

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.**

Non-refundable processing fee to be paid at time of filing.

\$35 for residential property up to three (3) units

\$100 for all other property types

RECEIVED

JUN 10 2020

**COUNTY OF LAKE
BOARD OF SUPERVISORS**

RETURN TO:

**COUNTY OF LAKE
CLERK OF THE BOARD
255 N. FORBES STREET
LAKEPORT, CA 95453**

APPLICATION NUMBER: Clerk Use Only

03-2020

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Earthways Foundation, Inc., a Delaware nonprofit corporation

EMAIL ADDRESS
earthways@earthways.org

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
3700 Country Club Drive

CITY Lucerne	STATE CA	ZIP CODE 95458	DAYTIME TELEPHONE (831) 706-6826	ALTERNATE TELEPHONE (310) 456-2267	FAX TELEPHONE ()
------------------------	--------------------	--------------------------	--	--	-----------------------------

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

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)
Sheehan, Daniel

EMAIL ADDRESS
daniel.peter.sheehan@gmail.com

COMPANY NAME
New Paradigm College

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
455 Henry Cowell Drive

CITY Santa Cruz	STATE CA	ZIP CODE 95060	DAYTIME TELEPHONE (831) 706-6826	ALTERNATE TELEPHONE (831) 459-6136	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 President	DATE 6-4-20
--	---------------------------	-----------------------

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 034-867-040-000	ASSESSMENT NUMBER 991-090-256-000 / 990-090-256-000	FEE NUMBER 034-867-040-000
ACCOUNT NUMBER	TAX BILL NUMBER 2019-2020 Supplemental Property Tax Bill	
PROPERTY ADDRESS OR LOCATION 3752 Country Club Drive, Lucerne, CA 95458		DOING BUSINESS AS (DBA), if appropriate New Paradigm College

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 type="checkbox"/> COMMERCIAL/INDUSTRIAL	<input type="checkbox"/> WATER CRAFT	<input type="checkbox"/> AIRCRAFT
<input type="checkbox"/> BUSINESS PERSONAL PROPERTY/FIXTURES	<input checked="" type="checkbox"/> OTHER: Educational Institution	

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$29,000	\$15,000	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$29,000	\$15,000	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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: 04/16/2020ROLL YEAR: 2019-2020☐ 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 02/28/2019 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) See attached explanation titled "Reasons for Filing Appeal"**7. WRITTEN FINDINGS OF FACTS (\$ 00.00 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)

Andrew Beath

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

RECEIVED

JUN 10 2020

COUNTY OF LAKE
BOARD OF SUPERVISORS

**DECLARATION OF ANDREW BEATH, PRESIDENT OF EARTHWAYS
FOUNDATION, INC., REGARDING THE TIMELY FILING OF ASSESSMENT
APPEAL APPLICATIONS
(Cal. Rev. & Tax. Code § 75.31(c)(3)(A))**

I, Andrew Beath, President of the Earthways Foundation, Inc. ("Earthways"), submit this declaration in support of the Assessment Appeal Applications to which this Declaration is attached, as follows:

1. Earthways is the owner of the real property located in the County of Lake which is the subject of the instant Assessment Appeal Applications. Said real property is commonly referred to as the "Lucerne Castle" and is more particularly identified in said Assessment Appeal Applications.
2. Notice of the Supplemental Assessments appealed herein by Earthways was not timely received, nor at all. The Supplemental Assessments subject to the appeals are specifically identified in the Table of Supplemental Assessments provided below.
3. Earthways was first notified of the Supplemental Assessments when it received the Supplemental Tax Bills, with a postmarked date of April 21, 2020. The date printed on the Supplemental Tax Bills is April 16, 2020.
4. Accordingly, the appeals by Earthways of the Supplemental Assessments are timely pursuant to California Revenue and Taxation Code Section 75.31(c)(3)(A).

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 4, 2020.

EARTHWAYS FOUNDATION, INC.



Andrew Beath
Its President

TABLE OF SUPPLEMENTAL ASSESSMENTS

A	B	C	1.
Property	Amount	Subject of Tax Bill	2.
3700 Country Club Dr. APN 034-182-040-000 Asmt. No. 991-090-252-000	\$91,946.64	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	3.
3700 Country Club Dr. APN 034-182-040-000 Asmt. No. 990-090-252-000	\$28,898.64	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	4.
3792 Country Club Dr. APN 034-867-020-000 Asmt. No. 991-090-254-000	\$225.58	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	5.
3792 Country Club Dr. APN 034-867-020-000 Asmt. No. 990-090-254-000	\$70.88	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	6.
3812 Country Club Dr. APN 034-867-010-000 Asmt. No. 991-090-253-000	\$270.74	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	7.
3812 Country Club Dr. APN 034-867-010-000 Asmt. No. 990-090-253-000	\$85.08	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	8.
6532 Thirteenth Ave. APN 034-867-050-000 Asmt. No. 991-090-257-000	\$293.28	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	9.
6532 Thirteenth Ave. APN 034-867-050-000 Asmt. No. 990-090-257-000	\$92.16	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	10.
6535 Twelfth Ave. APN 034-867-070-000 Asmt. No. 991-090-259-000	\$225.58	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020	11.

		Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	
6535 Twelfth Ave. APN 034-867-070-000 Asmt. No. 990-090-259-000	\$70.88	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	12.
3752 Country Club Dr. APN 034-867-040-000 Asmt. No. 991-090-256-000	\$327.14	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	13.
3752 Country Club Dr. APN 034-867-040-000 Asmt. No. 990-090-256-000	\$102.80	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	14.
3772 Country Club Dr. APN 034-867-030-000 Asmt. No. 991-090-255-000	\$225.58	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	15.
3772 Country Club Dr. APN 034-867-030-000 Asmt. No. 990-090-255-000	\$70.88	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	16.
6607 Fourteenth Ave. APN 034-182-030-000 Asmt. No. 991-090-251-000	\$2,143.52	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	17.
6607 Fourteenth Ave. APN 034-182-030-000 Asmt. No. 990-090-251-000	\$673.70	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	18.



ASSESSMENT APPEAL APPLICATION

Reasons for Filing Appeal

Applicant, Earthways Foundation, Inc. ("Earthways"), hereby appeals the Assessments for Supplemental Tax Roll for the Fiscal Year of July 1, 2019 – June 30, 2020 because the base year value for the change in ownership established on the date of February 28, 2019 is incorrect.

The amount of the assessment is incorrect and improper. By law, the Assessor "shall appraise real property at its full cash value on the date the change of ownership occurs." (Rev. & Tax Code § 75.10(a).) Full cash value or fair market value means the amount of cash or its equivalent that the property would bring if exposed to the open market under normal conditions. The purchase price shall be presumed to be the full cash value or fair market value. (Rev. & Tax Code § 110.)

The properties which the subject of the appeal, together with 6545 Twelfth Ave., Lucerne, California 95458, APN 034 867 060 000, which is also owned by Earthways, but for which, to our knowledge, no tax bills are pending, were purchased by Earthways as of Feb. 28, 2019 for a total purchase price of \$2,500,000. Yet they are appraised by the Lake County Assessor for a value of approximately \$8,500,000. This is improper and unlawful. According to the California Constitution, the full cash value means the appraised value of real property when purchased. (Cal. Const., Art. XIII A § 2(a).) Thus, the instant appeal of the base value is submitted because that the "highest and best use" valuation, which the Assessor determined on its own accord, is erroneous and in violation of the California Constitution and Revenue & Taxation Code.

Moreover, Earthways and the County of Lake as Seller explicitly agreed that \$2,500,000 is the fair market value of the properties, as stated in the Purchase and Sale Agreement for the Lucerne Castle dated December 12, 2018 (the "Agreement"), as well as the Assessor's own records. Paragraph 4 of the Agreement states "SELLER acknowledges that the property has been appraised by the BUYER and that the foregoing purchase price is fair market value of the property as determined by said independent appraisal, which SELLER has accepted." Accordingly, it is indisputable that both the fair market value and full cash value of the properties is \$2,500,000, and thus, Earthways appeals the \$8,500,000 base value.

Please note, the following persons are hereby authorized to discuss all matters relative to the above referenced parcels, their tax bills, their assessment appeals, and their claims of college exemption, with the Assessor, the Tax Collector, or any other County official:

Robert R. Riggs, Katzoff & Riggs, LLP – attorney for Earthways and New Paradigm College
George MacDonald, Katzoff & Riggs, LLP – attorney for Earthways and New Paradigm College
Denise Rushing, Director, New Paradigm College
Daniel P. Sheehan, President, New Paradigm College

New Paradigm College
P.O. Box 1082
Upper Lake, CA 95485
www.newparadigmcollege.org 707-276-6101

1289
90-7759/3211

9 June 2020

Pay to the Order of County of Lake \$ 800⁰⁰
Eight hundred and 00/100 Dollars



Community First Credit Union
P.O. Box 6004
Santa Rosa, CA 95406-0004

Assessment Appeal Applications
for Arthur Foundation

Orion Ruff

⑆321177599⑆12000900743769⑈1289

County Of Lake
Lakeport, California

Receipt No. 1340169

Department: 1012

Date 6-10-2020

Received of New Paradigm College \$ 800
Eight Hundred and Dollars

Detail of Deposit

Assessment Appeal Applications

CASH ☐

CHECK ☒

OTHER ☐

#1289

By

RR Joseph

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Earthways Foundation, Inc.
3700 Country Club Drive
Kuerste, CA, 95458*



9590 9402 6814 1074 6032 46

7. Number (Transfer from service label)

1151 2280 0001 9999 9159

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

☒ Agent

B. Received by (Printed Name)

W. Begunstein

C. Date of Delivery

9/10/21

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt :

ASSESSMENT APPEAL APPLICATION

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Non-refundable processing fee to be paid at time of filing
\$35 for residential property up to three (3) units
\$100 for all other property types



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CLERK OF THE BOARD
255 N. FORBES STREET
LAKEPORT, CA 95453

APPLICATION NUMBER: Clerk Use Only

04-2020

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
 Earthways Foundation, Inc., a Delaware nonprofit corporation

EMAIL ADDRESS
 earthways@earthways.org

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
 3700 Country Club Drive

CITY
 Lucerne

STATE
 CA

ZIP CODE
 95458

DAYTIME TELEPHONE
 (831) 706-6826

ALTERNATE TELEPHONE
 (310) 456-2267

FAX TELEPHONE
 ()

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

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)
 Sheehan, Daniel

EMAIL ADDRESS
 daniel.peter.sheehan@gmail.com

COMPANY NAME
 New Paradigm College

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

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 455 Henry Cowell Drive

CITY
 Santa Cruz

STATE
 CA

ZIP CODE
 95060

DAYTIME TELEPHONE
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ALTERNATE TELEPHONE
 (831) 459-6136

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

President

DATE

6-4-20

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
 034-867-050-000

ASSESSMENT NUMBER
 991-090-257-000 / 990-090-257-000

FEE NUMBER
 034-867-050-000

ACCOUNT NUMBER

TAX BILL NUMBER
 2019-2020 Supplemental Property Tax Bill

PROPERTY ADDRESS OR LOCATION
 6532 Thirteenth Ave., Lucerne, CA 95458

DOING BUSINESS AS (DBA), if appropriate
 New Paradigm College

PROPERTY TYPE ☒

☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX

☐ AGRICULTURAL

☐ POSSESSORY INTEREST

☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____

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☐ VACANT LAND

☐ COMMERCIAL/INDUSTRIAL

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☐ AIRCRAFT

☐ BUSINESS PERSONAL PROPERTY/FIXTURES

☒ OTHER: Educational Institution

4. VALUE

A. VALUE ON ROLL

B. APPLICANT'S OPINION OF VALUE

C. APPEALS BOARD USE ONLY

LAND

\$26,000

\$14,000

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

\$26,000

\$14,000

PENALTIES (amount or percent)

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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: 04/16/2020

ROLL YEAR: 2019-2020

☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: _____

**ROLL YEAR: _____

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**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 02/28/2019 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) See attached explanation titled "Reasons for Filing Appeal"**7. WRITTEN FINDINGS OF FACTS (\$ 00.00 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)

Andrew Beath

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

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LAKEPORT, CA 95453

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APPLICATION NUMBER: Clerk Use Only

05-2020

EMAIL ADDRESS

earthways@earthways.org

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

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Sheehan, Daniel

EMAIL ADDRESS

daniel.peter.sheehan@gmail.com

COMPANY NAME

New Paradigm College

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

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

455 Henry Cowell Drive

CITY Santa Cruz	STATE CA	ZIP CODE 95060	DAYTIME TELEPHONE (831) 706-6826	ALTERNATE TELEPHONE (831) 459-6136	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

President

DATE

6-4-20

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 034-867-070-000	ASSESSMENT NUMBER 991-090-259-000 / 990-090-259-000	FEE NUMBER 034-867-070-000
ACCOUNT NUMBER	TAX BILL NUMBER 2019-2020 Supplemental Property Tax Bill	
PROPERTY ADDRESS OR LOCATION 6535 Twelfth Ave., Lucerne, CA 95458		DOING BUSINESS AS (DBA), if appropriate New Paradigm College

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: Educational Institution

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$20,000	\$10,000	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$20,000	\$10,000	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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: 04/16/2020ROLL YEAR: 2019-2020☐ 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 02/28/2019 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) See attached explanation titled "Reasons for Filing Appeal"**7. WRITTEN FINDINGS OF FACTS (\$ 00.00 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)

Andrew Beath

Malibu CA

June 4, 2020

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

☒ ☐ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED
☒ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

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.**

Non-refundable processing fee to be paid at time of filing
\$35 for residential property up to three (3) units
\$100 for all other property types

RETURN TO:
COUNTY OF LAKE
CLERK OF THE BOARD
255 N. FORBES STREET
LAKEPORT, CA 95453

**1. APPLICANT INFORMATION - PLEASE PRINT**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
 Earthways Foundation, Inc., a Delaware nonprofit corporation

APPLICATION NUMBER: Clerk Use Only

06-2020

EMAIL ADDRESS

earthways@earthways.org

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

3700 Country Club Drive

CITY
 Lucerne

STATE
 CA

ZIP CODE
 95458

DAYTIME TELEPHONE
 (831) 706-6826

ALTERNATE TELEPHONE
 (310) 456-2267

FAX TELEPHONE
 ()

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

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)

Sheehan, Daniel

EMAIL ADDRESS

daniel.peter.sheehan@gmail.com

COMPANY NAME

New Paradigm College

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

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

455 Henry Cowell Drive

CITY
 Santa Cruz

STATE
 CA

ZIP CODE
 95060

DAYTIME TELEPHONE
 (831) 706-6826

ALTERNATE TELEPHONE
 (831) 459-6136

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

[Signature]

TITLE

President

DATE

6-4-20

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 034-182-030-000	ASSESSMENT NUMBER 991-090-251-000 / 990-090-251-000	FEE NUMBER 034-182-030-000
ACCOUNT NUMBER	TAX BILL NUMBER 2019-2020 Supplemental Property Tax Bill	
PROPERTY ADDRESS OR LOCATION 6607 Fourteenth Ave., Lucerne, CA 95458		DOING BUSINESS AS (DBA), if appropriate New Paradigm College

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: Educational Institution

4. VALUE

	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$190,000	\$101,000	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$190,000	\$101,000	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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: 04/16/2020 ROLL YEAR: 2019-2020
- ☐ 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 02/28/2019 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) See attached explanation titled "Reasons for Filing Appeal"

7. WRITTEN FINDINGS OF FACTS (\$ 00.00 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)

Andrew Beath

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

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Non-refundable processing fee to be paid at time of filing.**\$35 for residential property up to three (3) units****\$100 for all other property types**

RETURN TO:
COUNTY OF LAKE
CLERK OF THE BOARD
255 N. FORBES STREET
LAKEPORT, CA 95453

RECEIVED**JUN 10 2020**

COUNTY OF LAKE
BOARD OF SUPERVISORS

APPLICATION NUMBER: Clerk Use Only

07-2020

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
 Earthways Foundation, Inc., a Delaware nonprofit corporation

EMAIL ADDRESS
 earthways@earthways.org

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
 3700 Country Club Drive

CITY Lucerne	STATE CA	ZIP CODE 95458	DAYTIME TELEPHONE (831) 706-6826	ALTERNATE TELEPHONE (310) 456-2267	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)
 Sheehan, Daniel

EMAIL ADDRESS
 daniel.peter.sheehan@gmail.com

COMPANY NAME
 New Paradigm College

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
 455 Henry Cowell Drive

CITY Santa Cruz	STATE CA	ZIP CODE 95060	DAYTIME TELEPHONE (831) 706-6826	ALTERNATE TELEPHONE (831) 459-6136	FAX TELEPHONE ()
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AUTHORIZATION OF AGENT☐ **AUTHORIZATION ATTACHED**

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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
 President

DATE

6-4-20

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 034-182-040-000	ASSESSMENT NUMBER 991-090-252-000 / 990-090-252-000	FEE NUMBER 034-182-040-000
ACCOUNT NUMBER	TAX BILL NUMBER 2019-2020 Supplemental Property Tax Bill	

PROPERTY ADDRESS OR LOCATION
 3700 Country Club Drive, Lucerne, CA 95458

DOING BUSINESS AS (DBA), if appropriate
 New Paradigm College

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: Educational Institution**4. VALUE**

	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$600,000	\$315,000	
IMPROVEMENTS/STRUCTURES	\$7,550,000	\$2,000,000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$8,150,000	\$2,315,000	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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: 04/16/2020ROLL YEAR: 2019-2020☐ 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.**

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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 02/28/2019 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) See attached explanation titled "Reasons for Filing Appeal"**7. WRITTEN FINDINGS OF FACTS (\$ 00.00 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)

Andrew Beath

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

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\$100 for all other property types

RETURN TO:
COUNTY OF LAKE
CLERK OF THE BOARD
255 N. FORBES STREET
LAKEPORT, CA 95453

RECEIVED
JUN 10 2020
COUNTY OF LAKE
BOARD OF SUPERVISORS

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
 Earthways Foundation, Inc., a Delaware nonprofit corporation

APPLICATION NUMBER: Clerk Use Only

08-2020

EMAIL ADDRESS
 earthways@earthways.org

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
 3700 Country Club Drive

CITY Lucerne	STATE CA	ZIP CODE 95458	DAYTIME TELEPHONE (831) 706-6826	ALTERNATE TELEPHONE (310) 456-2267	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)
 Sheehan, Daniel

EMAIL ADDRESS
 daniel.peter.sheehan@gmail.com

COMPANY NAME
 New Paradigm College

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
 455 Henry Cowell Drive

CITY Santa Cruz	STATE CA	ZIP CODE 95060	DAYTIME TELEPHONE (831) 706-6826	ALTERNATE TELEPHONE (831) 459-6136	FAX TELEPHONE ()
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AUTHORIZATION OF AGENT

☐ **AUTHORIZATION ATTACHED**

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SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE
 President

DATE
 6-4-20

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 034-867-010-000	ASSESSMENT NUMBER 991-090-253-000 / 990-090-253-000	FEE NUMBER 034-867-010-000
ACCOUNT NUMBER	TAX BILL NUMBER 2019-2020 Supplemental Property Tax Bill	
PROPERTY ADDRESS OR LOCATION 3812 Country Club Drive, Lucerne, CA 95458		DOING BUSINESS AS (DBA), if appropriate New Paradigm College

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 type="checkbox"/> COMMERCIAL/INDUSTRIAL | <input type="checkbox"/> WATER CRAFT | <input type="checkbox"/> AIRCRAFT |
| <input type="checkbox"/> BUSINESS PERSONAL PROPERTY/FIXTURES | <input checked="" type="checkbox"/> OTHER: Educational Institution | |

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$24,000	\$14,000	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$24,000	\$14,000	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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: 04/16/2020 ROLL YEAR: 2019-2020
- ☐ 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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- ☐ 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 02/28/2019 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) See attached explanation titled "Reasons for Filing Appeal"

7. WRITTEN FINDINGS OF FACTS (\$ 00.00 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)

Andrew Beath

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

- ☒ ☐ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED
- ☒ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

ASSESSMENT APPEAL APPLICATION

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.**

Non-refundable processing fee to be paid at time of filing.

\$35 for residential property up to three (3) units**\$100 for all other property types****RECEIVED****JUN 10 2020****COUNTY OF LAKE
BOARD OF SUPERVISORS**

RETURN TO:
COUNTY OF LAKE
CLERK OF THE BOARD
255 N. FORBES STREET
LAKEPORT, CA 95453

APPLICATION NUMBER: Clerk Use Only

09-2020

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Earthways Foundation, Inc., a Delaware nonprofit corporationEMAIL ADDRESS
earthways@earthways.orgMAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
3700 Country Club Drive

CITY Lucerne	STATE CA	ZIP CODE 95458	DAYTIME TELEPHONE (831) 706-6826	ALTERNATE TELEPHONE (310) 456-2267	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)
Sheehan, DanielEMAIL ADDRESS
daniel.peter.sheehan@gmail.comCOMPANY NAME
New Paradigm College

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
455 Henry Cowell Drive

CITY Santa Cruz	STATE CA	ZIP CODE 95060	DAYTIME TELEPHONE (831) 706-6826	ALTERNATE TELEPHONE (831) 459-6136	FAX TELEPHONE ()
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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
President

DATE

6-4-20

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 034-867-020-000	ASSESSMENT NUMBER 991-090-254-000 / 990-090-254-000	FEE NUMBER 034-867-020-000
ACCOUNT NUMBER	TAX BILL NUMBER 2019-2020 Supplemental Property Tax Bill	

PROPERTY ADDRESS OR LOCATION
3792 Country Club Drive, Lucerne, CA 95458DOING BUSINESS AS (DBA), if appropriate
New Paradigm College**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: Educational Institution**4. VALUE**

	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$20,000	\$10,000	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$20,000	\$10,000	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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: 04/16/2020 ROLL YEAR: 2019-2020
- ☐ 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 02/28/2019 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.
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7. WRITTEN FINDINGS OF FACTS (\$ 00.00 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)

Andrew Beath

Malibu CA

6-4-20

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

- ☒ ☐ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED
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\$35 for residential property up to three (3) units

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RETURN TO:

**COUNTY OF LAKE
CLERK OF THE BOARD
255 N. FORBES STREET
LAKEPORT, CA 95453**

JUN 10 2020

ADMINISTRATIVE OFFICE

APPLICATION NUMBER: Clerk Use Only

10-2020

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Earthways Foundation, Inc., a Delaware nonprofit corporation

EMAIL ADDRESS
earthways@earthways.org

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
3700 Country Club Drive

CITY Lucerne	STATE CA	ZIP CODE 95458	DAYTIME TELEPHONE (831) 706-6826	ALTERNATE TELEPHONE (310) 456-2267	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)
Sheehan, Daniel

EMAIL ADDRESS
daniel.peter.sheehan@gmail.com

COMPANY NAME
New Paradigm College

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

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

455 Henry Cowell Drive

CITY Santa Cruz	STATE CA	ZIP CODE 95060	DAYTIME TELEPHONE (831) 706-6826	ALTERNATE TELEPHONE (831) 459-6136	FAX TELEPHONE ()
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AUTHORIZATION ATTACHED

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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 President	DATE 6-4-20
--	---------------------------	-----------------------

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 034-867-030-000	ASSESSMENT NUMBER 991-090-255-000 / 990-090-255-000	FEE NUMBER 034-867-030-000
ACCOUNT NUMBER	TAX BILL NUMBER 2019-2020 Supplemental Property Tax Bill	

PROPERTY ADDRESS OR LOCATION
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DOING BUSINESS AS (DBA), if appropriate
New Paradigm College

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 type="checkbox"/> COMMERCIAL/INDUSTRIAL	<input type="checkbox"/> WATER CRAFT	<input type="checkbox"/> AIRCRAFT
<input type="checkbox"/> BUSINESS PERSONAL PROPERTY/FIXTURES	<input checked="" type="checkbox"/> OTHER: Educational Institution	

4. VALUE

	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$20,000	\$10,000	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$29,000	\$10,000	
PENALTIES (amount or percent)			

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- ☒ SUPPLEMENTAL ASSESSMENT
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- ☒ Are requested. ☐ Are not requested.

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

- ☒ Yes ☐ No

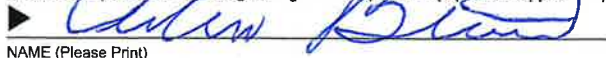
CERTIFICATION

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)
 Andrew Beath

Malibu CA
 SIGNED AT (CITY, STATE)

6-4-20
 DATE

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

- ☒ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED
- ☒ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

**COUNTY OF LAKE****CLERK OF THE BOARD**

Courthouse - 255 North Forbes Street

Lakeport, California 95453

TELEPHONE (707) 263-2368

FAX (707) 263-2207

HEARING DATE CONFIRMATION NOTICE**THIS PORTION MUST BE RETURNED**

Application No(s): 10-2020

Hearing Date: October 26, 2021**Assessee/Owner: Earthways Foundation, Inc., a Delaware nonprofit corporation**

APN(s): 034-867-030-000

**YOU MUST COMPLETE AND RETURN THIS PORTION AT LEAST
21 DAYS PRIOR TO THE HEARING DATE**

- ☒ Yes, I (or my agent) will be present for my scheduled hearing.
- ☐ I am unable to attend on the date specified. The request must be submitted at least 21 days prior to the hearing date and accompanied by the signed extension form below. Upon receipt of the form below, the Clerk will contact you to reschedule your hearing.
- ☐ Please withdraw my appeal(s). I do not intend to appear at my scheduled hearing.

Avis Bequistan
Signature: Owner/Agent

13 September 2021
Date

(904) 495-6633
Daytime Phone Number

**IT IS IMPERATIVE THAT YOU CONFIRM YOUR INTENTION TO APPEAR. FAILURE TO APPEAR
WITHOUT NOTICE MAY RESULT IN YOUR APPEAL BEING DENIED.**
(PLEASE RETURN WHOLE PAGE)

**LAKE COUNTY
LOCAL BOARD OF EQUALIZATION
EXTENSION FOR TIME OF HEARING**

Application No(s): 10-2020

Hearing Date: October 26, 2021**Assessee/Owner: Earthways Foundation, Inc., a Delaware nonprofit corporation**

APN(s): 034-867-030-000

I, _____ hereby agree that, in accordance with Revenue and Taxation Code Section 1604c, the time for the hearing and determination of the above-referenced application(s) shall be extended indefinitely; provided, however, that upon written notice of my intent to terminate such extension, the two-year period in which the Local Board of Equalization is required to conduct a hearing and make a final determination on the above-referenced application(s) shall not commence to run until 120 days after delivery of such written notice on the Clerk of the Local Board of Equalization.

Date signed

Print Name of Applicant or Agent

Company/Firm Name (Agent's)

Signature of Applicant/Agent

Mailing Address

City, State, ZIP

Daytime Phone Number

Alternate Telephone Number

Please return this form to:

**LAKE COUNTY
CLERK OF THE BOARD
255 NORTH FORBES STREET
LAKEPORT, CA 95453**

