
I certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete to property or the person affected (i.e., a person having a direct economic in agent authorized by the applicant under item 2 of this application, or (3) Number, who has been retained by the applicant a	the best of my knowledge a terest in the payment of taxed an attorney licensed to pract	nd belief and that I am s on that property – "Th ice law in the State of ((1) the owner of the re Applicant"), (2) an California, State Bar
SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)		DATE
Toler Chi	Westlake Village, CA		11/17/21
NAME (Please Print			
John P. Origer			
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)			
	RED DOMESTIC PARTNER	CHILD PARENT	PERSON AFFECTED
☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE			



NOV 2 3 2021

ASSESSEE'S AUTHORIZATION OF TAX AGENT

(Name	of Appl	icant) Beacon	Mammoth, Inc.			MONO COUNT	Y CLERK
(Mailir	ng Addro	ess of Applicant)	2260 E. Maple Ave.,	El Segun	do, CA 90245	;	
Asses P.O. I	3ox 456	ono A 93517	Assessment Appeals Clerk of the Board P.O. Box 237 Bridgeport, CA 9351		County of Mono Auditor & Controller P.O. Box 556 Bridgeport, CA 93517		
I.	(Agent (Addre	rss) 125 Aut Telephonn our behalf as A	ment Counselling Serve ourn Court, Suite 210, one (805) 374-9500; Fa gent in assessment mat L PROPERTY LOC APN: PLEASE S	Westlake ix (805) 3 ters for the	Village, CA 91362 74-6777 ose properties owned or conf	rolled by the	
II.	The ex	tent of such auth	nority is (check appro	priate ite	ms):		
					ent matters with your office s regarding our assessment.	You are to	
		Agent may sign Code, §441.	Property Statements a	s provide	d under California Revenue	and Taxation	
		Other (specify)					
III.		g delegated the alope of Agent's au		cept full r	esponsibility for any action	taken within	
IV.	I unde	rstand that this	Authorization (check	one):			
	\boxtimes	is effective until	revoked.				
		is revocable earl	ier by certified letter si	igned by t	he owner, a partner, or a corp	orate officer,	
		expires automat	ically four (4) years fro	om Date o	of Execution below.		
V.	I unde	rstand that the a	uthorized agent shall	l provide	me with a copy of the appli	cation.	
VI.	This A	authorization is f	or appeals filed in cal	lendar ye	ar: <u>2021-2022</u>		
	Date	8 24 2021					
	Signed	02	Tulet	Print N	Name Daniel Lubert		
	Title	President (Owner, Partner	, Corp. Officer)	Telepl	one 310 538 9000	Fax	

Beacon Mammoth, Inc. - Property List

Property Address	<u>APN</u>
6220 Minaret Rd.	033-041-015-000
111 Berner St.	033-041-016-000
6156 Minaret Rd.	033-043-005-000
6158 Minaret Rd.	033-043-016-000
6180 Minaret Rd.	033-043-019-000
6244 Minaret Rd.	039-030-015-000

NIMEN-11

EXHIBIT C

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

ASSESSMENT APPEAL APPLICATION

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

ILING FEE:

A non-refundable filing fee of \$17.70 for each application/parcel will be charged and must be included at the time of filing the application. Payment can be made by check, money order, or cash. Make checks or money orders payable to: County of Mono. If your check is returned due to insufficient funds, a returned check fee in the amount of \$25.00 will be charged. Applications submitted without the fee will not be processed.

continuance of the hearing or denial of the attach hearing evidence to this applicat	• •	not			APPLICATION N	JMBER: C	lerk Use Only	
1. APPLICANT INFORMATION - PLEASE					2021-021			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), B Beacon Mammoth, Inc		RUST NAME			EMAIL ADDRESS			
MAILING ADDRESS OF APPLICANT (STREET ADDRESS 2260 E. Maple Ave.	OR P. O. BOX)				····			
CITY El Segundo	STATE CA	ZIP CODE 90245	DAY	TIME TELEPHONE	ALTERNATE TELEP	HONE F	AX TELEPHONE	
2. CONTACT INFORMATION - AGENT, A	TTORNEY,	OR RELATIVE	OF AF	PLICANT if ap	plicable - (REPRES	SENTATIO	N IS OPTIONAL)	
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR					EMAIL ADDRESS		•	
COMPANY NAME								
Assessment Counselling Services, LLC	T MODI E ME	7744						
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	II, MIDDLE IN II	IIAL)						
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)								
125 Auburn Ct, Suite 210								
CITY Westlake Village	STATE	ZIP CODE 91362		TIME TELEPHONE 05) 374-9500	ALTERNATE TELEP	1.7	AX TELEPHONE	
AUTHORIZATION OF AGENT	TOA)V 1		805) 374-6777	
The tollowing information must be comp	oleted (or a	HAUI⊓ ttached to this	ORIZA applic	TION ATTACHE ation - see inst	:บ ructions) unless th	e agent is	a licensed California	
attorney as indicated in the Certification	n section, o	or a spouse, c	hild, pa	arent, registere	d domestic partne	r, or the p	person affected. If the	
applicant is a business entity, the agent	t's authoriz	ation must be	signe	d by an officer	or authorized emp	loyee of t	he business.	
The person named in Section 2 above is	s hereby au	thorized to ac	t as m	y agent in this	application, and m	ay inspec	t assessor's records,	
		ents, and other	erwise	- Contraction -	elating to this appl	ication.		
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED) EMPLOYEE			TITLE			DATE	
[*				1				
3. PROPERTY IDENTIFICATION INFORM	IATION							
Yes 🔳 No Is this property a singl	le-family dwe	lling that is occup	ied as t	he principal place	of residence by the ov	/ner?		
ENTER APPLICABLE NUMBER FROM Y	OUR NOT	CE/TAX BILL						
ASSESSOR'S PARCEL NUMBER	ASS	LSSMLNT NUMBI	ER .		FEE NUMBER			
033-043-016-000					TEE WOMBER			
ACCOUNT NUMBER	TAX	BILL NUMBER						
BRODERRY & BRODERS OF LOCATION					1			
PROPERTY ADDRESS OR LOCATION 6158 Minaret Rd. Mammoth Lakes					DOING BUSINESS A	AS (DBA), if	appropriate	
PROPERTY TYPE ONLY TO THE TANK A CONTROL OF THE TANK A CONTROL O					_			
SINGLE-FAMILY / CONDOMINIUM / TON			∐ A	GRICULTURAL		POSSESS	SORY INTEREST	
MULTI-FAMILY/APARTMENTS: NO. OF	UNITS			IANUFACTURED	HOME	VACANT	LAND	
☐ COMMERCIAL/INDUSTRIAL			□ N	ATER CRAFT		AIRCRAF	т	
☐ BUSINESS PERSONAL PROPERTY/FIX	TURES		□ 0	THER:				
4. VALUE	Δ \	/ALUE ON ROLL			S OPINION OF VALUE	CAD	PEALS BOARD USE ONLY	
LAND	A _E	917,204				CAR	PEALS BOARD USE ONLY	
		917,204		0	00,000	- 6		
IMPROVEMENTS/STRUCTURES						1		
FIXTURES						1		
PERSONAL PROPERTY (see instructions)							TOTAL TOTAL	
MINERAL RIGHTS							NOV 2 3 2021	
TREES & VINES								
OTHER								
TOTAL		917,204		6	00,000	MO	NO COUNTY CLER	
PENALTIES (amount or percent)								

BOE-305-AH (P2) REV. 08 (01-15)

 $i \cdot b v :=$

5. TYPE OF ASSESSMENT BEING APPEALED V Check only one. See	instructions for filing periods
■ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE	E CURRENT YEAR
☐ SUPPLEMENTAL ASSESSMENT	
*DATE OF NOTICE: ROLL YEAR:	
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAM	ITY REASSESSMENT
*DATE OF NOTICE: **ROLL YEAR*	
*Must attach copy of notice or bill, where applicable **Eacl	n 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 as A. DECLINE IN VALUE	s follows:
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	
$\hfill \square$ 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 establish 	ned on the date of is incorrect.
3. Value of construction in progress on January 1 is incorrect.	
D. CALAMITY REASSESSMENT	
Assessor's reduced value is incorrect for property damaged by	•
E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value1. All personal property/fixtures.	e of personal property and/or 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	
1. Classification of property is incorrect.	
 2. Allocation of value of property is incorrect (e.g., between land H. APPEALAFTER AN AUDIT. Must include description of each property. 	
1. Amount of escape assessment is incorrect.	inty, issues being appealed, and your opinion of 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 (\$)	
☐ Are requested. ■ Are not requested.	
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See	instructions
■ Yes No	msu actions.
i les i la	
CERTIFICAT	TON .
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 intereagent authorized by the applicant under item 2 of this application, or (3) and Number who have been retained by the applicant and items.	e best of my knowledge and belief and that I am (1) the owner of the est in the payment of taxes on that property – "The Applicant"), (2) an
SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE) DATE,
> All Ini	Westlake Village, CA
NAME (Please Print)	111111111111111111111111111111111111111
John P. Origer	
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)	
OWNER AGENT ATTORNEY SPOUSE REGISTERED	DOMESTIC PARTNER
CORPORATE OFFICER OR DESIGNATED EMPLOYEE	



NOV 2 3 2021

ASSESSEE'S AUTHORIZATION OF TAX AGENT

(Name	of Appl	icant) Beacon	Mammoth, Inc.			MONO COUNT	Y CLERK
(Mailir	ng Addro	ess of Applicant)	2260 E. Maple Ave.,	El Segun	do, CA 90245	;	
Asses P.O. I	3ox 456	ono A 93517	Assessment Appeals Clerk of the Board P.O. Box 237 Bridgeport, CA 9351		County of Mono Auditor & Controller P.O. Box 556 Bridgeport, CA 93517		
I.	(Agent (Addre	rss) 125 Aut Telephonn our behalf as A	ment Counselling Serve ourn Court, Suite 210, one (805) 374-9500; Fa gent in assessment mat L PROPERTY LOC APN: PLEASE S	Westlake ix (805) 3 ters for the	Village, CA 91362 74-6777 ose properties owned or conf	rolled by the	
II.	The ex	tent of such auth	nority is (check appro	priate ite	ms):		
					ent matters with your office s regarding our assessment.	You are to	
		Agent may sign Code, §441.	Property Statements a	s provide	d under California Revenue	and Taxation	
		Other (specify)					
III.		g delegated the alope of Agent's au		cept full r	esponsibility for any action	taken within	
IV.	I unde	rstand that this	Authorization (check	one):			
	\boxtimes	is effective until	revoked.				
		is revocable earl	ier by certified letter si	igned by t	he owner, a partner, or a corp	orate officer,	
		expires automat	ically four (4) years fro	om Date o	of Execution below.		
V.	I unde	rstand that the a	uthorized agent shall	l provide	me with a copy of the appli	cation.	
VI.	This A	authorization is f	or appeals filed in cal	lendar ye	ar: <u>2021-2022</u>		
	Date	8 24 2021					
	Signed	02	Tulet	Print N	Name Daniel Lubert		
	Title	President (Owner, Partner	, Corp. Officer)	Telepl	one 310 538 9000	Fax	

Beacon Mammoth, Inc. - Property List

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

ASSESSMENT APPEAL APPLICATION

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FILING FEE:

NIMAN-11

A non-refundable filing fee of \$17.70 for each application/parcel will be charged and must be included at the time of filing the application. Payment can be made by check, money order, or cash. Make checks or money orders payable to: County of Mono. If your check is returned due to insufficient funds, a returned check fee in the amount of \$25.00 will be charged. Applications submitted without the fee will not be processed.

continuonas of the bearing or denial of the	opposi Da	not						
continuance of the hearing or denial of the attach hearing evidence to this applicat		not			APPLICA	TION NUMBER	R: Clerk Use Only	
					2021 - 022			
1. APPLICANT INFORMATION - PLEASE NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BO Beacon Mammoth, Inc		RUST NAME			EMAIL ADDR			
MAILING ADDRESS OF APPLICANT (STREET ADDRESS 2260 E. Maple Ave.	OR P. O. BOX)							
CITY El Segundo	STATE CA	ZIP CODE 90245	DAY	TIME TELEPHONE	ALTERNA (TE TELEPHONE	FAX TELEPHONE	
2. CONTACT INFORMATION - AGENT, A	TTORNEY,	OR RELATIVE	OF A	PPLICANT if ap	plicable - (REPRESENTA	ATION IS OPTIONAL)	
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR	ST, MIDDLE INI	TIAL)			EMAIL ADDR	ESS		
Origer, John P. COMPANY NAME								
Assessment Counselling Services, LLC								
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T, MIDDLE INT	TAL)						
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)								
125 Auburn Ct., Suite 210								
CITY		ZIP CODE	117	TIME TELEPHONE	ALTERNA	TE TELEPHONE	FAX TELEPHONE	
Westlake Village AUTHORIZATION OF AGENT	CA	91362		05)374-9500 TION ATTACHE)	(805) 374-6777	
The following information must be comp attorney as indicated in the Certification applicant is a business entity, the agent The person named in Section 2 above is	n section, t's authoriz	or a spouse, o ation must be	hild, p	arent, registere d by an officer	ed domestic or authoriz	partner, or t ed employee	he person affected. If the of the business.	
enter in stipulati								
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED				TITLE	J		DATE	
>								
ASSESSOR'S PARCEL NUMBER		ESSMENT NUMB	ER		FEE NUME	BER		
033-043-019-000	TAV	DILL NUMBER			<u> </u>			
ACCOUNT NUMBER	I IAX	BILL NUMBER						
PROPERTY ADDRESS OR LOCATION 6180 Minaret Rd. Mammoth Lakes					DOING BUSINESS AS (DBA), if appropriate			
PROPERTY TYPE					-1-			
SINGLE-FAMILY / CONDOMINIUM / TO	NNHOUSE	/ DUPLEX	\Box A	AGRICULTURAL		□ POSS	SESSORY INTEREST	
☐ MULTI-FAMILY/APARTMENTS: NO. OF			_ N	//ANUFACTURE!	D HOME	_	NT LAND	
☐ COMMERCIAL/INDUSTRIAL				VATER CRAFT		_	RAFT	
☐ BUSINESS PERSONAL PROPERTY/FIX	TURES		_	THER:		Airc	ivi i	
				1				
4. VALUE	A. \	VALUE ON ROLL		B. APPLICANT'		F VALUE (APPEALS BOARD USE ONL	
LAND		1,638,601		8	000,000			
IMPROVEMENTS/STRUCTURES								
FIXTURES							to temporal linearies in the	
PERSONAL PROPERTY (see instructions)							MOV 0 0 2021	
MINERAL RIGHTS							NOV 2 3 2021	
TREES & VINES								
OTHER							AONO COUNTY OF	
TOTAL		1,638,601		9	000,000		MONO COUNTY CLE	
PENALTIES (amount or percent)								

BOE-305-AH (P2) REV. 08 (01-15)

5. TYPE OF ASSESSMENT BEING APPEALED 🗹 Check only one	e. See instructions for filing p	eriods
■ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF	THE CURRENT YEAR	
☐ SUPPLEMENTAL ASSESSMENT		
*DATE OF NOTICE: ROLL YEA	₹:	
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CA	LAMITY REASSESSMENT	☐ PENALTY ASSESSMENT
*DATE OF NOTICE: **ROLL YEAR	₹.	
*Must attach copy of notice or bill, where applicable *	*Each roll year requires a se	parate application
B. REASON FOR FILING APPEAL (FACTS) See ins If you are uncertain of which item to check, please check "I. OTHER The reasons that I rely upon to support requested changes in value at A. DECLINE IN VALUE The assessor's roll value exceeds the market value as of a B. CHANGE IN OWNERSHIP 1. No change in ownership occurred on the date of	structions before completing and provide a brief explanation are as follows: don the date of	this section. In of your reasons for filing this application, is incorrect. is incorrect. and/or fixtures exceeds market value,
I OTHER		
Explanation (attach sheet if necessary)		
7. WRITTEN FINDINGS OF FACTS (\$ per)		
☐ Are requested. ■ Are not requested.		
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND Per No	See instructions.	
CERTIF	FICATION	
I certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete property or the person affected (i.e., a person having a direct economic agent authorized by the applicant under item 2 of this application, or (3 Number, who has been retained by the applicant	to the best of my knowledge a interest in the payment of taxes an attorney licensed to pract	nd belief and that I am (1) the owner of the s on that property – "The Applicant"), (2) an ice law in the State of California, State Bar
SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DATE
All Ing	Westlake Village, CA	11/17/21
AME (Please Print)		
John P. Origer		
ILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
✓ OWNER ■ AGENT □ ATTORNEY □ SPOUSE □ REGIS	TERED DOMESTIC PARTNER	CHILD PARENT PERSON AFFECTED
☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE		



NOV 2 3 2021

ASSESSEE'S AUTHORIZATION OF TAX AGENT

(Name	of Appl	icant) Beacon	Mammoth, Inc.			MONO COUNT	Y CLERK
(Mailir	ng Addro	ess of Applicant)	2260 E. Maple Ave.,	El Segun	do, CA 90245	;	
Asses P.O. I	3ox 456	ono A 93517	Assessment Appeals Clerk of the Board P.O. Box 237 Bridgeport, CA 9351		County of Mono Auditor & Controller P.O. Box 556 Bridgeport, CA 93517		
I.	(Agent (Addre	rss) 125 Aut Telephonn our behalf as A	ment Counselling Serve ourn Court, Suite 210, one (805) 374-9500; Fa gent in assessment mat L PROPERTY LOC APN: PLEASE S	Westlake ix (805) 3 ters for the	Village, CA 91362 74-6777 ose properties owned or conf	rolled by the	
II.	The ex	tent of such auth	nority is (check appro	priate ite	ms):		
					ent matters with your office s regarding our assessment.	You are to	
		Agent may sign Code, §441.	Property Statements a	s provide	d under California Revenue	and Taxation	
		Other (specify)					
III.		g delegated the alope of Agent's au		cept full r	esponsibility for any action	taken within	
IV.	I unde	rstand that this	Authorization (check	one):			
	\boxtimes	is effective until	revoked.				
		is revocable earl	ier by certified letter si	igned by t	he owner, a partner, or a corp	orate officer,	
		expires automat	ically four (4) years fro	om Date o	of Execution below.		
V.	I unde	rstand that the a	uthorized agent shall	l provide	me with a copy of the appli	cation.	
VI.	This A	authorization is f	or appeals filed in cal	lendar ye	ar: <u>2021-2022</u>		
	Date	8 24 2021					
	Signed	02	Tulet	Print N	Name Daniel Lubert		
	Title	President (Owner, Partner	, Corp. Officer)	Telepl	one 310 538 9000	Fax	

Beacon Mammoth, Inc. - Property List

Property Address	<u>APN</u>
6220 Minaret Rd.	033-041-015-000
111 Berner St.	033-041-016-000
6156 Minaret Rd.	033-043-005-000
6158 Minaret Rd.	033-043-016-000
6180 Minaret Rd.	033-043-019-000
6244 Minaret Rd.	039-030-015-000

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

ASSESSMENT APPEAL APPLICATION

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

II INC EEE.

NIMAN-11

A non-refundable filing fee of \$17.70 for each application/parcel will be charged and must be included at the time of filing the application. Payment can be made by check, money order, or cash. Make checks or money orders payable to: County of Mono. If your check is returned due to insufficient funds, a returned check fee in the amount of \$25.00 will be charged. Applications submitted without the fee will not be processed.

continuance of the hearing or denial of the a attach hearing evidence to this applicat		not			APPLICATION NU	JMBER: CI	erk Use Only			
	1. APPLICANT INFORMATION - PLEASE PRINT						2021-023			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BU Beacon Mammoth, Inc		RUST NAME			EMAIL ADDRESS					
MAILING ADDRESS OF APPLICANT (STREET ADDRESS of 2260 E. Maple Ave.	OR P. O. BOX)				"					
CITY El Segundo	STATE CA	ZIP CODE 90245	DAYT	IME TELEPHONE)	ALTERNATE TELEPH	HONE F	AX TELEPHONE			
2. CONTACT INFORMATION - AGENT, A	TORNEY,	OR RELATIVE	OF AP	PLICANT if ap	plicable - (REPRES	ENTATIO	N IS OPTIONAL)			
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST Origer, John P.	ST, MIDDLE INI	TIAL)			EMAIL ADDRESS					
COMPANY NAME										
Assessment Counselling Services, LLC CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T, MIDDLE INTI	TAL)								
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)										
125 Auburn Ct., Suite 210										
CITY Westlake Village	STATE CA	ZIP CODE 91362		ME TELEPHONE 5) 374-9500	ALTERNATE TELEPH		AX TELEPHONE 805 374-6777			
AUTHORIZATION OF AGENT		1	ORIZAT	ION ATTACHE	D	1,5				
The following information must be comp attorney as indicated in the Certification applicant is a business entity, the agent	section,	or a spouse, c	hild, pa	rent, registere	ed domestic partne	r, or the p	erson affected. If the			
The person named in Section 2 above is enter in stipulati					application, and ma		t assessor's records,			
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED		,		TITLE	g		DATE			
>										
3. PROPERTY IDENTIFICATION INFORM Yes No Is this property a single ENTER APPLICABLE NUMBER FROM Y	e-family dwe		pied as th	e principal place	of residence by the ow	ner?				
ASSESSOR'S PARCEL NUMBER		ESSMENT NUMB	LD		FEE NUMBER					
039-030-015-000	7001	LOOMENT NOME	LIX		FEE NOWBER					
ACCOUNT NUMBER	TAX	BILL NUMBER			-					
PROPERTY ADDRESS OR LOCATION 6244 Minaret Rd. Mammoth Lakes	<u></u>				DOING BUSINESS A	S (DBA), if a	appropriate			
PROPERTY TYPE										
☐ SINGLE-FAMILY / CONDOMINIUM / TOV	VNHOUSE.	/ DUPLEX	☐ A	GRICULTURAL		POSSESS	ORY INTEREST			
☐ MULTI-FAMILY/APARTMENTS: NO. OF U	JNITS	_	☐ M _i	ANUFACTURE	D HOME	VACANT I	.AND			
☐ COMMERCIAL/INDUSTRIAL			□ w.	ATER CRAFT		AIRCRAF	Т			
☐ BUSINESS PERSONAL PROPERTY/FIX	TURES		□ 01	ΓHER:						
4. VALUE	Α,\	ALUE ON ROLL		B, APPLICANT	S OPINION OF VALUE	C. API	PEALS BOARD USE ONLY			
LAND		5,601,132		3,	000,000					
IMPROVEMENTS/STRUCTURES						Question 1				
FIXTURES						8				
PERSONAL PROPERTY (see instructions)										
MINERAL RIGHTS							NOV 2 3 2021			
TREES & VINES							M. W. Market			
OTHER										
TOTAL		5,601,132		3,	000,000	MOI	O COUNTY CLER			
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 per	iods
■ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF	THE CURRENT YEAR	
☐ SUPPLEMENTAL ASSESSMENT		
*DATE OF NOTICE: ROLL YEAR		
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CA *DATE OF NOTICE: **ROLL YEAF	AMITY REASSESSMENT	☐ PENALTY ASSESSMENT
	··· Each roll year requires a sepai	rate application
	tructions before completing th	
If you are uncertain of which item to check, please check "I. OTHER' The reasons that I rely upon to support requested changes in value at A. DECLINE IN VALUE The assessor's roll value exceeds the market value as of J. B. CHANGE IN OWNERSHIP	re as follows:	of your reasons for filing this application.
1. No change in ownership occurred on the date of	<u>·</u>	
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 est	blished on the date of	is incorrect.
☐ 3. Value of construction in progress on January 1 is incorre		
D. CALAMITY REASSESSMENT		
☐ Assessor's reduced value is incorrect for property damage	l by misfortune or calamity.	
 E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's 1. All personal property/flxtures. 	value of personal property and/	or fixtures exceeds market value.
2. Only a portion of the personal property/fixtures. Attach d	escription of those items.	
F. PENALTY ASSESSMENT		
 Penalty assessment is not justified. 		
G. CLASSIFICATION/ALLOCATION		
1. Classification of property is incorrect.		
 2. Allocation of value of property is incorrect (e.g., between H. APPEAL AFTER AN AUDIT. Must include description of each 		Land your opinion of value
1. Amount of escape assessment is incorrect.	roperty, issues being appealed	a, and your opinion of value.
2. Assessment of other property of the assessee at the loc	ation is incorrect.	
I. OTHER		
Explanation (attach sheet if necessary)		
7. WRITTEN FINDINGS OF FACTS (\$ per)		
☐ Are requested. ■ Are not requested.		
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND P Yes No	See instructions.	
CERTIF	ICATION	
I certify (or declare) under penalty of perjury under the laws of the State accompanying statements or documents, is true, correct, and complete property or the person affected (i.e., a person having a direct economic agent authorized by the applicant under item 2 of this application, or (3 Number, who has been retained by the applicant	to the best of my knowledge and interest in the payment of taxes of an attorney licensed to practice	belief and that I am (1) the owner of the n that property – "The Applicant"), (2) an law in the State of California, State Bar
SIGNATURE (Use Blue Pen original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DATE
A A A A A A A A A A A A A A A A A A A	Westlake Village, CA	11/12/21
NAME (Please(Print)		11/1/25
John P. Origer		
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
OWNER AGENT ATTORNEY SPOUSE REGIST	ERED DOMESTIC PARTNER	HILD PARENT PERSON AFFECTED
CORPORATE OFFICER OR DESIGNATED EMPLOYEE		



NOV 2 3 2021

ASSESSEE'S AUTHORIZATION OF TAX AGENT

(Name	of Appl	icant) Beacon	Mammoth, Inc.			MONO COUN	NTY CLERK	
(Mailir	ng Addro	ess of Applicant)	2260 E. Maple Ave.,	El Segun	do, CA 90245			
Asses P.O. I	3ox 456	ono A 93517	Assessment Appeals Clerk of the Board P.O. Box 237 Bridgeport, CA 9351		County of Mono Auditor & Controller P.O. Box 556 Bridgeport, CA 93517			
I.	(Agent (Addre	rss) 125 Aut Telephonn our behalf as Agigned	ment Counselling Serve ourn Court, Suite 210, one (805) 374-9500; Fa gent in assessment mat L PROPERTY LOC APN: PLEASE S	Westlake ax (805) 3 tters for the ATED IN	Village, CA 91362 74-6777 ose properties owned or conf	rolled by the		
II.	The ex	tent of such auth	nority is (check appro	priate ite	ms):			
					ent matters with your office s regarding our assessment.	You are to		
		Agent may sign Code, §441.	Property Statements a	as provide	d under California Revenue	and Taxation		
		Other (specify)						
III.		g delegated the alope of Agent's au		cept full r	esponsibility for any action	taken within		
IV.	I unde	rstand that this	Authorization (check	one):				
	\boxtimes	is effective until	revoked.					
		is revocable earl	ier by certified letter si	igned by t	he owner, a partner, or a corp	orate officer,		
		expires automat	ically four (4) years fro	om Date o	of Execution below.			
V.	I unde	understand that the authorized agent shall provide me with a copy of the application.						
VI.	/I. This Authorization is for appeals filed in calendar year: 2021-2022							
	Date	8 24 2021						
	Signed	02	Tulet	Print N	Name Daniel Lubert			
	Title	President (Owner, Partner	, Corp. Officer)	Telepl	one 310 538 9000	Fax		

Beacon Mammoth, Inc. - Property List

Property Address	<u>APN</u>
6220 Minaret Rd.	033-041-015-000
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6156 Minaret Rd.	033-043-005-000
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6244 Minaret Rd.	039-030-015-000

EXHIBIT D

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

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing

A non-refundable filing fee of \$17.70 for each application/parcel will be charged and must be included at the time of filing the application. Payment can be made by check, money order, or cash. Make checks or money orders payable to: County of Mono. If your check is returned due to insufficient funds, a returned check fee in the amount of \$25.00 will be charged. Applications submitted without the fee will not be processed.

the appeals board considers necessary may continuance of the hearing or denial of the ap		me .	opiicatio	on and tee to	P.O. Box 237, Brid			_	
attach hearing evidence to this application. 1. APPLICANT INFORMATION - PLEASE PRINT					APPLICATION NUMBER: Clerk Use Only 2020 -018				
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OF 3676 Legends Dr.									
CITY Simi Valley	STATE	ZIP CODE 93065	DAYTI (805	ME TELEPHONE) 807 1033	(805) 367 444		EPHONE)		
2. CONTACT INFORMATION - AGENT, AT							OPTIONAL)		
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST	, MIDDLE INI	TIAL)			EMAIL ADDRESS				
COMPANY NAME					•				
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST,	MIDDLE INTI	TAL)							
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)								_	
CITY	STATE	ZIP CODE	DAYTI	ME TELEPHONE	ALTERNATE TELEPHO	ONE FAX TEL	EPHONE)	_	
The following information must be comple attorney as indicated in the Certification applicant is a business entity, the agent's	section, o s authoriz	or a spouse, c ation must be	hild, pa signed	rent, registere by an officer	d domestic partner, or authorized emplo	or the person	n affected. If Isiness.	the	
The person named in Section 2 above is a enter in stipulatio			-	-	application, and ma elating to this applic	17.263	essor's reco	rds,	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED E	EMPLOYEE			TITLE			DATE		
Yes No Is this property a single- ENTER APPLICABLE NUMBER FROM YO ASSESSOR'S PARCEL NUMBER	UR NOTI			- FF	FEE NUMBER			_	
035-025-003-000		025-003-000			035-025-003-000				
ACCOUNT NUMBER	TAX	BILL NUMBER			•				
PROPERTY ADDRESS OR LOCATION 3626 Main St. Mammaoth Lakes, CA 93546					DOING BUSINESS AS	S (DBA), if approp	oriate		
PROPERTY TYPE									
SINGLE-FAMILY / CONDOMINIUM / TOW	NHOUSE	/ DUPLEX	□ A	GRICULTURAL		POSSESSORY	INTEREST		
MULTI-FAMILY/APARTMENTS: NO. OF U	MULTI-FAMILY/APARTMENTS: NO. OF UNITS MANUFACTURE			ANUFACTURE	O HOME	VACANT LAND)		
■ COMMERCIAL/INDUSTRIAL	MMERCIAL/INDUSTRIAL WATER CRAFT				AIRCRAFT				
BUSINESS PERSONAL PROPERTY/FIXT	URES		□ 0.	THER:		6			
1. VALUE	Α.	VALUE ON ROLL		B. APPLICANT'	S OPINION OF VALUE	C. APPEAL	S BOARD USE	ONLY	
LAND		\$561,000.00			08,178.00	[ררו]		+	
IMPROVEMENTS/STRUCTURES				95,000.60		2			
FIXTURES							Č.	+	
PERSONAL PROPERTY (see instructions)		\$32,274.00 \$8		8,000.00		C	1		
MINERAL RIGHTS				<u>`</u>			-0,-		
TREES & VINES						25	6	1	
OTHER					577	11-11-	2	1	
TOTAL	9	3,093,932.00		\$1,4	111,178.60				
PENALTIES (amount or percent)						6	3/-1		

EXHIBIT D

BOE-30	05-AH (P2) REV. 08 (01-15)			
5. TYI	PE OF ASSESSMENT BEING APPEALED 🇹 Check only one. See i	nstructions for filing p	eriods	
	REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE	CURRENT YEAR		
	SUPPLEMENTAL ASSESSMENT			
	*DATE OF NOTICE: ROLL YEAR:			
			☐ PENALTY ASSES	SSMENT
	*DATE OF NOTICE: **ROLL YEAR:			
	*Must attach copy of notice or bill, where applicable **Each	roll year requires a sej	parate application	
If your The A.	ASON FOR FILING APPEAL (FACTS) See instruction of the unit of the content of the	rovide a brief explanation follows: y 1 of the current year.	n of your reasons for fili	ng this application.
	NEW CONSTRUCTION			
	☐ 1. No new construction occurred on the date of☐ 2. Base year value for the completed new construction established		in in	
D. E. F. G. H.	□ 3. Value of construction in progress on January 1 is incorrect. CALAMITY REASSESSMENT □ Assessor's reduced value is incorrect for property damaged by medical property fixtures. □ 1. All personal property/fixtures. □ 2. Only a portion of the personal property/fixtures. Attach descriptenalty assessment is not justified. CLASSIFICATION/ALLOCATION □ 1. Classification of property is incorrect. □ 2. Allocation of value of property is incorrect (e.g., between land appeal AFTER AN AUDIT. Must include description of each properture. □ 1. Amount of escape assessment is incorrect. □ 2. Assessment of other property of the assessee at the location in DTHER □ Explanation (attach sheet if necessary) RITTEN FINDINGS OF FACTS (\$	nisfortune or calamity. of personal property a tion of those items. and improvements). rty, issues being appear s incorrect. is attached.	nd/or fixtures exceeds	market value.
accor	CERTIFICATI fy (or declare) under penalty of perjury under the laws of the State of Companying statements or documents, is true, correct, and complete to the laws of the person affected (i.e., a person having a direct economic interest.	alifornia that the foregoing best of my knowledge ast in the payment of taxes	and belief and that I am es on that property – "Th	(1) the owner of the e Applicant"), (2) an
ageni Numi	authorized by the applicant under item 2 of this application, or (3) an a per, who has been retained by the applicant and h	ttorney licensed to prac as been authorized by ti	tice law in the State of (California, State Bar plication.
NAME	Please Print) na Mohan Pai	SIGNED AT (CITY, STATE) Simi Valley, CA		DATE 11/24/2020
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			

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

EXHIBIT D

ASSESSMENT APPEAL APPLICATION

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A non-refundable filing fee of \$17.70 for each application/parcel will be charged and must be included at the time of filing the application. Payment can be made by check, money order, or cash. Make checks or money orders payable to: County of Mono. If your check is returned due to insufficient funds, a returned check fee in the amount of \$25.00 will be charged. Applications submitted without the fee will not be processed.

continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.					APPL	APPLICATION NUMBER: Clerk Use Only			
1. APPLICANT INFORMATION - PLEASE	PRINT				2021-007				
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BU PAI FAMILY TRUST 09-06-19 DBA Ventura (RUST NAME			and the second second	DDRESS invenger.com	1		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OF 3676 Legends Dr.					ripaile	arveriger.com		:8	
CITY Simi Vallau	STATE	ZIP CODE		E TELEPHONE	ALTE	RNATE TELEPH 05) 367 444		FAX TELEPHONE	
Simi Valley 2. CONTACT INFORMATION - AGENT, AT	CA	93065) 807 1033				ON IS OPTIONAL)	
IAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRS			OF AFF	LICANT II AP		DDRESS	LNIAII	ON 10 OF HONAL)	
COMPANY NAME									
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T. MIDDLE INTI	(AI)							
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)				2					
CITY	STATE	ZIP CODE	DAYTIM	E TELEPHONE	ALTI	ERNATE TELEPH	ONE	FAX TELEPHONE	
AUTHORIZATION OF AGENT			0017471	ON ATTACHE				<u>v</u> 1	
ttorney as indicated in the Certification opplicant is a business entity, the agent The person named in Section 2 above is	's authoriz hereby au	ation must be thorized to ac	signed i	by an officer agent in this	or author	orized emplo tion, and ma	oyee of y inspe	the business.	
enter in stipulation		ents, and othe			relating t	o this applic	cation.	DATE	
IGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE		1	TITLE				DATE	
ASSESSOR'S PARCEL NUMBER	ASSE	SSMENT NUMBE	ER	352	I WAS SOUNDED	UMBER			
035-025-003-000		25-003-000			035-025-003-000				
ACCOUNT NUMBER	IAX	BILL NUMBER							
PROPERTY ADDRESS OR LOCATION	PROPERTY ADDRESS OR LOCATION DOING BUSINESS AS (DBA)				S (DBA), i	f appropriate			
PROPERTY TYPE 🗹									
SINGLE-FAMILY / CONDOMINIUM / TOV	VNHOUSE /	DUPLEX	☐ AG	RICULTURAL	-		POSSES	SSORY INTEREST	
MULTI-FAMILY/APARTMENTS: NO. OF U	JNITS	_	☐ MA	NUFACTURE	D HOME		VACANT	LAND	
COMMERCIAL/INDUSTRIAL			☐ WA	TER CRAFT			AIRCRA	AFT	
BUSINESS PERSONAL PROPERTY/FIX	TURES		□ от	HER:					
. VALUE	A. \	ALUE ON ROLL		B. APPLICANT	'S OPINIO	N OF VALUE	C. A	PPEALS BOARD USE ON	
LAND		\$561,000.00		\$308,178.00					
IMPROVEMENTS/STRUCTURES	\$2,500,658.00 \$1,09		1,095,000.60						
FIXTURES								H Marie Barrie S	
PERSONAL PROPERTY (see instructions)		\$32,274.00		\$	8,000.00			CLU to 0 3034	
MINERAL RIGHTS								SEP 2 3 2021	
TREES & VINES									
							-		
							NAC	ONO COUNTY OF	
OTHER TOTAL PENALTIES (amount or percent)	\$	3,093,932.00		\$1,4	411,178.0	60	MC	ONO COUNTY CL	

EXHIBIT D

BOE-305-AH (P2) REV. 08 (01-15)

202 303 741 (1 2) 742 4. 30 (01 10)		
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: Letter Attached ROLL YEAR: 20 	18	
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMI		ESSMENT
*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) 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	ions before completing this section. provide a brief explanation of your reasons for fi follows:	ling this application.
☐ The assessor's roll value exceeds the market value as of Janua B. CHANGE IN OWNERSHIP	ry 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 t	he date of April 2018 is incorrect	
C. NEW CONSTRUCTION	<u> </u>	
1. No new construction occurred on the date of		
2. Base year value for the completed new construction establish	ed on the date ofis ir	correct.
3. Value of construction in progress on January 1 is incorrect.		
D. CALAMITY REASSESSMENT		
$\hfill \square$ Assessor's reduced value is incorrect for property damaged by		
 E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value 1. All personal property/fixtures. 	of personal property and/or fixtures exceeds	market value.
 2. Only a portion of the personal property/fixtures. Attach description 	otion of those items.	
F. PENALTY ASSESSMENTPenalty 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 		of value.
1. Amount of escape assessment is incorrect.	5- 5	
 2. Assessment of other property of the assessee at the location I. OTHER 	is incorrect.	
Explanation (attach sheet if necessary)		
■ Are requested.		
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See Yes No	instructions.	
CERTIFICAT		
I certify (or declare) under penalty of perjury under the laws of the State of C		ereon, includina anv
accompanying statements or documents, is true, correct, and complete to the property or the person affected (i.e., a person having a direct economic intereagent authorized by the applicant under item 2 of this application, or (3) and	best of my knowledge and belief and that I am st in the payment of taxes on that property – "Th	(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
► Kn-h	Simi Valley, CA	9/17/2021
NAME (Please Print) KRISHNA MOHAN PM	,	
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
OWNER	DOMESTIC PARTNER	PERSON AFFECTED
_ SOM OF THE STREET ON DEGIGNATED ENTREOTEE		

EXHIBIT D

Queenie Barnard

From: Tracy Morgan <tmorgan@mono.ca.gov>

Sent: Monday, August 29, 2022 9:56 AM

To: Queenie Barnard <qbarnard@mono.ca.gov>

Cc: Anne Frievalt <afrievalt@mono.ca.gov>; Barry Beck <bbeck@mono.ca.gov>; Emily Fox <efox@mono.ca.gov>;

Scheereen Dedman <sdedman@mono.ca.gov>

Subject: RE: Notice for October 12, 2022 Assessment Appeal Board (AAB) Hearing - 2020-018, 2021-007

Hi Queenie,

Just looking over the Pai Family Trust Appeal Applications and noticed that the Value on the Roll numbers are incorrect. I wanted to let you know because I plan to present the Assessor's case using those numbers, and I didn't want it to be confusing to the Board or anyone else.

Tracy Morgan Assistant Assessor Mono County Assessor's Office 760-932-5510



From: Queenie Barnard < gbarnard@mono.ca.gov>

Sent: Friday, August 26, 2022 3:53 PM

To: Krishna - Invenger Technologies < kpai@invenger.com>

Cc: Anne Frievalt <afrievalt@mono.ca.gov>; Barry Beck <bbeck@mono.ca.gov>; Emily Fox <efox@mono.ca.gov>;

Scheereen Dedman <sdedman@mono.ca.gov>; Tracy Morgan <tmorgan@mono.ca.gov>

Subject: Notice for October 12, 2022 Assessment Appeal Board (AAB) Hearing - 2020-018, 2021-007

Good afternoon,

Attached please find your Notice of Hearing. A hard copy is being mailed to the address you provided on your application. Please be advised that the blue letter needs to be completed and returned to our office by September 12, 2022.

Please let me know if you have any questions. Thank you.

Queenie Barnard
Assistant Clerk-Recorder-Registrar
Mono County
P.O. Box 237
Bridgeport, CA 93517
(760) 932-5534
qbarnard@mono.ca.gov