



## **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

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

<p><b>6.</b></p>	<p><b>PAI FAMILY TRUST 09-06-19</b></p> <p>(1) Parcel No. 035-025-003-000  AAB File No. 2020-018  Assessment Year: 2020  Roll Value: \$3,154,065</p> <p>(2) Parcel No. 035-025-003-000  AAB File No. 2021-007  Assessment Year: 2018  Roll Value: \$3,001,626</p> <p><u>Recommended Action:</u>  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:</p> <p>(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.</p> <p>[22-10-04]</p>
	<p><b>ADJOURN</b></p>
<p><b>NOTE:</b></p>	<p><i>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.</i></p> <p><i>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.</i></p>

# EXHIBIT A

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



Assessment Appeals Board  
P.O. Box 237  
Bridgeport, CA 93517-0715  
Telephone: 760-932-5530  
Fax: 760-932-5531  
Email: hnuun@mono.ca.gov

## ASSESSMENT APPEAL WITHDRAWAL

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

### APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT <b>Kupfer Living Trust 5-6-93</b>					HEARING DATE <i>if applicable</i> <b>12/7/2022</b>	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) <b>5395 Ruffin Rd., #201</b>					EMAIL ADDRESS	
CITY <b>San Diego</b>	STATE <b>CA</b>	ZIP CODE <b>92123</b>	DAYTIME TELEPHONE ( ) ( )	ALTERNATE TELEPHONE ( ) ( )	FAX TELEPHONE ( ) ( )	

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

APPLICATION NUMBER <b>2021-024</b>	PARCEL, ACCOUNT OR TAX BILL NUMBER <b>032-120-002</b>
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: \_\_\_\_\_

An *Assessment Appeal Application* may be withdrawn at any time prior to or at the time of the hearing upon submission of this request, unless the Assessor has given the applicant a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

Withdrawals are final and will conclude any further action on the appeal. No conditional withdrawals will be accepted.

### CERTIFICATION

***I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Assessment Appeal Application.***

SIGNATURE 	DATE <b>8/10/2020</b>
PRINT NAME OF AUTHORIZED SIGNER <b>Chris Middleton</b>	TITLE <b>Vice President</b>
COMPANY NAME <b>Protax LLC</b>	EMAIL ADDRESS <b>tonyad@protaxllc.com</b>

FILING STATUS

OWNER  AGENT  ATTORNEY  SPOUSE  REGISTERED DOMESTIC PARTNER  CHILD  PARENT  PERSON AFFECTED

CALIFORNIA ATTORNEY, STATE BAR NUMBER: \_\_\_\_\_  CORPORATE OFFICER OR DESIGNATED EMPLOYEE

### FOR COUNTY BOARD USE ONLY

- The withdrawal request is accepted and will conclude any further action on the appeal.
- The withdrawal request is denied. The Assessor has delivered a notice of increase. Your appeal will be set for hearing, in which you will be notified of the date no less than 45 days prior to the hearing date.
- The withdrawal request is denied by the appeals board. In accordance with section 1610.8, the appeals board has the authority to proceed with an assessment review to determine the full value of the property or other issues.

ATTEST BY COUNTY BOARD:

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
CHAIRPERSON

\_\_\_\_\_  
CLERK OF 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

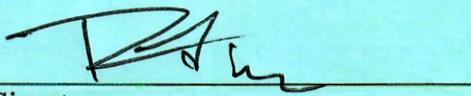
HEARING DATE / TIME: December 7, 2022, 9:00 A.M.

I wish to withdraw my application.

**NOTE: Withdrawal of an application is FINAL and your case will not be considered.**

I will appear on the date and time scheduled for my hearing.

Please estimate how much time you request to hear your case: \_\_\_ minutes

  
Signature

11/7/22  
Date

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.

Send application and fee to P.O. Box 237, Bridgeport, CA 93517

APPLICATION NUMBER: Clerk Use Only <b>2021-018</b>
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### 1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME Beacon Mammoth, Inc	EMAIL ADDRESS
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MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)  
2260 E. Maple Ave.

CITY El Segundo	STATE CA	ZIP CODE 90245	DAYTIME TELEPHONE ( )	ALTERNATE TELEPHONE ( )	FAX TELEPHONE ( )
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### 2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL) Origer, John P.	EMAIL ADDRESS
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COMPANY NAME  
Assessment Counseling Services, LLC

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  
125 Auburn Ct., Suite 210

CITY Westlake Village	STATE CA	ZIP CODE 91362	DAYTIME TELEPHONE ( 805 ) 374-9500	ALTERNATE TELEPHONE ( )	FAX TELEPHONE ( 805 ) 374-6777
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<b>AUTHORIZATION OF AGENT</b>	<input type="checkbox"/> AUTHORIZATION ATTACHED
<i>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.</i>	
<i>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.</i>	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE ▶	TITLE
	DATE

### 3. PROPERTY IDENTIFICATION INFORMATION

Yes  No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

#### ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

A39E93OR'3 PARCEL NUMBER 033-041-015-000	ASSESSMENT NUMBER	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION 6220 Minaret Rd. Mammoth Lakes	DOING BUSINESS AS (DBA), if appropriate
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#### PROPERTY TYPE

- SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX
- MULTI-FAMILY/APARTMENTS: NO. OF UNITS \_\_\_\_\_
- COMMERCIAL/INDUSTRIAL
- BUSINESS PERSONAL PROPERTY/FIXTURES
- AGRICULTURAL
- MANUFACTURED HOME
- WATER CRAFT
- OTHER: \_\_\_\_\_
- POSSESSORY INTEREST
- VACANT LAND
- AIRCRAFT

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	1,571,614	800,000	<b>FILED</b>  NOV 23 2021  MONO COUNTY CLERK
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	1,571,614	800,000	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

# EXHIBIT C

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 THE CURRENT YEAR
- SUPPLEMENTAL ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ ROLL YEAR: \_\_\_\_\_
- ROLL CHANGE    ESCAPE ASSESSMENT    CALAMITY REASSESSMENT    PENALTY ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ \*\*ROLL YEAR: \_\_\_\_\_
- \*Must attach copy of notice or bill, where applicable      \*\*Each roll year requires a separate application*

**6. REASON FOR FILING APPEAL (FACTS)** *See instructions before completing this section.*

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

- A. DECLINE IN VALUE  
 The assessor's roll value exceeds the market value as of January 1 of the current year.
- B. CHANGE IN OWNERSHIP  
 1. No change in ownership occurred on the date of \_\_\_\_\_.  
 2. Base year value for the change in ownership established on the date of \_\_\_\_\_ is incorrect.
- C. NEW CONSTRUCTION  
 1. No new construction occurred on the date of \_\_\_\_\_.  
 2. Base year value for the completed new construction established on the date of \_\_\_\_\_ is incorrect.  
 3. Value of construction in progress on January 1 is incorrect.
- D. CALAMITY REASSESSMENT  
 Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
- E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.  
 1. All personal property/fixtures.  
 2. Only a portion of the personal property/fixtures. Attach description of those items.
- F. PENALTY ASSESSMENT  
 Penalty assessment is not justified.
- G. CLASSIFICATION/ALLOCATION  
 1. Classification of property is incorrect.  
 2. Allocation of value of property is incorrect (e.g., between land and improvements).
- H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.  
 1. Amount of escape assessment is incorrect.  
 2. Assessment of other property of the assessee at the location is incorrect.
- I. OTHER  
 Explanation (attach sheet if necessary) \_\_\_\_\_

**7. WRITTEN FINDINGS OF FACTS ( \$ \_\_\_\_\_ per \_\_\_\_\_ )**

- Are requested.    Are not requested.

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

- Yes    No

## CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

John P. Origer

Westlake Village, CA

11/17/21

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

# EXHIBIT C

# FILED

NOV 23 2021

## ASSEESSEE'S AUTHORIZATION OF TAX AGENT

(Name of Applicant) Beacon Mammoth, Inc.

MONO COUNTY CLERK

(Mailing Address of Applicant) 2260 E. Maple Ave., El Segundo, CA 90245

County of Mono  
Assessor  
P.O. Box 456  
Bridgeport, CA 93517

Assessment Appeals Board  
Clerk of the Board  
P.O. Box 237  
Bridgeport, CA 93517

County of Mono  
Auditor & Controller  
P.O. Box 556  
Bridgeport, CA 93517

**I. This authorizes:**

(Agent's Name) Assessment Counselling Services, LLC and Staff  
(Address) 125 Auburn Court, Suite 210, Westlake Village, CA 91362  
Telephone (805) 374-9500; Fax (805) 374-6777

to act in our behalf as Agent in assessment matters for those properties owned or controlled by the undersigned

**ALL PROPERTY LOCATED IN MONO COUNTY  
APN: PLEASE SEE ATTACHED LIST**

**II. The extent of such authority is (check appropriate items):**

- Agent has full permission to handle all assessment matters with your office. You are to divulge to Agent all information that you possess regarding our assessment.
- Agent may sign Property Statements as provided under California Revenue and Taxation Code, §441.
- Other (specify)

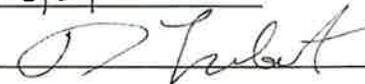
**III. Having delegated the above authority, we accept full responsibility for any action taken within the scope of Agent's authority.**

**IV. I understand that this Authorization (check one):**

- is effective until revoked.
- is revocable earlier by certified letter signed by the owner, a partner, or a corporate officer, or
- expires automatically four (4) years from Date of Execution below.

**V. I understand that the authorized agent shall provide me with a copy of the application.**

**VI. This Authorization is for appeals filed in calendar year: 2021-2022**

Date 8/24/2021  
Signed  Print Name Daniel Lubert  
Title President Telephone 310 536 9000 Fax \_\_\_\_\_  
(Owner, Partner, Corp. Officer)

# EXHIBIT C

## Beacon Mammoth, Inc. - Property List

<u>Property Address</u>	<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.

Send application and fee to P.O. Box 237, Bridgeport, CA 93517

APPLICATION NUMBER: Clerk Use Only  
2021-019

### 1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME  
Beacon Mammoth, Inc

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)  
2260 E. Maple Ave.

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE  
El Segundo CA 90245 ( ) ( ) ( )

### 2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)  
Origer, John P.

EMAIL ADDRESS

COMPANY NAME  
Assessment Counselling Services, LLC

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  
125 Auburn Ct., Suite 210

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE  
Westlake Village CA 91362 (805) 374-9500 ( ) (805) 374-6777

AUTHORIZATION OF AGENT  AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE TITLE DATE

### 3. PROPERTY IDENTIFICATION INFORMATION

Yes  No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

#### ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER ASSESSMENT NUMBER FEE NUMBER  
033-041-016-000

ACCOUNT NUMBER TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION DOING BUSINESS AS (DBA), if appropriate  
111 Berner St. Mammoth Lakes

#### PROPERTY TYPE

- SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX  AGRICULTURAL  POSSESSORY INTEREST
- MULTI-FAMILY/APARTMENTS: NO. OF UNITS \_\_\_\_\_  MANUFACTURED HOME  VACANT LAND
- COMMERCIAL/INDUSTRIAL  WATER CRAFT  AIRCRAFT
- BUSINESS PERSONAL PROPERTY/FIXTURES  OTHER: \_\_\_\_\_

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	3,601,832	1,800,000	<b>FILED</b>  NOV 23 2021  MONO COUNTY CLERK
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	3,601,832	1,800,000	
PENALTIES (amount or percent)			

# EXHIBIT C

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 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:

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- F. PENALTY ASSESSMENT  
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- G. CLASSIFICATION/ALLOCATION  
 1. Classification of property is incorrect.  
 2. Allocation of value of property is incorrect (e.g., between land and improvements).
- H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.  
 1. Amount of escape assessment is incorrect.  
 2. Assessment of other property of the assessee at the location is incorrect.
- I. OTHER  
 Explanation (attach sheet if necessary) \_\_\_\_\_

**7. WRITTEN FINDINGS OF FACTS ( \$ \_\_\_\_\_ per \_\_\_\_\_ )**

- Are requested.  Are not requested.

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

- Yes  No

## CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

John P. Origer

Westlake Village, CA

11/17/21

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

# EXHIBIT C

# FILED

NOV 23 2021

## ASSEESSEE'S AUTHORIZATION OF TAX AGENT

(Name of Applicant) Beacon Mammoth, Inc.

MONO COUNTY CLERK

(Mailing Address of Applicant) 2260 E. Maple Ave., El Segundo, CA 90245

County of Mono  
Assessor  
P.O. Box 456  
Bridgeport, CA 93517

Assessment Appeals Board  
Clerk of the Board  
P.O. Box 237  
Bridgeport, CA 93517

County of Mono  
Auditor & Controller  
P.O. Box 556  
Bridgeport, CA 93517

**I. This authorizes:**

(Agent's Name) Assessment Counselling Services, LLC and Staff  
(Address) 125 Auburn Court, Suite 210, Westlake Village, CA 91362  
Telephone (805) 374-9500; Fax (805) 374-6777

to act in our behalf as Agent in assessment matters for those properties owned or controlled by the undersigned

**ALL PROPERTY LOCATED IN MONO COUNTY  
APN: PLEASE SEE ATTACHED LIST**

**II. The extent of such authority is (check appropriate items):**

- Agent has full permission to handle all assessment matters with your office. You are to divulge to Agent all information that you possess regarding our assessment.
- Agent may sign Property Statements as provided under California Revenue and Taxation Code, §441.
- Other (specify)

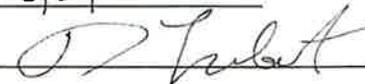
**III. Having delegated the above authority, we accept full responsibility for any action taken within the scope of Agent's authority.**

**IV. I understand that this Authorization (check one):**

- is effective until revoked.
- is revocable earlier by certified letter signed by the owner, a partner, or a corporate officer, or
- expires automatically four (4) years from Date of Execution below.

**V. I understand that the authorized agent shall provide me with a copy of the application.**

**VI. This Authorization is for appeals filed in calendar year: 2021-2022**

Date 8/24/2021  
Signed  Print Name Daniel Lubert  
Title President Telephone 310 536 9000 Fax \_\_\_\_\_  
(Owner, Partner, Corp. Officer)

# EXHIBIT C

## Beacon Mammoth, Inc. - Property List

<u>Property Address</u>	<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

# EXHIBIT C

NIMAN-11

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.

Send application and fee to P.O. Box 237, Bridgeport, CA 93517

APPLICATION NUMBER: Clerk Use Only

2021-020

### 1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME  
Beacon Mammoth, Inc

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)  
2260 E. Maple Ave.

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE  
El Segundo CA 90245 ( ) ( ) ( )

### 2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)  
Origer, John P.

EMAIL ADDRESS

COMPANY NAME  
Assessment Counselling Services, LLC

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  
125 Auburn Ct., Suite 210

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE  
Westlake Village CA 91362 (805) 374-9500 ( ) (805) 374-6777

### AUTHORIZATION OF AGENT

AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

### 3. PROPERTY IDENTIFICATION INFORMATION

Yes  No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

### ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER  
033-043-005-000

ASSESSMENT NUMBER

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION  
6156 Minaret Rd. Mammoth Lakes

DOING BUSINESS AS (DBA), if appropriate

### PROPERTY TYPE

SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX

AGRICULTURAL

POSSESSORY INTEREST

MULTI-FAMILY/APARTMENTS: NO. OF UNITS \_\_\_\_\_

MANUFACTURED HOME

VACANT LAND

COMMERCIAL/INDUSTRIAL

WATER CRAFT

AIRCRAFT

BUSINESS PERSONAL PROPERTY/FIXTURES

OTHER: \_\_\_\_\_

### 4. VALUE

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

2,128,121

1,300,000

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

2,128,121

1,300,000

PENALTIES (amount or percent)

FILED

NOV 23 2021

MONO COUNTY CLERK

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

# EXHIBIT C

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 THE CURRENT YEAR
- SUPPLEMENTAL ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ ROLL YEAR: \_\_\_\_\_
- ROLL CHANGE     ESCAPE ASSESSMENT     CALAMITY REASSESSMENT     PENALTY ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ \*\*ROLL YEAR: \_\_\_\_\_
- \*Must attach copy of notice or bill, where applicable      \*\*Each roll year requires a separate application**

**6. REASON FOR FILING APPEAL (FACTS)** See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

- A. DECLINE IN VALUE  
 The assessor's roll value exceeds the market value as of January 1 of the current year.
- B. CHANGE IN OWNERSHIP  
 1. No change in ownership occurred on the date of \_\_\_\_\_.  
 2. Base year value for the change in ownership established on the date of \_\_\_\_\_ is incorrect.
- C. NEW CONSTRUCTION  
 1. No new construction occurred on the date of \_\_\_\_\_.  
 2. Base year value for the completed new construction established on the date of \_\_\_\_\_ is incorrect.  
 3. Value of construction in progress on January 1 is incorrect.
- D. CALAMITY REASSESSMENT  
 Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
- E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.  
 1. All personal property/fixtures.  
 2. Only a portion of the personal property/fixtures. Attach description of those items.
- F. PENALTY ASSESSMENT  
 Penalty assessment is not justified.
- G. CLASSIFICATION/ALLOCATION  
 1. Classification of property is incorrect.  
 2. Allocation of value of property is incorrect (e.g., between land and improvements).
- H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.  
 1. Amount of escape assessment is incorrect.  
 2. Assessment of other property of the assessee at the location is incorrect.
- I. OTHER  
 Explanation (attach sheet if necessary) \_\_\_\_\_

**7. WRITTEN FINDINGS OF FACTS ( \$ \_\_\_\_\_ per \_\_\_\_\_ )**

- Are requested.     Are not requested.

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

- Yes     No

## CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)  
John P. Origer

Westlake Village, CA

11/17/21

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

# EXHIBIT C

# FILED

NOV 23 2021

## ASSEESSEE'S AUTHORIZATION OF TAX AGENT

(Name of Applicant) Beacon Mammoth, Inc.

MONO COUNTY CLERK

(Mailing Address of Applicant) 2260 E. Maple Ave., El Segundo, CA 90245

County of Mono  
Assessor  
P.O. Box 456  
Bridgeport, CA 93517

Assessment Appeals Board  
Clerk of the Board  
P.O. Box 237  
Bridgeport, CA 93517

County of Mono  
Auditor & Controller  
P.O. Box 556  
Bridgeport, CA 93517

**I. This authorizes:**

(Agent's Name) Assessment Counselling Services, LLC and Staff  
(Address) 125 Auburn Court, Suite 210, Westlake Village, CA 91362  
Telephone (805) 374-9500; Fax (805) 374-6777

to act in our behalf as Agent in assessment matters for those properties owned or controlled by the undersigned

**ALL PROPERTY LOCATED IN MONO COUNTY  
APN: PLEASE SEE ATTACHED LIST**

**II. The extent of such authority is (check appropriate items):**

- Agent has full permission to handle all assessment matters with your office. You are to divulge to Agent all information that you possess regarding our assessment.
- Agent may sign Property Statements as provided under California Revenue and Taxation Code, §441.
- Other (specify)

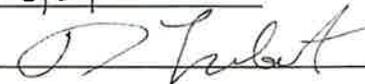
**III. Having delegated the above authority, we accept full responsibility for any action taken within the scope of Agent's authority.**

**IV. I understand that this Authorization (check one):**

- is effective until revoked.
- is revocable earlier by certified letter signed by the owner, a partner, or a corporate officer, or
- expires automatically four (4) years from Date of Execution below.

**V. I understand that the authorized agent shall provide me with a copy of the application.**

**VI. This Authorization is for appeals filed in calendar year: 2021-2022**

Date 8/24/2021  
Signed  Print Name Daniel Lubert  
Title President Telephone 310 536 9000 Fax \_\_\_\_\_  
(Owner, Partner, Corp. Officer)

# EXHIBIT C

## Beacon Mammoth, Inc. - Property List

<u>Property Address</u>	<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.

Send application and fee to P.O. Box 237, Bridgeport, CA 93517

APPLICATION NUMBER: Clerk Use Only

2021-021

### 1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME  
Beacon Mammoth, Inc

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)  
2260 E. Maple Ave.

CITY El Segundo	STATE CA	ZIP CODE 90245	DAYTIME TELEPHONE ( )	ALTERNATE TELEPHONE ( )	FAX TELEPHONE ( )
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### 2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)  
Origer, John P.

EMAIL ADDRESS

COMPANY NAME  
Assessment Counselling Services, LLC

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  
125 Auburn Ct., Suite 210

CITY Westlake Village	STATE CA	ZIP CODE 91362	DAYTIME TELEPHONE ( 805 ) 374-9500	ALTERNATE TELEPHONE ( )	FAX TELEPHONE ( 805 ) 374-6777
--------------------------	-------------	-------------------	---------------------------------------	----------------------------	-----------------------------------

### AUTHORIZATION OF AGENT

AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

### 3. PROPERTY IDENTIFICATION INFORMATION

Yes  No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

### ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER  
033-043-016-000

ASSLSSMLN1 NUMBER

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION  
6158 Minaret Rd. Mammoth Lakes

DOING BUSINESS AS (DBA), if appropriate

### PROPERTY TYPE

SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX

AGRICULTURAL

POSSESSORY INTEREST

MULTI-FAMILY/APARTMENTS: NO. OF UNITS \_\_\_\_\_

MANUFACTURED HOME

VACANT LAND

COMMERCIAL/INDUSTRIAL

WATER CRAFT

AIRCRAFT

BUSINESS PERSONAL PROPERTY/FIXTURES

OTHER: \_\_\_\_\_

### 4. VALUE

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

917,204

600,000

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

917,204

600,000

PENALTIES (amount or percent)

FILED

NOV 23 2021

MONO COUNTY CLERK

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

# EXHIBIT C

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 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.
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 1. No change in ownership occurred on the date of \_\_\_\_\_.  
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- C. NEW CONSTRUCTION  
 1. No new construction occurred on the date of \_\_\_\_\_.  
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- 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  
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- G. CLASSIFICATION/ALLOCATION  
 1. Classification of property is incorrect.  
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 2. Assessment of other property of the assessee at the location is incorrect.
- I. OTHER  
 Explanation (attach sheet if necessary) \_\_\_\_\_

**7. WRITTEN FINDINGS OF FACTS ( \$ \_\_\_\_\_ per \_\_\_\_\_ )**

- Are requested.     Are not requested.

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

- Yes     No

## CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

John P. Origer

Westlake Village, CA

11/17/21

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

# EXHIBIT C

# FILED

NOV 23 2021

## ASSEESSEE'S AUTHORIZATION OF TAX AGENT

(Name of Applicant) Beacon Mammoth, Inc.

MONO COUNTY CLERK

(Mailing Address of Applicant) 2260 E. Maple Ave., El Segundo, CA 90245

County of Mono  
Assessor  
P.O. Box 456  
Bridgeport, CA 93517

Assessment Appeals Board  
Clerk of the Board  
P.O. Box 237  
Bridgeport, CA 93517

County of Mono  
Auditor & Controller  
P.O. Box 556  
Bridgeport, CA 93517

**I. This authorizes:**

(Agent's Name) Assessment Counselling Services, LLC and Staff  
(Address) 125 Auburn Court, Suite 210, Westlake Village, CA 91362  
Telephone (805) 374-9500; Fax (805) 374-6777

to act in our behalf as Agent in assessment matters for those properties owned or controlled by the undersigned

**ALL PROPERTY LOCATED IN MONO COUNTY  
APN: PLEASE SEE ATTACHED LIST**

**II. The extent of such authority is (check appropriate items):**

- Agent has full permission to handle all assessment matters with your office. You are to divulge to Agent all information that you possess regarding our assessment.
- Agent may sign Property Statements as provided under California Revenue and Taxation Code, §441.
- Other (specify)

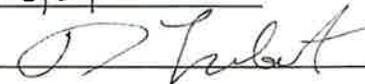
**III. Having delegated the above authority, we accept full responsibility for any action taken within the scope of Agent's authority.**

**IV. I understand that this Authorization (check one):**

- is effective until revoked.
- is revocable earlier by certified letter signed by the owner, a partner, or a corporate officer, or
- expires automatically four (4) years from Date of Execution below.

**V. I understand that the authorized agent shall provide me with a copy of the application.**

**VI. This Authorization is for appeals filed in calendar year: 2021-2022**

Date 8/24/2021  
Signed  Print Name Daniel Lubert  
Title President Telephone 310 536 9000 Fax \_\_\_\_\_  
(Owner, Partner, Corp. Officer)

# EXHIBIT C

## Beacon Mammoth, Inc. - Property List

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

# EXHIBIT C

N: MAP-11

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.

Send application and fee to P.O. Box 237, Bridgeport, CA 93517

APPLICATION NUMBER: Clerk Use Only

2021-022

### 1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME  
Beacon Mammoth, Inc

EMAIL ADDRESS

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  
2260 E. Maple Ave.

CITY El Segundo	STATE CA	ZIP CODE 90245	DAYTIME TELEPHONE ( )	ALTERNATE TELEPHONE ( )	FAX TELEPHONE ( )
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### 2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)  
Origer, John P.

EMAIL ADDRESS

COMPANY NAME  
Assessment Counselling Services, LLC

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  
125 Auburn Ct., Suite 210

CITY Westlake Village	STATE CA	ZIP CODE 91362	DAYTIME TELEPHONE (805) 374-9500	ALTERNATE TELEPHONE ( )	FAX TELEPHONE (805) 374-6777
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### AUTHORIZATION OF AGENT

AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

### 3. PROPERTY IDENTIFICATION INFORMATION

Yes  No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

### ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER  
033-043-019-000

ASSESSMENT NUMBER

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION  
6180 Minaret Rd. Mammoth Lakes

DOING BUSINESS AS (DBA), if appropriate

### PROPERTY TYPE

SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX

AGRICULTURAL

POSSESSORY INTEREST

MULTI-FAMILY/APARTMENTS: NO. OF UNITS \_\_\_\_\_

MANUFACTURED HOME

VACANT LAND

COMMERCIAL/INDUSTRIAL

WATER CRAFT

AIRCRAFT

BUSINESS PERSONAL PROPERTY/FIXTURES

OTHER: \_\_\_\_\_

### 4. VALUE

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

1,638,601

900,000

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

1,638,601

900,000

PENALTIES (amount or percent)

FILED

NOV 23 2021

MONO COUNTY CLERK

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

# EXHIBIT C

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 THE CURRENT YEAR
- SUPPLEMENTAL ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ ROLL YEAR: \_\_\_\_\_
- ROLL CHANGE     ESCAPE ASSESSMENT     CALAMITY REASSESSMENT     PENALTY ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ \*\*ROLL YEAR: \_\_\_\_\_
- \*Must attach copy of notice or bill, where applicable      \*\*Each roll year requires a separate application*

**6. REASON FOR FILING APPEAL (FACTS)** *See instructions before completing this section.*

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

- A. DECLINE IN VALUE  
 The assessor's roll value exceeds the market value as of January 1 of the current year.
- B. CHANGE IN OWNERSHIP  
 1. No change in ownership occurred on the date of \_\_\_\_\_.  
 2. Base year value for the change in ownership established on the date of \_\_\_\_\_ is incorrect.
- C. NEW CONSTRUCTION  
 1. No new construction occurred on the date of \_\_\_\_\_.  
 2. Base year value for the completed new construction established on the date of \_\_\_\_\_ is incorrect.  
 3. Value of construction in progress on January 1 is incorrect.
- D. CALAMITY REASSESSMENT  
 Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
- E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.  
 1. All personal property/fixtures.  
 2. Only a portion of the personal property/fixtures. Attach description of those items.
- F. PENALTY ASSESSMENT  
 Penalty assessment is not justified.
- G. CLASSIFICATION/ALLOCATION  
 1. Classification of property is incorrect.  
 2. Allocation of value of property is incorrect (e.g., between land and improvements).
- H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.  
 1. Amount of escape assessment is incorrect.  
 2. Assessment of other property of the assessee at the location is incorrect.
- I. OTHER  
 Explanation (attach sheet if necessary) \_\_\_\_\_

**7. WRITTEN FINDINGS OF FACTS ( \$ \_\_\_\_\_ per \_\_\_\_\_ )**

- Are requested.     Are not requested.

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

- Yes     No

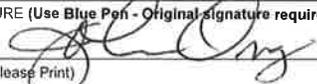
## CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE



Westlake Village, CA

11/17/21

NAME (Please Print)

John P. Origer

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

# EXHIBIT C

# FILED

NOV 23 2021

## ASSEESSEE'S AUTHORIZATION OF TAX AGENT

(Name of Applicant) Beacon Mammoth, Inc.

MONO COUNTY CLERK

(Mailing Address of Applicant) 2260 E. Maple Ave., El Segundo, CA 90245

County of Mono  
Assessor  
P.O. Box 456  
Bridgeport, CA 93517

Assessment Appeals Board  
Clerk of the Board  
P.O. Box 237  
Bridgeport, CA 93517

County of Mono  
Auditor & Controller  
P.O. Box 556  
Bridgeport, CA 93517

**I. This authorizes:**

(Agent's Name) Assessment Counselling Services, LLC and Staff  
(Address) 125 Auburn Court, Suite 210, Westlake Village, CA 91362  
Telephone (805) 374-9500; Fax (805) 374-6777

to act in our behalf as Agent in assessment matters for those properties owned or controlled by the undersigned

**ALL PROPERTY LOCATED IN MONO COUNTY  
APN: PLEASE SEE ATTACHED LIST**

**II. The extent of such authority is (check appropriate items):**

- Agent has full permission to handle all assessment matters with your office. You are to divulge to Agent all information that you possess regarding our assessment.
- Agent may sign Property Statements as provided under California Revenue and Taxation Code, §441.
- Other (specify)

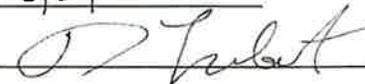
**III. Having delegated the above authority, we accept full responsibility for any action taken within the scope of Agent's authority.**

**IV. I understand that this Authorization (check one):**

- is effective until revoked.
- is revocable earlier by certified letter signed by the owner, a partner, or a corporate officer, or
- expires automatically four (4) years from Date of Execution below.

**V. I understand that the authorized agent shall provide me with a copy of the application.**

**VI. This Authorization is for appeals filed in calendar year: 2021-2022**

Date 8/24/2021  
Signed  Print Name Daniel Lubert  
Title President Telephone 310 536 9000 Fax \_\_\_\_\_  
(Owner, Partner, Corp. Officer)

# EXHIBIT C

## Beacon Mammoth, Inc. - Property List

<u>Property Address</u>	<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

# EXHIBIT C

Neiman-11

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.

Send application and fee to P.O. Box 237, Bridgeport, CA 93517

APPLICATION NUMBER: Clerk Use Only

2021-023

### 1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME  
Beacon Mammoth, Inc

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)  
2260 E. Maple Ave.

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE  
El Segundo CA 90245 ( ) ( ) ( )

### 2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)  
Origer, John P.

EMAIL ADDRESS

COMPANY NAME  
Assessment Counselling Services, LLC

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  
125 Auburn Ct., Suite 210

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE  
Westlake Village CA 91362 (805) 374-9500 ( ) (805) 374-6777

### AUTHORIZATION OF AGENT

AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

### 3. PROPERTY IDENTIFICATION INFORMATION

Yes  No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

### ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER  
039-030-015-000

ASSESSMENT NUMBER

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION  
6244 Minaret Rd. Mammoth Lakes

DOING BUSINESS AS (DBA), if appropriate

### PROPERTY TYPE

SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX

AGRICULTURAL

POSSESSORY INTEREST

MULTI-FAMILY/APARTMENTS: NO. OF UNITS \_\_\_\_\_

MANUFACTURED HOME

VACANT LAND

COMMERCIAL/INDUSTRIAL

WATER CRAFT

AIRCRAFT

BUSINESS PERSONAL PROPERTY/FIXTURES

OTHER: \_\_\_\_\_

### 4. VALUE

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

5,601,132

3,000,000

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

5,601,132

3,000,000

PENALTIES (amount or percent)

FILED

NOV 23 2021

MONO COUNTY CLERK

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

# EXHIBIT C

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 THE CURRENT YEAR  
 SUPPLEMENTAL ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ ROLL YEAR: \_\_\_\_\_  
 ROLL CHANGE  ESCAPE ASSESSMENT  CALAMITY REASSESSMENT  PENALTY ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ \*\*ROLL YEAR: \_\_\_\_\_  
**\*Must attach copy of notice or bill, where applicable      \*\*Each roll year requires a separate application**

**6. REASON FOR FILING APPEAL (FACTS)** See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

- A. DECLINE IN VALUE  
 The assessor's roll value exceeds the market value as of January 1 of the current year.
- B. CHANGE IN OWNERSHIP  
 1. No change in ownership occurred on the date of \_\_\_\_\_.  
 2. Base year value for the change in ownership established on the date of \_\_\_\_\_ is incorrect.
- C. NEW CONSTRUCTION  
 1. No new construction occurred on the date of \_\_\_\_\_.  
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 3. Value of construction in progress on January 1 is incorrect.
- D. CALAMITY REASSESSMENT  
 Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
- E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.  
 1. All personal property/fixtures.  
 2. Only a portion of the personal property/fixtures. Attach description of those items.
- F. PENALTY ASSESSMENT  
 Penalty assessment is not justified.
- G. CLASSIFICATION/ALLOCATION  
 1. Classification of property is incorrect.  
 2. Allocation of value of property is incorrect (e.g., between land and improvements).
- H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.  
 1. Amount of escape assessment is incorrect.  
 2. Assessment of other property of the assessee at the location is incorrect.
- I. OTHER  
 Explanation (attach sheet if necessary) \_\_\_\_\_

**7. WRITTEN FINDINGS OF FACTS ( \$ \_\_\_\_\_ per \_\_\_\_\_ )**

- Are requested.  Are not requested.

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

- Yes  No

## CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

John P. Origer

Westlake Village, CA

11/17/21

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

# EXHIBIT C

# FILED

NOV 23 2021

## ASSEESSEE'S AUTHORIZATION OF TAX AGENT

(Name of Applicant) Beacon Mammoth, Inc.

MONO COUNTY CLERK

(Mailing Address of Applicant) 2260 E. Maple Ave., El Segundo, CA 90245

County of Mono  
Assessor  
P.O. Box 456  
Bridgeport, CA 93517

Assessment Appeals Board  
Clerk of the Board  
P.O. Box 237  
Bridgeport, CA 93517

County of Mono  
Auditor & Controller  
P.O. Box 556  
Bridgeport, CA 93517

**I. This authorizes:**

(Agent's Name) Assessment Counselling Services, LLC and Staff  
(Address) 125 Auburn Court, Suite 210, Westlake Village, CA 91362  
Telephone (805) 374-9500; Fax (805) 374-6777

to act in our behalf as Agent in assessment matters for those properties owned or controlled by the undersigned

**ALL PROPERTY LOCATED IN MONO COUNTY  
APN: PLEASE SEE ATTACHED LIST**

**II. The extent of such authority is (check appropriate items):**

- Agent has full permission to handle all assessment matters with your office. You are to divulge to Agent all information that you possess regarding our assessment.
- Agent may sign Property Statements as provided under California Revenue and Taxation Code, §441.
- Other (specify)

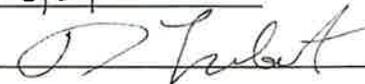
**III. Having delegated the above authority, we accept full responsibility for any action taken within the scope of Agent's authority.**

**IV. I understand that this Authorization (check one):**

- is effective until revoked.
- is revocable earlier by certified letter signed by the owner, a partner, or a corporate officer, or
- expires automatically four (4) years from Date of Execution below.

**V. I understand that the authorized agent shall provide me with a copy of the application.**

**VI. This Authorization is for appeals filed in calendar year: 2021-2022**

Date 8/24/2021  
Signed  Print Name Daniel Lubert  
Title President Telephone 310 536 9000 Fax \_\_\_\_\_  
(Owner, Partner, Corp. Officer)

# EXHIBIT C

## Beacon Mammoth, Inc. - Property List

<u>Property Address</u>	<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

# 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 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.

Send application and fee to P.O. Box 237, Bridgeport, CA 93517

APPLICATION NUMBER: Clerk Use Only

2020-018

### 1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME  
PAI FAMILY TRUST 09-06-19 DBA Ventura Grand Inn

EMAIL ADDRESS  
kpai@invenger.com

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)  
3676 Legends Dr.

CITY Simi Valley	STATE CA	ZIP CODE 93065	DAYTIME TELEPHONE (805) 807 1033	ALTERNATE TELEPHONE (805) 367 4444	FAX TELEPHONE ( ) ( ) ( )
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### 2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

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

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

CITY _____	STATE _____	ZIP CODE _____	DAYTIME TELEPHONE ( ) ( ) ( )	ALTERNATE TELEPHONE ( ) ( ) ( )	FAX TELEPHONE ( ) ( ) ( )
------------	-------------	----------------	----------------------------------	------------------------------------	------------------------------

### AUTHORIZATION OF AGENT

AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE ▶	TITLE _____	DATE _____
--	-------------	------------

### 3. PROPERTY IDENTIFICATION INFORMATION

Yes  No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

### ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER 035-025-003-000	ASSESSMENT NUMBER 035-025-003-000	FEE NUMBER 035-025-003-000
ACCOUNT NUMBER _____	TAX BILL NUMBER _____	

PROPERTY ADDRESS OR LOCATION 3626 Main St. Mammoth Lakes, CA 93546	DOING BUSINESS AS (DBA), if appropriate Ventura Grand Inn
---	--

### PROPERTY TYPE

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX | <input type="checkbox"/> AGRICULTURAL      | <input type="checkbox"/> POSSESSORY INTEREST |
| <input type="checkbox"/> MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____      | <input type="checkbox"/> MANUFACTURED HOME | <input type="checkbox"/> VACANT LAND         |
| <input checked="" type="checkbox"/> COMMERCIAL/INDUSTRIAL                 | <input type="checkbox"/> WATER CRAFT       | <input type="checkbox"/> AIRCRAFT            |
| <input type="checkbox"/> BUSINESS PERSONAL PROPERTY/FIXTURES              | <input type="checkbox"/> OTHER: _____      |  |

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$561,000.00	\$308,178.00	<input type="checkbox"/>
IMPROVEMENTS/STRUCTURES	\$2,500,658.00	\$1,095,000.60	<input type="checkbox"/>
FIXTURES			<input type="checkbox"/>
PERSONAL PROPERTY (see instructions)	\$32,274.00	\$8,000.00	<input type="checkbox"/>
MINERAL RIGHTS			<input type="checkbox"/>
TREES & VINES			<input type="checkbox"/>
OTHER			<input type="checkbox"/>
TOTAL	\$3,093,932.00	\$1,411,178.60	<input type="checkbox"/>
PENALTIES (amount or percent)			<input type="checkbox"/>

NOV 10 2020  
OFFICE OF THE CLERK

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

# EXHIBIT D

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 THE CURRENT YEAR  
 SUPPLEMENTAL ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ ROLL YEAR: \_\_\_\_\_  
 ROLL CHANGE  ESCAPE ASSESSMENT  CALAMITY REASSESSMENT  PENALTY ASSESSMENT  
\*DATE OF NOTICE: \_\_\_\_\_ \*\*ROLL YEAR: \_\_\_\_\_  
*\*Must attach copy of notice or bill, where applicable      \*\*Each roll year requires a separate application*

**6. REASON FOR FILING APPEAL (FACTS)**

*See instructions before completing this section.*

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

**A. DECLINE IN VALUE**

- The assessor's roll value exceeds the market value as of January 1 of the current year.

**B. CHANGE IN OWNERSHIP**

1. No change in ownership occurred on the date of \_\_\_\_\_.  
 2. Base year value for the change in ownership established on the date of \_\_\_\_\_ is incorrect.

**C. NEW CONSTRUCTION**

1. No new construction occurred on the date of \_\_\_\_\_.  
 2. Base year value for the completed new construction established on the date of \_\_\_\_\_ is incorrect.  
 3. Value of construction in progress on January 1 is incorrect.

**D. CALAMITY REASSESSMENT**

- Assessor's reduced value is incorrect for property damaged by misfortune or calamity.

**E. BUSINESS PERSONAL PROPERTY/FIXTURES.** Assessor's value of personal property and/or fixtures exceeds market value.

1. All personal property/fixtures.  
 2. Only a portion of the personal property/fixtures. Attach description of those items.

**F. PENALTY ASSESSMENT**

- Penalty assessment is not justified.

**G. CLASSIFICATION/ALLOCATION**

1. Classification of property is incorrect.  
 2. Allocation of value of property is incorrect (e.g., between land and improvements).

**H. APPEAL AFTER AN AUDIT.** Must include description of each property, issues being appealed, and your opinion of value.

1. Amount of escape assessment is incorrect.  
 2. Assessment of other property of the assessee at the location is incorrect.

**I. OTHER**

A letter with an explanation is attached.

- 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** *See instructions.*

- Yes  No

**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

Simi Valley, CA

11/24/2020

NAME (Please Print)

Krishna Mohan Pai

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

# EXHIBIT D

## 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.

Send application and fee to P.O. Box 237, Bridgeport, CA 93517

APPLICATION NUMBER: Clerk Use Only  
**2021-007**

### 1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME  
PAI FAMILY TRUST 09-06-19 DBA Ventura Grand Inn

EMAIL ADDRESS  
kpai@invenger.com

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)  
3676 Legends Dr.

CITY Simi Valley	STATE CA	ZIP CODE 93065	DAYTIME TELEPHONE (805 ) 807 1033	ALTERNATE TELEPHONE ( 805 ) 367 4444	FAX TELEPHONE ( )
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### 2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

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

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

CITY	STATE	ZIP CODE	DAYTIME TELEPHONE ( )	ALTERNATE TELEPHONE ( )	FAX TELEPHONE ( )
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<b>AUTHORIZATION OF AGENT</b> <input type="checkbox"/> AUTHORIZATION ATTACHED <i>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.</i> <i>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.</i>	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE ▶	TITLE _____ DATE _____

### 3. PROPERTY IDENTIFICATION INFORMATION

Yes  No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

#### ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER 035-025-003-000	ASSESSMENT NUMBER 035-025-003-000	FEE NUMBER 035-025-003-000
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION \_\_\_\_\_ DOING BUSINESS AS (DBA), if appropriate \_\_\_\_\_

#### PROPERTY TYPE

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX | <input type="checkbox"/> AGRICULTURAL      | <input type="checkbox"/> POSSESSORY INTEREST |
| <input type="checkbox"/> MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____      | <input type="checkbox"/> MANUFACTURED HOME | <input type="checkbox"/> VACANT LAND         |
| <input checked="" type="checkbox"/> COMMERCIAL/INDUSTRIAL                 | <input type="checkbox"/> WATER CRAFT       | <input type="checkbox"/> AIRCRAFT            |
| <input type="checkbox"/> BUSINESS PERSONAL PROPERTY/FIXTURES              | <input type="checkbox"/> OTHER: _____      |  |

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$561,000.00	\$308,178.00	<b>FILED</b>  SEP 23 2021
IMPROVEMENTS/STRUCTURES	\$2,500,658.00	\$1,095,000.60	
FIXTURES			
PERSONAL PROPERTY (see instructions)	\$32,274.00	\$8,000.00	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$3,093,932.00	\$1,411,178.60	<b>MONO COUNTY CLERK</b>
PENALTIES (amount or percent)			

# EXHIBIT D

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 THE CURRENT YEAR
- SUPPLEMENTAL ASSESSMENT  
\*DATE OF NOTICE: Letter Attached ROLL YEAR: 2018
- 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 April 2018 is incorrect.

**C. NEW CONSTRUCTION**

1. No new construction occurred on the date of \_\_\_\_\_.
2. Base year value for the completed new construction established on the date of \_\_\_\_\_ is incorrect.
3. Value of construction in progress on January 1 is incorrect.

**D. CALAMITY REASSESSMENT**

- Assessor's reduced value is incorrect for property damaged by misfortune or calamity.

**E. BUSINESS PERSONAL PROPERTY/FIXTURES.** Assessor's value of personal property and/or fixtures exceeds market value.

1. All personal property/fixtures.
2. Only a portion of the personal property/fixtures. Attach description of those items.

**F. PENALTY ASSESSMENT**

- Penalty assessment is not justified.

**G. CLASSIFICATION/ALLOCATION**

1. Classification of property is incorrect.
2. Allocation of value of property is incorrect (e.g., between land and improvements).

**H. APPEAL AFTER AN AUDIT.** Must include description of each property, issues being appealed, and your opinion of value.

1. Amount of escape assessment is incorrect.
2. Assessment of other property of the assessee at the location is incorrect.

**I. OTHER**

- Explanation (attach sheet if necessary) \_\_\_\_\_

**7. WRITTEN FINDINGS OF FACTS ( \$ \_\_\_\_\_ per \_\_\_\_\_ )**

- Are requested.  Are not requested.

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

- Yes  No

## CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

NAME (Please Print)

KRISHNA MOHAN PATI

Simi Valley, CA

9/17/2021

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

# EXHIBIT D

**Queenie Barnard**

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**From:** Tracy Morgan <tmorgan@mono.ca.gov>  
**Sent:** Monday, August 29, 2022 9:56 AM  
**To:** Queenie Barnard <qbarnard@mono.ca.gov>  
**Cc:** Anne Frievault <afrievault@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*



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**From:** Queenie Barnard <[qbarnard@mono.ca.gov](mailto:qbarnard@mono.ca.gov)>  
**Sent:** Friday, August 26, 2022 3:53 PM  
**To:** Krishna - Invenger Technologies <[kpai@invenger.com](mailto:kpai@invenger.com)>  
**Cc:** Anne Frievault <[afrievault@mono.ca.gov](mailto:afrievault@mono.ca.gov)>; Barry Beck <[bbeck@mono.ca.gov](mailto:bbeck@mono.ca.gov)>; Emily Fox <[efox@mono.ca.gov](mailto:efox@mono.ca.gov)>; Scheereen Dedman <[sdedman@mono.ca.gov](mailto:sdedman@mono.ca.gov)>; Tracy Morgan <[tmorgan@mono.ca.gov](mailto: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.

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