PREPARER'S NAME AND ADDRESS (typed or printed)

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.

1.	NAME AND MAILING ADDRESS	(Make necessary corrections to the printed name and mailing address.)
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Claude Parrish **Orange County Assessor**

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512

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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. 1. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)					2. LOCATION OF THE PROPERTY: (File a separate statement for each location) Street Address City 3. DO YOU OWN THE LAND AT THIS LOCATION? Yes No If yes, is the name on your deed recorded as shown on this statement. Yes No 4. LOCAL PHONE NUMBER () E-Mail Address (optional)		
Tangible property owned, claimed the year being reported. Inventor Do not report property eligible for	, possessed, controlled, or managed be es are exempt from taxation and sho this exemption.	by you at this loca ould not be repo	ation at 12:01 a.m., Jan rted for 1980 and futu	uary 1 of Ire years.	re you filing a claim for veterans' exemp Yes No yes, a separate "Claim for Veterans' Exen ith Assessor on or before February 15.		
DESCRIPTION	ON OF PROPERTY	DATE AC- QUIRED	COST		REMARKS	ASSESSOR'S USE ONLY	
5. SUPPLIES		XXXX					
6. EQUIPMENT		XXXX	XXXX				
a. Total cost of all equipmen	nt held on January 1, last year	XXXX					
b. Equipment acquired sinc	e January 1, last year	XXXX	X X X X				
c. Equipment disposed of s	ince January 1, last year	XXXX	XXXX				
d. Total cost of all equipmen	nt held on January 1, this year	XXXX					
7. OTHER (describe)							
8. BUILDINGS OR LEASEHOLD (describe additions and retir		MONTH & YEA	AR				
INSTRUCTIONS:					TOTAL FULL		
Line 5. Enter the cost of your supplies. Line 6. List individually items acquired or disposed of since January 1 of last year. Additional sheets may be attached. The figure to be entered on line d may be computed by adding the figures for lines a and b and subtracting the figure for line c. Line 7. Enter the date acquired, cost, and description of any other personal property at this location. Additional sheets may be at-					PERSONAL PROPERTY		
tached. Line 8. Describe in detail and show	the cost of all additions and retirements ord during the year being reported. Do no	provements to	FIXTURES (IMPROVEMENTS)				
	DECLARA	PROCESSING DATA					
OWNERSHIP Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.					OPERATION BY	DATE	
Partnership have state true white	ement, included to the best of the description of the best of the	of the State of Cali ding accompanying of my knowledge ar perty required to managed by the per nuary 1, 20	schedules, nd belief it is be reported	ANALYZED COMPUTED APPRAISED REVIEWED			
SIGNATURE OF ASSESSEE OR AUTHORIZ		DATE		POSTED TO:			
NAME OF ASSESSEE OR AUTHORIZED AG	Т	ITLE					
NAME OF LEGAL ENTITY (other than DB	F	EDERAL EMPLOYER ID NUM	MBER	TAX AREA CODE:	_		
DDEDADED'S NAME AND ADDDESS (byood or printed) TELEDHONE NI IMPED			ITI C		BUS. CODE:		

THIS STATEMENT SUBJECT TO AUDIT

TITLE



TELEPHONE NUMBER

^{*}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.

EF-571-M-R06-0806-3000080