EF-571-M-R06-0806-49000182-1 BOE-571-M (FRONT) REV. 6 (8-06)

_ MISCELLANEOUS PROPERTY STATEMENT

OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20____. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code section 463. This statement is not a public document. The information contained herein will be held secret by the Assessor (Code section 451); it can be disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.

Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

Business Property Division 585 Fiscal Dr, Rm 104 Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1330

FAX: (707) 565-3317

(File a separate statement for each location)

2. LOCATION OF THE PROPERTY:

oue section 400. Attached	scriedules are considered to	be part of the statement.		Str	eet Address		
I. NAME AND MAILING AD	ODRESS (Make necessary con		ry				
		3. DC	O YOU OWN THE LAND AT THIS LOCATION?				
			Yes No				
					yes, is the name on your deed		
					corded as shown on this statement. Yes No		
					OCAL PHONE NUMBER()		
				E- <i>N</i>	Mail Address (optional)		
I					RANS:		
_					e you filing a claim for veterans' exem	ption?	
angible property owned, cl	laimed, posse <mark>sse</mark> d, controll <mark>ed</mark> ventories are exempt from ta	or managed by you at this lovation and should not be re-	ocation at 12:01 a.m., Januar	·	Yes No		
o not report property eligi		Addion and should not be .e.	ported for 1900 and ratale	111	ves, a separate "Claim for Veterans' Exe th Assessor on or before February 15.	'	
				VVI	th Assessor on or belore rebruary 13.		
DESC	CRIPTION OF PROPERTY	DATE AC	(0)(1)		REMARKS	ASSESSOR'S	
5. SUPPLIES		X X X				USE ONLY	
6. EQUIPMENT		XXX					
a. Total cost of all equ	uipment h <mark>eld</mark> on January 1, la	st year X X X	X				
b. Equipment acquire	ed since January 1, last year	X X X	X X X X				
c. Equipment dispose	ed of since January 1, last yea	r XXX	X				
				_			
d. Total cost of all equ	uipment held on J <mark>an</mark> uary 1, th	is year X X X	X				
7. OTHER (describe)							
8. BUILDINGS OR LEASE	HOLD IMPROVEMENTS:	MONTH 9	(5.5)				
	nd retirements in detail)	MONTH & Y	/EAR				
			- -				
NSTRUCTIONS:	16				TOTAL FULL VALUE		
ine 5. Enter the cost of you ine 6. List individually iten	ur supplies. ns acquired or disposed of since	e January 1 of last year. Addition	nal sheets may be attached. Th	e figure to	VALOL		
be entered on line of	d may be computed by adding t	he figures for lines a and b and	subtracting the figure for line	c.	PERSONAL PROPERTY		
ine 7. Enter the date acqu tached.	ired, cost, and description of ar	ny other personal property at tr	his location. Additional sheets	may be at-	FIXTURES		
	nd show the cost of all additions			vements to	(IMPROVEMENTS)		
the buildings of you	r landlord during the year being					C D ATA	
		DECLARATION BY AS					
OWNERSHIP TYPE (4)	Note: The	following declaration mu: f you do not do so, it may	st be completed and		OPERATION BY	DATE	
` ,	I declare under penalty		·	rnia that I	ANALYZED		
_	have examined this p	property statement, including	uding accompanying s	chedules.	COMPUTED		
Partnership \square	achments, and to the bes	t of my knowledge and	belief it is	APPRAISED			
Corporation \square		plete and includes all ped, possessed, controlled,					
Other	as the assessee in this st	atement at 12:01 a.m. on	January 1, 20		REVIEWED		
SIGNATURE OF ASSESSEE OR AU	THORIZED AGENT*		DATE		POSTED TO:		
<u> </u>							
NAME OF ASSESSEE OR AUTHOR	RIZED AGENT* (typed or printed)		TITLE				
NAME OF LEGAL ENTITY (other t	han DBA) (typed or printed)		FEDERAL EMPLOYER ID NUMBE	R	TAX AREA CODE:		
DDEDADED/C NIANAE AND ADDED	C (turned or print1)	TELEDIJONE NILIPARED	TITLE		BUS. CODE:		
PREPARER'S NAME AND ADDRES	ss (typed or printed)	TELEPHONE NUMBER	TITLE				
		<u> ` </u>	<u> </u>				

THIS STATEMENT SUBJECT TO AUDIT



^{*}Agent: see back for Declaration by Assessee instructions.

DECLARATION BY ASSESSEE

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a corporation, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a partnership, the declaration must be signed by a partner or an authorized employee or agent. In the case of a Limited Liability Company (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.

