



CALPINE CORPO

E CORPORATION

ASSESSMENT TO TO THE PROPERTY OF THE PROPERTY O December 10, 2019

GENERAL APPOINTMENT OF AGENCY

RECEIVED

SEP **09** 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

I have authorized KPMG LLP to represent Calpine Corporation DBA Geysers Power Company, LLC for all property tax matters. KPMG LLP has the general power to represent us in receiving notices of value, obtaining copies of appraisal, tax assessments, or any other information relevant to property tax matters. KPMG LLP is also authorized to negotiate and accept any settlement reached with all assessment and appraisal authorities to include boards of equalization, appraisal review boards, state tax commissions, or other entities exercising authorities or review of property tax assessments, abatements, exemptions or any matter upon which it has administrative jurisdiction.

This appointment of agency remains in effect until revoked in writing by Calpine Corporation DBA Geysers Power Company, LLC or KPMG LLP.

Signed

Signed

Terry Pearson, VP Tax

Calpine Corporation P.O. Box 3288 Houston, TX 77253-3288

12/10/19

Date

Tess Onderick, Senior Manager

KPMG LLP 811 Main Street, Suite 4500 Houston, Texas 77002

12/16/2019

Date

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	Geysers Power Company LLC	Geysers Power Company LLC	Geysers Power Company LLC	Geysers Power Company LLC	Geysers Power Company LLC	Geysers Power Company LLC	Geysers Power Company LLC	Geysers Power Company LLC	Geysers Power Company LLC	Geysers Power Company LLC	Geysers Power Company LLC	Geysers Power Company LLC	Geysers Power Company LLC		Gaysers Fower Company LLC	Geysers Fower Company LLC	Geysers Hower Company LLC	Geysers Hower Company LLC	Geysers Power Company LLC	Geysers Power Company LC	Geysers Power Company LLC	Geysers Fower Company LLC	Geysers Power Company LLC	Entity
2018 Total	2018 Lake County	2018 Lake County	2018 Lake County	2018 Lake County	2018 Lake County	2018 Lake County			2018 Lake County	2017 Total	2017 Lake County	2017 Lake County	2017 Lake County	2017 Lake County	2017 Lake County	2017 Lake County	2017 Lake County	2017 Lake County	2017 Lake County	Year County				
	2018 Lake County Correction to Supplemental Assessment	2018 Lake County Correction to Supplemental Assessment	2018 Lake County Correction to Supplemental Assessment		2017 Lake County Correction to Supplemental Assessment	2017 Lake County Correction to Supplemental Assessment	2017 Lake County Correction to Supplemental Assessment	2017 Lake County Correction to Supplemental Assessment	2017 Lake County Correction to Supplemental Assessment	Correction to Supplemental Assessment	Notice													
	991-090-648-000 /	991-090-605-000	991-090-600-000	991-090-590-000	991-090-589-000	991-090-575-000	991-090-574-000	991-090-573-000	991-090-568-000	991-090-565-000	991-090-552-000	991-090-533-000	991-090-501-000		990-090-651-000	990-090-650-000	990-090-648-000	990-090-605-000	990-090-600-000	990-090-591-000 /	990-090-565-000	990-090-552-000	990-090-501-000	Asmt
	013-004-111-000/	011-004-440-000 /	013-002-360-000	013-005-072-000/	013-058-040-000	013-058-212-0007	013-058-202-000	013-058-172-000	013-058-102-000	013-058-022-000	013-040-042-000	013-005-152-000	011-007-062-000		013-004-152-000/	013-004-151-000	013-004-111-000	011-004-440-000	013-002-360-000	013-005-491-000	013-058-022-000	013-040-042-000	011-007-062-000	Fee Parcel;
	013-004-111-000	906-000-023-000	906-000-017-000	300-900-000-906	906-000-005-000	013-058-212-000	013-058-202-000	013-058-172-000	013-058-102-000	013-058-022-000	013-040-042-000	013-005-152-000	011-007-062-000		013-004-152-000	013-004-151-000	013-004-111-000	906-000-023-000	906-000-017-000	906-000-007-000	013-058-022-000	013-040-042-000 /	011-007-062-000	Base Asmt:
109,727,838	74,294,668	452,039	6,024,336	10,318,861	3,279,217	5,158,516	4,295,141	861,017	3,436,284	484,597	23,298	39,980	1,057,884	126,700,199	36,266,830	4,996,476	72,837,909	430,000	6,158,056	4,393,500	449,289	23,298	1,144,841	Old Value
186,652,813																								
76,924,975	22,961,360	11,386,684	9,400,226	3,412,861	51,421	693,213	4,012,721	736,541	1,597,523	17,867,792	7,713	4,357,598	439,322	84,024,511	18,953,356	38,969	24,418,119	11,408,723	9,266,506	1,675,660	17,903,100	7,713	352,365	Net Change



KPMG LLP 811 Main Street Houston, TX 77002 Telephone Fax kpmg.com +1 346 337 5290 +1 713 319 2041

Appeal #5
27-2020
+0
48-2020

RECEIVED

SEP 09 2020

COUNTY OF LAKE
BOARD OF SUPERVISORS

September 3, 2020

County of Lake Clerk of the Board of Supervisors Attn.: Ms. Rose Joseph Courthouse – 255 North Forbes Street Lakeport, CA 95453

RE:

Lake County Supplemental Appeals

Dear Ms. Joseph:

Enclosed are the appeal forms for the 22 Supplemental Assessments issued for the 2017-2018 and 2018-2019 Tax Years for Geysers Power Company. As discussed on the phone the other day, our check for \$2,200 was sent separately from our processing center in Virginia, whereas these applications with original "wet" signatures have been sent from our offices in Houston, Texas. Both mailings will be sent by September 4th, however they may not arrive at the same time due to Post Office handling.

I have also enclosed a copy of our Limited Power of Attorney for Geysers Power Company.

If you have any questions or need additional information, please contact me at tonderick@kpmg.com or (346) 337-5290.

Very truly yours,

KPMG LLP

Tess Onderick Senior Manager

Enclosures

Parcels List

Limited Power of Attorney

Appeals Forms



KPMG LLP 811 Main Street Houston, TX 77002 Telephone Fax kpmg.com +1 346 337 5290 +1 713 319 2041

September 2, 2020

County of Lake Clerk of the Board of Supervisors Attn.: Ms. Rose Joseph Courthouse = 255 North Forbes Street Lakeport, CA 95453

RE:

Lake County Supplemental Appeals

Dear Ms. Joseph:

Enclosed is a check for \$ 2,200 for Assessment Appeal Application Fees for 22 Supplemental Assessments issued for the 2017-2018 and 2018-2019 Tax Years for Geysers Power Company. The check is being issued from our processing center in Virginia, whereas we are having to send in the applications with original "wet" signatures from our offices in Houston, Texas. Both mailings will be sent before September 4th, however they may not arrive at the same time due to Post Office handling.

I have enclosed a list of the Assessments and Parcels which are being appealed. I have also enclosed a copy of our Appointment of Agency for Geysers Power Company.

If you have any questions or need additional information, please contact me at tonderick to kpmg.com or (346) 337-5290.

Very truly yours,

KPMG LLP

Tess Onderick Senior Manager

Enclosures

Check -

\$ 2,200

Parcels List

Appointment of Agency



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 un GETVED)
\$100 for all other property types

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	SEP 0 9 2020 0	Jam
	COUNTY OF LAKE BOARD OF SUPERVISORS	1000

continuance of the bearing or denial of the	appeal Do	not JAKE	ORT	CA 95453						
continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.						APPLICATION NUMBER: Clerk Use Only				
1. APPLICANT INFORMATION - PLEASE	PRINT				127-2020					
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BU		RUST NAME			EMAIL ADDRESS					
GEYSERS POWER COMPANY, LLC					TER	RY.PEARSON	@CALP	INE.COM		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OF P.O. BOX 3288	OR P. O. BOX)			4						
CITY HOUSTON	STATE TX	ZIP CODE 77253-3288	DAY (83	TIME TELEPHONE 32) 325-1546	AL (TERNATE TELEPH)	ONE	FAX TELEPHONE (713) 583-2471		
2. CONTACT INFORMATION - AGENT, AT	TTORNEY,	OR RELATIVE	OF A	PPLICANT if ap	plicab	le - (REPRES	ENTAT	ON IS OPTIONAL)		
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRS ONDERICK, TESS, M	ST, MIDDLE INI	TIAL)				ADDRESS	MG COI	М		
COMPANY NAME					1					
KPMG LLP CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T MIDDLE INT	(TAL)								
HENNESSEY, JASON, J	1, WILDEL IN I	(IAL)								
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)										
C/O GEYSERS POWER COMPANY; P.O. B								NAME OF THE PARTY		
HOUSTON	STATE TX	ZIP CODE 77253-3288		11ME TELEPHONE 46) 337-5290		TERNATE TELEPH 713) 319-28		(713) 583-2471		
AUTHORIZATION OF AGENT		⊠ AUTH	ORIZA	TION ATTACHE	D					
The following information must be comp										
attorney as indicated in the Certification applicant is a business entity, the agent										
The person named in Section 2 above is										
enter in stipulati										
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE			TITLE				DATE		
☐ Yes ☒ No Is this property a single ENTER APPLICABLE NUMBER FROM Y			oied as t	he principal place	of resid	ence by the owr	ier?			
			-D		Lees	NII IMPED				
ASSESSOR'S PARCEL NUMBER 011-007-062-000		ASSESSMENT NUMBER 990-090-501-000				NUMBER 011-007-062-0	000			
ACCOUNT NUMBER		BILL NUMBER								
					Loon	IO DI IOINEGO AG	VDDA)			
PROPERTY ADDRESS OR LOCATION BINKLEY #1 (UNIT 11); 231.51 /	AC UNASS	IGNED ACREA	AGE	DOING BUSINESS AS (DBA), if GEYSERS POWER COMP.				* * * *		
PROPERTY TYPE							,			
SINGLE-FAMILY/CONDOMINIUM/TOV	VNHOUSE	/ DUPLEX		AGRICULTURAL		П	POSSES	SSORY INTEREST		
☐ MULTI-FAMILY/APARTMENTS: NO. OF €	UNITS			MANUFACTURE	о ном	_	VACAN			
COMMERCIAL/INDUSTRIAL)3		_ v	VATER CRAFT		_	AIRCRA			
BUSINESS PERSONAL PROPERTY/FIX	TURES		10.70	THER: Taxpayer le	asehold a					
4. VALUE		VALUE ON ROLL		B. APPLICANT'S	S OPINI	ON OF VALUE	C: A	PPEALS BOARD USE ONLY		
LAND	7	1,497,206			44,841	ON OF WILDE	0.7	I I EALO DOMAD GOL GIVE		
IMPROVEMENTS/STRUCTURES				·			0			
FIXTURES										
PERSONAL PROPERTY (see instructions)										
MINERAL RIGHTS										
TREES & VINES										
OTHER			_		-					
TOTAL		1,497,206		1.1	144,841					
PENALTIES (amount or percent)		,,		1	1 1-0,1-1		-			
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DUE-303-	An I	いてとり	REV.	uo	101-101	

	TYPE OF ASSESSMENT BEING APPEALED ☐ Check only one. See inst ☐ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CU		iods									
_	_	INICINI I LAN										
Ŀ	SUPPLEMENTAL ASSESSMENT *DATE OF NOTICE: 07-06-2020 ROLL YEAR: 2017-4	2018										
г			C DENALTY ACCEDENT									
L	☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY F *DATE OF NOTICE: **ROLL YEAR:		☐ PENALTY ASSESSMENT									
	1.0021.21.11	year requires a separ	rate application									
6 D												
If T A B B C C C E F	REASON FOR FILING APPEAL (FACTS) See instructions If you are uncertain of which item to check, please check "I. OTHER" and provide reasons that I rely upon to support requested changes in value are as folional. DECLINE IN VALUE The assessor's roll value exceeds the market value as of January 1. 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. 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. 3. Value of construction in progress on January 1 is incorrect. D. CALAMITY REASSESSMENT Assessor's reduced value is incorrect for property damaged by misfeed. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of property. In All personal property/fixtures. 2. Only a portion of the personal property/fixtures. Attach description. 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 H. APPEAL AFTER AN AUDIT. Must include description of each property, incorrect.	de a brief explanation of the current year. of the current year. ate of 03/08/2018 on the date of ortune or calamity. personal property and/ of those items.	of your reasons for filing this applic									
	1. Amount of escape assessment is incorrect.											
	2. Assessment of other property of the assessee at the location is in											
I.	I. OTHER Explanation (attach sheet if necessary) Taxpayer reserves the right to raise add	ditional claims after it has review	wed the assessor workpapers for these assess									
8. T	WRITTEN FINDINGS OF FACTS (\$ 00.00 per) ☑ Are requested. ☐ Are not requested. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See inst ☑ Yes ☐ No	ructions.										
	CERTIFICATION Pertify (or declare) under penalty of perjury under the laws of the State of Califor	mia that the foregoing a	and all information hereon, includi									
acc prop age	companying statements or documents, is true, correct, and complete to the besoperty or the person affected (i.e., a person having a direct economic interest in lent authorized by the applicant under item 2 of this application, or (3) an attorn who has been retained by the applicant and has	it of my knowledge and the payment of taxes o ney licensed to practice	belief and that I am (1) the owner in that property – "The Applicant"), law in the State of California, Sta									
SIGN		NED AT (CITY, STATE) OUSTON, TEXAS	DATE 09/03/2020									
	ME (Please Print)		33.33.2323									
-	'ESS ONDERICK - KPMG LLP											
	ING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)											
\checkmark	OWNER 🛛 AGENT 📋 ATTORNEY 🗌 SPOUSE 🗍 REGISTERED DOI	MESTIC PARTNER [] CH	HILD PARENT PERSON AFF									
	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

SEP 09 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

1. APPLICANT INFORMATION - PLEASE PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME EMAIL ADDRESS	NUMBER: Clerk Use Only				
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME GEYSERS POWER COMPANY, LLC MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) P.O. BOX 3288	(-2020 L				
GEYSERS POWER COMPANY, LLC MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) P.O. BOX 3288	28-2020				
P.O. BOX 3288	SON@CALPINE.COM				
CITY STATE TO CODE DAYTIME TELEBUONE LA TERMATE TEL					
HOUSTON TX 77253-3288 (832) 325-1546 ()	FAX TELEPHONE (713) 583-2471				
2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPR					
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL) ONDERICK, TESS, M TONDERICK@	KPMG.COM				
COMPANY NAME KPMG LLP					
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INTITAL)					
HENNESSEY, JASON, J MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)					
C/O GEYSERS POWER COMPANY; P.O. BOX 3288					
STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TEL					
AUTHORIZATION OF AGENT AUTHORIZATION ATTACHED					
The following information must be completed (or attached to this application - see instructions) unless					
attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic part applicant is a business entity, the agent's authorization must be signed by an officer or authorized en					
The person named in Section 2 above is hereby authorized to act as my agent in this application, and					
enter in stipulation agreements, and otherwise settle issues relating to this ap					
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE TITLE	DATE				
3. PROPERTY IDENTIFICATION INFORMATION					
Yes X 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					
	142-000				
ACCOUNT NUMBER TAX BILL NUMBER					
	S AS (DBA), if appropriate				
GEYSERS PO	WER COMPANY, LLC				
PROPERTY TYPE 🗹					
PROPERTY TYPE ☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX ☐ AGRICULTURAL	☐ POSSESSORY INTEREST				
PROPERTY TYPE ☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX ☐ AGRICULTURAL	☐ POSSESSORY INTEREST ☑ VACANT LAND				
PROPERTY TYPE ☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX ☐ AGRICULTURAL					
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX AGRICULTURAL MULTI-FAMILY/APARTMENTS: NO. OF UNITS MANUFACTURED HOME	── ☑ VACANT LAND ☐ AIRCRAFT				
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX AGRICULTURAL MULTI-FAMILY/APARTMENTS: NO. OF UNITS MANUFACTURED HOME COMMERCIAL/INDUSTRIAL WATER CRAFT	VACANT LAND AIRCRAFT rty interests				
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX SINGLE-FAMILY / CONDOM	▼ VACANT LAND □ AIRCRAFT rty interests				
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX AGRICULTURAL MULTI-FAMILY/APARTMENTS: NO. OF UNITS MANUFACTURED HOME COMMERCIAL/INDUSTRIAL WATER CRAFT BUSINESS PERSONAL PROPERTY/FIXTURES OTHER: Taxpayer leasehold and other proper VALUE A. VALUE ON ROLL B. APPLICANT'S OPINION OF VALUE	▼ VACANT LAND □ AIRCRAFT rty interests				
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX MULTI-FAMILY/APARTMENTS: NO. OF UNITS COMMERCIAL/INDUSTRIAL BUSINESS PERSONAL PROPERTY/FIXTURES A. VALUE ON ROLL B. APPLICANT'S OPINION OF VALUE AND 31,011 23,298	▼ VACANT LAND □ AIRCRAFT rty interests				
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX AGRICULTURAL AGRICULTURAL MULTI-FAMILY/APARTMENTS: NO. OF UNITS MANUFACTURED HOME COMMERCIAL/INDUSTRIAL WATER CRAFT SUSINESS PERSONAL PROPERTY/FIXTURES OTHER: Taxpayer leasehold and other proper A. VALUE ON ROLL B. APPLICANT'S OPINION OF VALUE LAND 31,011 23,298 IMPROVEMENTS/STRUCTURES	▼ VACANT LAND □ AIRCRAFT rty interests				
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX AGRICULTURAL MANUFACTURED HOME MULTI-FAMILY/APARTMENTS: NO. OF UNITS MANUFACTURED HOME WATER CRAFT SUSINESS PERSONAL PROPERTY/FIXTURES OTHER: Taxpayer leasehold and other proper St. VALUE A. VALUE ON ROLL B. APPLICANT'S OPINION OF VALUE AND 31,011 23,298 IMPROVEMENTS/STRUCTURES FIXTURES	▼ VACANT LAND □ AIRCRAFT rty interests				
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX MULTI-FAMILY/APARTMENTS: NO. OF UNITS COMMERCIAL/INDUSTRIAL BUSINESS PERSONAL PROPERTY/FIXTURES A. VALUE ON ROLL LAND 31,011 23,298 MPROVEMENTS/STRUCTURES PERSONAL PROPERTY (see instructions)	▼ VACANT LAND □ AIRCRAFT rty interests				
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX MULTI-FAMILY/APARTMENTS: NO. OF UNITS COMMERCIAL/INDUSTRIAL BUSINESS PERSONAL PROPERTY/FIXTURES NOTHER: Taxpayer leasehold and other proper VALUE A VALUE ON ROLL LAND 31,011 23,298 MPROVEMENTS/STRUCTURES FIXTURES PERSONAL PROPERTY (see instructions) MINERAL RIGHTS	▼ VACANT LAND □ AIRCRAFT rty interests				
PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX MULTI-FAMILY/APARTMENTS: NO. OF UNITS COMMERCIAL/INDUSTRIAL BUSINESS PERSONAL PROPERTY/FIXTURES A VALUE ON ROLL LAND 31,011 23,298 IMPROVEMENTS/STRUCTURES FIXTURES PERSONAL PROPERTY (see instructions) MINERAL RIGHTS TREES & VINES	VACANT LAND AIRCRAFT rty interests				

BOE-305-AH (P2)	REV. 08	(01-15)
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5. TYF	E OF ASSESSMENT BEING APPEALED 🇹 Check only one. See	instructions for filing p	periods	
	REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE	CURRENT YEAR		
X	SUPPLEMENTAL ASSESSMENT			
	*DATE OF NOTICE: _07-06-2020 ROLL YEAR: _2	2017-2018		
	+DATE OF NOTICE	TY REASSESSMENT	☐ PENALTY ASSE	SSMENT
	*DATE OF NOTICE: **ROLL YEAR:* *Must attach copy of notice or bill, where applicable **Eacl	roll year requires a se	novoto onnligation	
If you Thee A. I.	u are uncertain of which item to check, please check "I. OTHER" and reasons that I rely upon to support requested changes in value are as DECLINE IN VALUE The assessor's roll value exceeds the market value as of Janual CHANGE IN OWNERSHIP 1. No change in ownership occurred on the date of	the date of 03/08/2018 The da	on of your reasons for filing is incorrect is incorrect is incorrect is incorrect.	correct. market value.
	CERTIFICA	TON		
1 corti	y (or declare) under penalty of perjury under the laws of the State of 0		g and all information be	reon including any
accon prope	panying statements or documents, is true, correct, and complete to the ty or the person affected (i.e., a person having a direct economic inter- authorized by the applicant under item 2 of this application, or (3) an	e best of my knowledge a est in the payment of taxe attorney licensed to pract	nd belief and that I am (s on that property – "The ice law in the State of C	1) the owner of the e Applicant'), (2) an California, State Bar
SIGNAT	URE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE) HOUSTON, TEXAS		DATE 09/03/2020
NAME	Please Print)			
	S ONDERICK - KPMG LLP			
FILING	STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)			
$\overline{\mathbf{V}}$	OWNER X AGENT ATTORNEY SPOUSE REGISTERE	D 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

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

SEP 09 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

attach hearing evidence to this applicat		APPLICATIO		R: Clerk Use Only					
1. APPLICANT INFORMATION - PLEASE	PRINT				129	20)			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BE GEYSERS POWER COMPANY, LLC	USINESS, OR T	RUSTNAME			EMAIL ADDRESS TERRY.PEAF	RSON@CA	LPINE.COM		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS	OR P. O. BOX)								
P.O. BOX 3288	CYTATE	ZIP CODE	Trave	TIME TELEPHONE	LAUTED WATER		12.022.22.22		
HOUSTON	TX	77253-3288		TIME TELEPHONE 2) 325-1546	ALTERNATE T	ELEPHONE	(713) 583-2471		
2. CONTACT INFORMATION - AGENT, A	TTORNEY,	OR RELATIVE	OF AF	PPLICANT if ap	plicable - (REF	RESENTA	ATION IS OPTIONAL)		
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR.	ST, MIDDLE INF	TIAL)			EMAIL ADDRESS				
ONDERICK, TESS, M COMPANY NAME					TONDERICK	@KPMG.C	OM		
KPMG LLP									
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T, MIDDLE INTI	TAL)							
HENNESSEY, JASON, J MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)									
C/O GEYSERS POWER COMPANY; P.O. E	NOX 3288								
CITY	STATE	ZIP CODE	DAY	TIME TELEPHONE	ALTERNATE T	ELEPHONE	FAX TELEPHONE		
HOUSTON	TX	77253-3288		46) 337-5290	(713)3		(713)583-2471		
The following information must be compattorney as indicated in the Certification applicant is a business entity, the agent The person named in Section 2 above is	n section, o 's authoriz hereby au	or a spouse, c ation must be athorized to ac	hild, pa signed at as my	arent, registere d by an officer y agent in this a	d domestic pa or authorized (application, an	rtner, or tl employee d may ins	ne person affected. If the of the business. pect assessor's records,		
enter in stipulati SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED		ents, and oth	erwise		elating to this a	pplication			
SIGNATURE OF AFFLICANT, OFFICER, OR AUTHORIZED	PLOTEE			TITLE			DATE		
ASSESSOR'S PARCEL NUMBER		CE/TAX BILL ESSMENT NUMB	ED		FEE NUMBER				
013-058-022-000	7,000	990-090-				-022-000			
ACCOUNT NUMBER	TAX E	BILL NUMBER	000 000						
PROPERTY ADDRESS OR LOCATION					DOING BUSINE				
					GEYSERS P	DWER CO	WPANY, LLG		
PROPERTY TYPE ✓									
SINGLE-FAMILY / CONDOMINIUM / TOV		DUPLEX	L A	GRICULTURAL		POSS	ESSORY INTEREST		
MULTI-FAMILY/APARTMENTS: NO. OF	STINL	_		IANUFACTURED	HOME	X VACA	NT LAND		
☐ COMMERCIAL/INDUSTRIAL			□w	ATER CRAFT		☐ AIRCI	RAFT		
☐ BUSINESS PERSONAL PROPERTY/FIX	TURES		X o	THER: Taxpayer lea	asehold and other prop	erty interests			
4. VALUE	Δ \/	ALUE ON ROLL		B. APPLICANT'S	OPINION OF VAL	UE T	APPEALS BOARD USE ONLY		
LAND		18,352,389			,289	J. O.	ALL EALS BOARD OSE ONE		
IMPROVEMENTS/STRUCTURES						-			
FIXTURES									
PERSONAL PROPERTY (see instructions)									
MINERAL RIGHTS									
TREES & VINES									
						_			
OTHER		10.050.05							
TOTAL		18,352,389		449	9,289	_			
PENALTIES (amount or percent)									

5. TYI	PE OF ASSESSMENT BEING APPEALED 🇹 Check only one. So	ee instructions for filing p	eriods	
	REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF TH			
X	SUPPLEMENTAL ASSESSMENT			
	*DATE OF NOTICE: _07-06-2020 ROLL YEAR:	2017-2018		
	ROLL CHANGE ESCAPE ASSESSMENT CALAM	MITY REASSESSMENT	☐ PENALTY ASSE	ESSMENT
	*DATE OF NOTICE: **ROLL YEAR: _			
	*Must attach copy of notice or bill, where applicable **Ea	ch roll year requires a sep	parate application	
		ctions before completing		
If yo	ou are uncertain of which item to check, please check "I. OTHER" an reasons that I rely upon to support requested changes in value are	d provide a brief explanatio	n of your reasons for fi	ling this application.
	DECLINE IN VALUE	23 10110113.		
	The assessor's roll value exceeds the market value as of Janu	ary 1 of the current year.		
	CHANGE IN OWNERSHIP	,		
i	1. No change in ownership occurred on the date of			
1	🛚 2. Base year value for the change in ownership established or	the date of <u>03/08/2018</u>	is incorrect	
C.	NEW CONSTRUCTION			
	1. No new construction occurred on the date of			
I	☐ 2. Base year value for the completed new construction establis	shed on the date of	is in	correct.
1	3. Value of construction in progress on January 1 is incorrect.			
	CALAMITY REASSESSMENT			
	Assessor's reduced value is incorrect for property damaged by	•		
	BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's valu	ie of personal property an	d/or fixtures exceeds	market value.
	1. All personal property/fixtures.			
	」 2. Only a portion of the personal property/fixtures. Attach desc PENALTY ASSESSMENT	ription of those items.		
	Penalty assessment is not justified.			
	CLASSIFICATION/ALLOCATION			
	1. Classification of property is incorrect.			
	NPEAL AFTER AN AUDIT. Must include description of each prop. 1. Amount of escape assessment is incorrect.	erty, issues being appeal	ed, and your opinion	of value.
	 Amount of escape assessment is incorrect. 2. Assessment of other property of the assessee at the location 	t in incorrect		
		ins incorrect. aise additional claims after it has rev	invest the garages were transfer	- f lb
	Explanation (attach sheet if necessary)	alse additional claims after it has lev	ewed the assessor workpaper	s for these assessments
	TTEN FINDINGS OF FACTS (\$ 00.00 per)			
_	Are requested. Are not requested.			
8. THI	S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND Se	e instructions.		-
X				
	8			
	CERTIFICA	TION		
l certif	(or declare) under penalty of perjury under the laws of the State of	California that the foregoing	and all information he	reon, including any
accom proper	panying statements or documents, is true, correct, and complete to the ty or the person affected (i.e., a person having a direct economic inter	ie best of my knowledge an est in the navment of taxes	d belief and that I am ((1) the owner of the
agent	authorized by the applicant under item 2 of this application, or (3) an	attorney licensed to practic	e law in the State of C	California, State Bar
Numb	who has been retained by the applicant and	has been authorized by tha	t person to file this app	lication.
SIGNATI	IRE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)		DATE
NAME (F	lease Print)	HOUSTON, TEXAS		09/03/2020
	ONDERICK - KPMG LLP			
FILING S	TATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)			
	OWNER XAGENT ATTORNEY SPOUSE REGISTERE	D 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 VED \$35 for residential property up to three (3) units \$100 for all other property types

SEP 09 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

attach hearing evidence to this application. 1. APPLICANT INFORMATION - PLEASE PRINT						30-2020				
MAILING ADDRESS OF APPLICANT (STREET ADDRESS	OR P. O. BOX)									
CITY HOUSTON	TX	ZIP CODE 77253-3288	(83		()	TELEPHONE	FAX TELEPHONE (713) 583-2471			
2. CONTACT INFORMATION - AGENT, AT			E OF AF	PPLICANT if ap			TION IS OPTIONAL)			
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRS ONDERICK, TESS. M	T, MIDDLE INF	TIAL)			EMAIL ADDRES	S K@KPMG.C	014			
COMPANY NAME KPMG LLP					TONDERIC	N@KFWG.C	OW			
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST	, MIDDLE INΤΙ	TAL)								
HENNESSEY, JASON, J MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)										
C/O GEYSERS POWER COMPANY; P.O. BO	OX 3288									
CITY HOUSTON	STATE TX	ZIP CODE 77253-3288		16) 337-5290	(713)	TELEPHONE 319-2881	FAX TELEPHONE (713)583-2471			
attorney as indicated in the Certification applicant is a business entity, the agent' The person named in Section 2 above is enter in stipulation.	s authoriz hereby au on agreem	ation must be othorized to a	e signed ct as my	d by an officer y agent in this s settle issues re	or authorized application, a	employee o	of the business. nect assessor's records,			
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE			TITLE			DATE			
ENTER APPLICABLE NUMBER FROM YOU ASSESSOR'S PARCEL NUMBER		CE/TAX BILL	ER		FEE NUMBER		-			
013-005-491-000		990-090-59			013-005-491-000					
ACCOUNT NUMBER	TAX E	BILL NUMBER								
PROPERTY ADDRESS OR LOCATION					DOING BUSIN		, if appropriate MPANY, LLC			
PROPERTY TYPE 🗹										
SINGLE-FAMILY / CONDOMINIUM / TOW	/NHOUSE /	DUPLEX	□ A	GRICULTURAL		□ poss	ESSORY INTEREST			
☐ MULTI-FAMILY/APARTMENTS: NO. OF U	NITS		Пм	ANUFACTURE	HOME	☑ VACAI				
COMMERCIAL/INDUSTRIAL			_	ATER CRAFT		☐ AIRCE				
☐ BUSINESS PERSONAL PROPERTY/FIXT	URES			THER: Taxpayer le	asehold and other pr	_	(AF)			
I. VALUE	A. V	ALUE ON ROLL		B. APPLICANT'S	OPINION OF VA	JUE C	APPEALS BOARD USE ONLY			
LAND						,232 0,	THE BOTTES GOL SITE			
IMPROVEMENTS/STRUCTURES		4,393,500		4:	393,500					
FIXTURES		1.675.660		,,,,						
PERSONAL PROPERTY (see instructions)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
MINERAL RIGHTS		***								
TREES & VINES										
OTHER										
TOTAL		6,069,160		A 3	393,500					
PENALTIES (amount or percent)					300,000					

5. TYPE OF ASSESSMENT BEING APPEALED 🗹 Check only one.	See instructions for filing periods	s
☐ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF		
☑ SUPPLEMENTAL ASSESSMENT		
*DATE OF NOTICE: 07-06-2020 ROLL YEAR	2017-2018	
		PENALTY ASSESSMENT
*DATE OF NOTICE: **ROLL YEAR		
*Must attach copy of notice or bill, where applicable **	ach roll year requires a separate	application
	ructions before completing this s	
If you are uncertain of which item to check, please check "I. OTHER" The reasons that I rely upon to support requested changes in value a	and provide a brief explanation of yo	our reasons for filing this application.
A. DECLINE IN VALUE	ad follows.	
X The assessor's roll value exceeds the market value as of Ja	nuary 1 of the current year.	
B. CHANGE IN OWNERSHIP	,	
1. No change in ownership occurred on the date of		
Z. Base year value for the change in ownership established	on the date of <u>03/08/2</u> 018	is incorrect.
C. NEW CONSTRUCTION		
☐ 1. No new construction occurred on the date of		
$\ \square$ 2. Base year value for the completed new construction esta	olished on the date of	is incorrect.
3. Value of construction in progress on January 1 is incorrect	t.	
D. CALAMITY REASSESSMENT		
Assessor's reduced value is incorrect for property damaged	-	
E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's v	alue of personal property and/or f	ixtures exceeds market value.
1. All personal property/fixtures.		
2. Only a portion of the personal property/fixtures. Attach de	scription of those items.	
 F. PENALTY ASSESSMENT □ Penalty assessment is not justified. 		
G. CLASSIFICATION/ALLOCATION		
2. Allocation of value of property is incorrect (e.g., between	and and improvements).	
H. APPEAL AFTER AN AUDIT. Must include description of each p	operty, issues being appealed, ar	nd your opinion of value.
1. Amount of escape assessment is incorrect.		
2. Assessment of other property of the assessee at the local Taxpaver reserves the right.		
Explanation (attach sheet if necessary)	to raise additional claims after it has reviewed th	e assessor workpapers for these assessments.
00 00		
7. WRITTEN FINDINGS OF FACTS (\$ 00.00 per) X Are requested. Are not requested.		
	Dan (m. 44	
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND Yes	See instructions.	
<u> </u>		
CERTIFI	CATION	
I certify (or declare) under penalty of perjury under the laws of the State		all information hereon including any
accompanying statements or documents, is true, correct, and complete t	the best of my knowledge and belie	ef and that I am (1) the owner of the
property or the person affected (i.e., a person having a direct economic in agent authorized by the applicant under item 2 of this application, or (3)		
Number, who has been retained by the applicant a		
SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DATE
phy	HOUSTON, TEXAS	09/03/2020
NAME (Please Print) TESS ONDERICK - KPMG LLP		
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
	DED DOMESTIC DARTHER COMP	DADENT DEPONACES
CORPORATE OFFICER OR DESIGNATED EMPLOYEE	RED DOMESTIC PARTNER CHILD	PARENT PERSON AFFECTED
M CONFORM E OFFICER OR DESIGNATED EMPLOTEE		

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

RETURN TO: COUNTY OF LAKE CLERK OF THE BOARD 255 N. FORBES STREET

\$35 for residential property up to three (3) units \$100 for all other property types RECEIVED SEP 09 2020 COUNTY OF LAKE BOARD OF SUPERVISORS

	anneal De	not IAKES	DODT	CV 02423	Total Control of the			
continuance of the hearing or denial of the a attach hearing evidence to this application		not LAME!	roki,	CM 93433	APPLICATION NU	MBER: Cler	k Use Only	
1. APPLICANT INFORMATION - PLEASE PRINT					31-2020			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME GEYSERS POWER COMPANY, LLC					EMAIL ADDRESS TERRY.PEARSON@CALPINE.COM			
MAILING ADDRESS OF APPLICANT (STREET ADDRESS	OR P. O. BOX)							
P.O. BOX 3288		-	Pressure.				THE R. P. LEWIS CO., LANSING, MICH.	
HOUSTON	TX	ZIP CODE 77253-3288		ME TELEPHONE 2) 325-1546	ALTERNATE TELEPH	ONE FAX	TELEPHONE 13) 583-2471	
2. CONTACT INFORMATION - AGENT, A	TTORNEY,	OR RELATIVE	OF AP	PLICANT if ap	plicable - (REPRES	ENTATION	IS OPTIONAL)	
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR:	ST, MIDDLE INI	TIAL)			EMAIL ADDRESS	MC COM		
ONDERICK, TESS, M COMPANY NAME					TONDERICK@KP	WG.COW		
KPMG LLP	T. 14004 5 447	T41)						
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS HENNESSEY, JASON, J	I, MIDDLE IN II	IAL)						
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)								
C/O GEYSERS POWER COMPANY; P.O. E								
HOUSTON	STATE	ZIP CODE 77253-3288		ME TELEPHONE 6) 337-5290	(713) 319-28		TELEPHONE 3) 583-2471	
AUTHORIZATION OF AGENT		X AIITH	ORIZAT	ION ATTACHE				
The following information must be compattorney as indicated in the Certification applicant is a business entity, the agent	n section, d 's authoriz	or a spouse, c tation must be	hild, pa signed	rent, registere by an officer	d domestic partner or authorized empl	r, or the per oyee of the	son affected. If the business.	
The person named in Section 2 above is enter in stipulati					application, and ma elating to this appli		ssessor's records,	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED		,		TITLE			DATE	
<u> </u>								
☐ Yes ☒ No Is this property a single ENTER APPLICABLE NUMBER FROM Y			oied as th	e principal place	of residence by the ow	ner?		
ASSESSOR'S PARCEL NUMBER	ASSI	ESSMENT NUMBE	ER		FEE NUMBER			
0013-002-360-000		990-090-600	0-000		013-002-360-000			
ACCOUNT NUMBER	TAX	BILL NUMBER						
PROPERTY ADDRESS OR LOCATION					DOING BUSINESS A			
PROPERTY TYPE V								
SINGLE-FAMILY / CONDOMINIUM / TOV	WNHOUSE A	/ DUPLEX	Пас	GRICULTURAL		DUSSESSU	RY INTEREST	
MULTI-FAMILY/APARTMENTS: NO. OF I			_	ANUFACTURE				
_	UNI13		_	ATER CRAFT	_	VACANT LAI	ND	
☐ COMMERCIAL/INDUSTRIAL☐ BUSINESS PERSONAL PROPERTY/FIX	TUBEC				_	AIRCRAFT		
	TUKES		IXI OI	HER:	asehold and other property in	lieres is		
4. VALUE	A. \	VALUE ON ROLL			S OPINION OF VALUE	C. APPE	ALS BOARD USE ONLY	
LAND		15,424,562		6,1	158,056			
IMPROVEMENTS/STRUCTURES						-		
FIXTURES								
PERSONAL PROPERTY (see instructions)								
MINERAL RIGHTS								
TREES & VINES								
OTHER								
TOTAL		15,424,562		6,	158,056			
PENALTIES (amount or percent)								

5. TYPE OF ASSESSMENT BEING APPEALED 🗹 Check only one. Se	e instructions for filing p	periods	
☐ REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF TH	IE CURRENT YEAR		
SUPPLEMENTAL ASSESSMENT	2017-2018		
*DATE OF NOTICE: _07-06-2020 ROLL YEAR: _			
	IITY REASSESSMENT	☐ PENALTY ASSE	SSMENT
*DATE OF NOTICE: **ROLL YEAR: _ *Must attach copy of notice or bill, where applicable **Eac			
	ch roll year requires a se		
6. REASON FOR FILING APPEAL (FACTS) If you are uncertain of which item to check, please check "I. OTHER" and The reasons that I rely upon to support requested changes in value are at A. DECLINE IN VALUE ☑ The assessor's roll value exceeds the market value as of January 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 C. NEW CONSTRUCTION ☐ 1. No new construction occurred on the date of ☐ 2. Base year value for the completed new construction establistically assessor's reduced value is incorrect for property damaged by E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's valuation of the personal property/fixtures. ☐ 2. Only a portion of the personal property/fixtures. Attach descent penalty assessment is not justified.	as follows: ary 1 of the current year. the date of 03/08/2018 shed on the date of misfortune or calamity. the of personal property a	on of your reasons for fil	correct.
 ☒ 1. Classification of property is incorrect. ☒ 2. Allocation of value of property is incorrect (e.g., between land H. APPEAL AFTER AN AUDIT. Must include description of each property of the assessment of escape assessment is incorrect. ☒ 2. Assessment of other property of the assessee at the location. I. OTHER 	perty, issues being appea		
X Explanation (attach sheet if necessary)			
7. WRITTEN FINDINGS OF FACTS (\$ 00.00 per) Are requested. Are not requested. 8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND Set Yes No	e instructions.	····	
CERTIFICA			
I certify (or declare) under penalty of perjury under the laws of the State of accompanying statements or documents, is true, correct, and complete to to property or the person affected (i.e., a person having a direct economic interagent authorized by the applicant under item 2 of this application, or (3) and Number, who has been retained by the applicant and	ne best of my knowledge a rest in the payment of taxe attorney licensed to pract	nd belief and that I am (s on that property – "The ice law in the State of C	(1) the owner of the e Applicant'), (2) an California, State Bar
SIGNATURE (Use Blue Ren - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)		DATE
MACO	HOUSTON, TEXAS		09/03/2020
NAME (Please Print) TESS ONDEDICK - KDMG II P			
TESS ONDERICK - KPMG LLP FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)			
\rightarrow			-
OWNER AGENT ATTORNEY SPOUSE REGISTER	ED DOMESTIC PARTNER	CHILD PARENT	PERSON AFFECTED
CORPORATE OFFICER OR DESIGNATED EMPLOYEE			

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 CEIVED

\$100 for all other property types

RETURN TO: COUNTY OF LAKE CLERK OF THE BOARD 255 N. FORBES STREET LAKEPORT, CA 95453 ____ SEP 09 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

attach hearing evidence to this application. 1. APPLICANT INFORMATION - PLEASE PRINT				APPLICATION NUMBER: Clerk Use Only					
				28-2020					
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME GEYSERS POWER COMPANY, LLC					EMAILADDRESS TERRY.PEARSON@CALPINE.COM				
MAILING ADDRESS OF APPLICANT (STREET ADDRESS O	R P. O. BOX)								
P.O. BOX 3288 CITY	STATE	ZIP CODE	IDAY	TIME TELEPHONE	ALTERNATE T	C CD	ONE	Teav re	CENTONE
HOUSTON	TX	77253-3288		32) 325-1546	ALTERNATE T	ELEPH	ONE	(713	5) 583-2471
2. CONTACT INFORMATION - AGENT, AT	TORNEY,	OR RELATIVE	OF A	PPLICANT if ap	plicable - (REF	PRES	ENTAT	ION IS	OPTIONAL)
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRS	T, MIDDLE INF	TIAL)			EMAIL ADDRESS		u mano anga	500	
ONDERICK, TESS, M					TONDERICK	@KP	MG.CO	M	
KPMG LLP									
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST	, MIDDLE INTI	TAL)							
HENNESSEY, JASON, J MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)			_						
C/O GEYSERS POWER COMPANY; P.O. BO	OX 3288								
CITY		ZIP CODE	DAY	TIME TELEPHONE	ALTERNATE T				LEPHONE
AUTHORIZATION OF AGENT	TX	77253-3288	(3	346) 337-5290	(713) 3	19-28	81	(713) 583-2471
attorney as indicated in the Certification applicant is a business entity, the agent' The person named in Section 2 above is enter in stipulation	s authoriz hereby au	ation must be othorized to ac	signe t as m	ed by an officer only agent in this a	or authorized on application, an	emplo d ma	y insp	the b	usiness.
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED				TITLE		,,,,,,			DATE
ASSESSOR'S PARCEL NUMBER		CE/TAX BILL ESSMENT NUMBE	D.		EEE NI IMPED				
011-004-440-000	ASSE	990-090-605			FEE NUMBER 011-004	4-440-0	200		
ACCOUNT NUMBER	TAXE	BILL NUMBER							
PROPERTY ADDRESS OR LOCATION					DOING BUSINE GEYSERS P				
PROPERTY TYPE									
SINGLE-FAMILY / CONDOMINIUM / TOW	NHOUSE /	DUPLEX		AGRICULTURAL			POSSE	SSORY	'INTEREST
■ MULTI-FAMILY/APARTMENTS: NO. OF U	NITS		П	MANUFACTURED	HOME	_	VACAN		
COMMERCIAL/INDUSTRIAL				NATER CRAFT		_	AIRCR		•
BUSINESS PERSONAL PROPERTY/FIXT	TIDES		_		scabold and other pro			AC I	
	UKLS		121	OTHER: Taxpayer lea	asentola and other pro	perty iii	Eleziz		
4. VALUE	A. V	ALUE ON ROLL		B. APPLICANT'S	OPINION OF VA	LUE	C. <i>F</i>	APPEAL:	S BOARD USE ONLY
LAND		10,297,936		30	0,767				
IMPROVEMENTS/STRUCTURES		1,540,787		129	9,233				
FIXTURES									
PERSONAL PROPERTY (see instructions)									
MINERAL RIGHTS									
TREES & VINES									
OTHER									
TOTAL	1	1,838,723		430	,000	-			
PENALTIES (amount or percent)				100	1				
, , , , , , , , , , , , , , , , , , , ,				1					

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 CETVED

\$100 for all other property types

SEP 09 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

continuance of the hearing or denial of the attach hearing evidence to this applicat		not LAKE	PORT	, G	A 95453	AF	PLICATION NU	JMBER:	Clerk Use Only	
1. APPLICANT INFORMATION - PLEASE PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME GEYSERS POWER COMPANY, LLC					1	33,2020				
					EMAIL ADDRESS TERRY.PEARSON@CALPINE.COM					
MAILING ADDRESS OF APPLICANT (STREET ADDRESS	OR P. O. BOX)									
P.O. BOX 3288	la-t	I tun cons	Tans						1	
HOUSTON	TX	ZIP CODE 77253-3288			TELEPHONE 325-1546		ALTERNATE TELEPI ()	HONE	FAX TELEPHONE (713) 583-2471	
2. CONTACT INFORMATION - AGENT, A	TTORNEY,	OR RELATIVE	E OF AF	PPLI	CANT if ap	plica	ble - (REPRES	ENTAT	ION IS OPTIONAL)	
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR	ST, MIDDLE INI	TIAL)					ALL ADDRESS	WO 00		
ONDERICK, TESS, M COMPANY NAME	-			_	_	TIC	ONDERICK@KF	MG.CO	M	
KPMG LLP	T 14100/ 5 (417)	TACL								
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST HENNESSEY, JASON, J	SI, MIDDLE IN II	IAL)								
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)										
C/O GEYSERS POWER COMPANY; P.O. E										
HOUSTON	STATE	ZIP CODE 77253-3288			337-5290		ALTERNATE TELEPH (713) 319-28		FAX TELEPHONE (713) 583-2471	
The following information must be compattorney as indicated in the Certification applicant is a business entity, the agent The person named in Section 2 above is	n section, d t's authoriz s hereby au	or a spouse, or ation must be othorized to ac	child, pa e signed ct as my	aren d by y ag	t, registere an officer (ent in this a	d do or au appli	mestic partne thorized empl cation, and ma	r, or the oyee of ay insp	person affected. If the the the business.	
enter in stipulati		ents, and oth	erwise	_		elatin	g to this appli	cation.		
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE			TITL	.E				DATE	
ENTER APPLICABLE NUMBER FROM Y ASSESSOR'S PARCEL NUMBER		CE/TAX BILL)ED			Lee	NUMBER		=	
013-004-111-000	AGGI	990-090-64				013-004-111-000				
ACCOUNT NUMBER	TAX	BILL NUMBER								
PROPERTY ADDRESS OR LOCATION							ING BUSINESS A			
PROPERTY TYPE										
SINGLE-FAMILY / CONDOMINIUM / TO	WNHOUSE /	DUPLEX	□ A	AGRI	CULTURAL			POSSE	SSORY INTEREST	
☐ MULTI-FAMILY/APARTMENTS: NO. OF	UNITS	_	□ N	IANL	JFACTURED	HON	ΛΕ 🔯	VACAN	T LAND	
☐ COMMERCIAL/INDUSTRIAL			□ v	VATE	R CRAFT		П	AIRCR.	AFT	
☐ BUSINESS PERSONAL PROPERTY/FIX	TURES		ΧO	THE	R: Taxpayer lea	aseholo	l and other property in			
4. VALUE	A. \	ALUE ON ROLL		В.	APPLICANT'S	S OPIN	NION OF VALUE	C. A	APPEALS BOARD USE ONLY	
LAND		1,594,480		T	6,6	321,62	18			
IMPROVEMENTS/STRUCTURES		95,510,893			66,	,216,2	81			
FIXTURES		150,655								
PERSONAL PROPERTY (see instructions)										
MINERAL RIGHTS										
TREES & VINES										
OTHER										
TOTAL	9	7,256,028			72,8	337,90	9			
PENALTIES (amount or percent)										

5. TYPE O	F ASSESSMENT BEING APPEALED	Check only one. See	instructions for filing p	periods	
REC	GULAR ASSESSMENT - VALUE AS	OF JANUARY 1 OF THE	CURRENT YEAR		
⊠ sur	PPLEMENTAL ASSESSMENT				
*DA	TE OF NOTICE:07-06-2020	ROLL YEAR:2	017-2018		
	LL CHANGE ESCAPE ASSESS		TY REASSESSMENT	☐ PENALTY ASSE	ECOMENT
	TE OF NOTICE:			FENALITAGGE	100WENT
*Mu	st attach copy of notice or bill, where		roll year requires a se	parate application	
6. REASON	FOR FILING APPEAL (FACTS)		ons before completing		
The reas A. DECL X Th B. CHA	e uncertain of which item to check, pleas ons that I rely upon to support requeste LINE IN VALUE ne assessor's roll value exceeds the r NGE IN OWNERSHIP No change in ownership occurred on	d changes in value are as	follows: y 1 of the current year.	n of your reasons for fi	ling this application.
	Base year value for the change in ow			is incorrect	<u>.</u>
	CONSTRUCTION			10 1110011001	
	No new construction occurred on the	date of			
	Base year value for the completed ne			ie in	oorract
	Value of construction in progress on .		ed on the date of	15 111	CON ECC.
	MITY REASSESSMENT	dandary 1 is incorrect.			
	sessor's reduced value is incorrect fo	or property damaged by r	nisfortune or calamity.		
	NESS PERSONAL PROPERTY/FIXT		•	nd/or fixtures exceeds	market value
	All personal property/fixtures.		, , , ,		
□ 2.	Only a portion of the personal proper	ty/fixtures. Attach descrip	tion of those items.		
F. PENA	ALTY ASSESSMENT				
□ Pe	enalty assessment is not justified.				
G. CLAS	SIFICATION/ALLOCATION				
	Classification of property is incorrect.				
	Allocation of value of property is inco				
	EAL AFTER AN AUDIT. Must include of Amount of escape assessment is inco		ry, issues being appeai	ed, and your opinion	of value.
	Assessment of other property of the a		s incorrect		
I. OTHE		Taxpayer reserves the right to rais		iewed the assessor worknaper	rs for these assessments
⊠ Ex	planation (attach sheet if necessary)			теления изобрания потприрог	o for alloca dococomental
7. WRITTE	N FINDINGS OF FACTS (\$_00.00	_per)			
	equested. Are not requested.	,			
8. THIS AP X Yes	PLICATION IS DESIGNATED AS A CL	AIM FOR REFUND See	instructions.		
		CERTIFICATI	ON		*
I certify (or	declare) under penalty of perjury under	the laws of the State of Ca	alifornia that the foregoing	g and all information he	ereon, including anv
accompany property or	ing statements or documents, is true, co the person affected (i.e., a person havin prized by the applicant under item 2 of t	orrect, and complete to the g a direct economic interes	best of my knowledge ar It in the payment of taxes Itorney licensed to praction	nd belief and that I am (on that property – "The ce law in the State of C	(1) the owner of the e Applicant"), (2) an California, State Bar
SIGNATURE (U	Blue Pon - Original signature required on paper-fi		SIGNED AT (CITY, STATE)		DATE
>/ul	he		HOUSTON, TEXAS		09/03/2020
NAME (Please F	· ·				
-	DERICK - KPMG LLP (IDENTIFY RELATIONSHIP TO APPLICANT NAMED II	N SECTION 1)			
		•			_
✓ □ ow	NER X AGENT ATTORNEY	SPOUSE REGISTERED	DOMESTIC PARTNER	CHILD PARENT	PERSON AFFECTED
□ co	RPORATE OFFICER OR DESIGNATED EMPLO	OYEE			

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

CLERK OF THE BOARD

255 N. FORBES STREET

RETURN TO:

COUNTY OF LAKE

RECEIVED

SEP **09** 2020

COUNTY OF LAKE

antinuana of the bearing or desial of the o	nneel De	not LAKE	DODT	CA 05/53	BOARD	OF SUPERVI	50R5		
ontinuance of the hearing or denial of the appeal. Do not LAKEPORT, CA 95453 ttach hearing evidence to this application.				APPLICATION NUMBER: Clerk Use Only 34 - 20 20 EMAIL ADDRESS					
1. APPLICANT INFORMATION - PLEASE PRINT									
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME									
GEYSERS POWER COMPANY, LLC					TERRY.PEARSON	I@CALPINE.C	ОМ		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS O	OR P. O. BOX)								
P.O. BOX 3288	STATE	ZIP CODE	DAYTI	ME TELEPHONE	ALTERNATE TELEPH	ONE FAX TI	ELEPHONE		
HOUSTON	TX	77253-3288	(832) 325-1546	()	(71	3) 583-2471		
2. CONTACT INFORMATION - AGENT, AT			OF API	PLICANT if app		ENTATION IS	OPTIONAL)		
NAME OF AGENT, ATTORNEY, OR RELATIVE (<i>LAST, FIRS</i> ONDERICK, TESS, M	ST, MIDDLE INI	TIAL)			EMAIL ADDRESS TONDERICK@KF	MG COM			
COMPANY NAME					TONDERIOR	WG.COW			
KPMG LLP	T 44001 E 1117	T4()							
CONTACT PERSON IF OTHER THAN ABOVE (<i>LAST, FIRS</i>) HENNESSEY, JASON, J	I, MIDDLE IN II	IAL)							
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)									
C/O GEYSERS POWER COMPANY; P.O. B	OX 3288	The state of the s							
HOUSTON	STATE	ZIP CODE 77253-3288	DAYTI	ME TELEPHONE 3 337-5290	(713) 319-28		ELEPHONE 5) 583-2471		
AUTHORIZATION OF AGENT	I IX			ION ATTACHE		01 1(110	7000 2 // 1		
The following information must be comp	leted (or a					e agent is a li	censed California		
attorney as indicated in the Certification	section, d	or a spouse, ci	hild, par	rent, registere	d domestic partne	r, or the pers	on affected. If the		
applicant is a business entity, the agent									
The person named in Section 2 above is							sessor's records		
ENTER IN SUPURATION BIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED		ents, and othe		TITLE	elating to this appli	cation.	DATE		
Property of the control of the contr	2 20122						DATE		
3. PROPERTY IDENTIFICATION INFORM	ATION								
Yes X No Is this property a single	e-family dwe	lling that is occup	ied as the	e principal place o	of residence by the ow	ner?			
ENTER APPLICABLE NUMBER FROM Y	OUR NOTI	CE/TAX BILL							
ASSESSOR'S PARCEL NUMBER	ASSE	ESSMENT NUMBE	ER		FEE NUMBER				
013-004-151-000		990-090-650			013-004-151-	000			
ACCOUNT NUMBER	TAX	BILL NUMBER							
					r				
PROPERTY ADDRESS OR LOCATION					DOING BUSINESS A GEYSERS POWE		•		
					OLIOLIO I OWL	IN COM ANT	LLO		
PROPERTY TYPE M		(B) IBI EV					17		
SINGLE-FAMILY / CONDOMINIUM / TOV	VNHOUSE /	DUPLEX	AC	GRICULTURAL	Ц	POSSESSOR	Y INTEREST		
☐ MULTI-FAMILY/APARTMENTS: NO. OF L	JNITS	_	∐ MA	ANUFACTURED	HOME X	VACANT LAN	D		
COMMERCIAL/INDUSTRIAL			☐ WA	ATER CRAFT		AIRCRAFT			
BUSINESS PERSONAL PROPERTY/FIX	TURES		х от	HER: Taxpayer lea	asehold and other property in	terests			
. VALUE	Α.\	ALUE ON ROLL		B. APPLICANT'S	OPINION OF VALUE	C. APPEAL	S BOARD USE ONL		
LAND		695,826			6.857	G. A. I. E.A.	3 30,1113 002 0112		
IMPROVEMENTS/STRUCTURES		4,339,619			39,619				
FIXTURES		4,000,010		4,0	100,019				
PERSONAL PROPERTY (see instructions)									
MINERAL RIGHTS									
TREES & VINES									
OTHER									
TOTAL		5,035,445		4,99	96,476				
PENALTIES (amount or percent)									

5. TY	PE OF ASSESSMENT BEING APPEALED 🗹 Check only one. 🤉	See instructions for filing	periods	
	REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF T	HE CURRENT YEAR		
X	SUPPLEMENTAL ASSESSMENT *DATE OF NOTICE: _07-06-2020 ROLL YEAR:	2017-2018		
П			☐ PENALTY ASSE	COMENT
Ш			☐ PENALIY ASSE	.SSIVIEN I
	NOEE 1274.	 ach roll year requires a se	eparate application	
6 DE		uctions before completing		7
If y The A. B. C.	ou are uncertain of which item to check, please check "I. OTHER" a reasons that I rely upon to support requested changes in value are DECLINE IN VALUE The assessor's roll value exceeds the market value as of Jar CHANGE IN OWNERSHIP 1. No change in ownership occurred on the date of 2. Base year value for the change in ownership established on NEW CONSTRUCTION 1. No new construction occurred on the date of 2. Base year value for the completed new construction estables as Value of construction in progress on January 1 is incorrect CALAMITY REASSESSMENT Assessor's reduced value is incorrect for property damaged in BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value 1. All personal property/fixtures. 2. Only a portion of the personal property/fixtures. Attach des PENALTY ASSESSMENT Penalty assessment is not justified.	nd provide a brief explanation as follows: nuary 1 of the current year on the date of 03/08/2018 lished on the date of by misfortune or calamity. alue of personal property a	on of your reasons for fil	correct.
_				
G.	CLASSIFICATION/ALLOCATION Illustration of property is incorrect.			
	 ✓ 2. Allocation of value of property is incorrect (e.g., between lage) 	and and improvements).		
H.	APPEAL AFTER AN AUDIT. Must include description of each pr	operty, issues being appe	aled, and your opinion	of value.
	1. Amount of escape assessment is incorrect.			
	2. Assessment of other property of the assessee at the location			
1.		to raise additional claims after it has r	eviewed the assessor workpaper	s for these assessments.
_	Explanation (attach sheet if necessary)			
	RITTEN FINDINGS OF FACTS (\$ 00.00 per)			
	Are requested. Are not requested.			
	IS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND S Yes No	ee mstrucuons.		
	CERTIFIC	CATION		
I cert	ify (or declare) under penalty of perjury under the laws of the State of	of California that the foregoi	ng and all information he	ereon, including any
accoi prope	mpanying statements or documents, is true, correct, and complete to erty or the person affected (i.e., a person having a direct economic in t authorized by the applicant under item 2 of this application, or (3)	the best of my knowledge a terest in the payment of taxe an attorney licensed to prac	and belief and that I am (es on that property "The tice law in the State of C	(1) the owner of the e Applicant'), (2) an California, State Bar
SIGNA	TURE (Use Blue Gen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE) HOUSTON, TEXAS		DATE 09/03/2020
	(Please Print)			
	S ONDERICK - KPMG LLP			
_	STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)	_		7
V	OWNER AGENT ATTORNEY SPOUSE REGISTE	RED 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 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 RECETVED

RETURN TO: COUNTY OF LAKE SEP 09 2020

information if requested by the assessor or the hearing. Failure to provide information the appeals board considers necessary ma continuance of the hearing or denial of the a attach hearing evidence to this applicati	at the hearing ay result in the appeal. Do not	255 N. FO	F THE BOARD RBES STREE T, CA 95453	BOARD	OF SUPER	LAKE RVISORS	
1. APPLICANT INFORMATION - PLEASE				35-6	200	\mathcal{O}	
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BU GEYSERS POWER COMPANY, LLC	JSINESS, OR TRUST	TNAME		EMAIL ADDRESS TERRY.PEARS	SON@CAL	PINE.COM	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS P.O. BOX 3288	OR P. O. BOX)						
CITY		17	AYTIME TELEPHONE 832) 325-1546	ALTERNATE TE	LEPHONE	FAX TELEPHONE (713) 583-2471	
HOUSTON 2. CONTACT INFORMATION - AGENT, A		7253-3288 (RELATIVE OF		licable - (REPI	RESENTA		
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR.			ATT LIGHT II UPP	EMAIL ADDRESS	TEOLITIN.	MIGHTO OT MONAC,	
ONDERICK, TESS, M				TONDERICK	KPMG.C	OM	
COMPANY NAME KPMG LLP							
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T, MIDDLE INTITAL)						
HENNESSEY, JASON, J MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)							
C/O GEYSERS POWER COMPANY; P.O. E	3OX 3288						
CITY	STATE ZIP	CODE	AYTIME TELEPHONE	ALTERNATE TE		FAX TELEPHONE	
HOUSTON	TX 7		346) 337-5290 ATION ATTACHED	(713) 31	9-2881	(713) 583-2471	
applicant is a business entity, the agent The person named in Section 2 above is enter in stipulati	s hereby autho	rized to act as		pplication, and	l may ins	pect assessor's records,	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED) EMPLOYEE		TITLE			DATE	
☐ Yes ☑ No Is this property a single ENTER APPLICABLE NUMBER FROM Y ASSESSOR'S PARCEL NUMBER 013-004-152-000	OUR NOTICE	•	s the principal place o	FEE NUMBER			
ACCOUNT NUMBER	TAX BILL	NUMBER					
PROPERTY ADDRESS OR LOCATION				DOING BUSINESS AS (DBA), if appropriate GEYSERS POWER COMPANY, LLC			
PROPERTY TYPE 🗹						,,	
SINGLE-FAMILY / CONDOMINIUM / TOV	WNHOUSE / DU	IPLEX 🗆	AGRICULTURAL		□ POSS	ESSORY INTEREST	
☐ MULTI-FAMILY/APARTMENTS: NO. OF			MANUFACTURED	HOME	☑ VACAI		
COMMERCIAL/INDUSTRIAL	OIII10		WATER CRAFT	1101112	☐ AIRCE		
BUSINESS PERSONAL PROPERTY/FIX	TURES		OTHER: Taxpayer leas	sehold and other prop		NAFI	
4. VALUE		JE ON ROLL		OPINION OF VAL		APPEALS BOARD USE ONLY	
LAND		220,186		,266,830	OE C	AFFEALS BOARD OSE CIVET	
IMPROVEMENTS/STRUCTURES	00,	223,100		,200,000			
FIXTURES			+			——————————————————————————————————————	
PERSONAL PROPERTY (see instructions)			_				
MINERAL RIGHTS							
TREES & VINES							
OTHER							
	55.0	20.186	1	200 000			
PENALTIES (amount or percent)	30,2	20,186	36,2	266,830			
EL OPT DESTAUDUM DE DECEMP							

5. TYPE OF ASSESSMENT BEING APPEALED 🗹 Check only one.	See instructions for filing _l	periods
REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF		
SUPPLEMENTAL ASSESSMENT	2017-2018	
*DATE OF NOTICE: 07-06-2020 ROLL YEAR		
ADATE OF MOTION		☐ PENALTY ASSESSMENT
	 ach roll year requires a se	narato annlication
	ructions before completing	
If you are uncertain of which item to check, please check "I. OTHER" a The reasons that I rely upon to support requested changes in value ar A. DECLINE IN VALUE X The assessor's roll value exceeds the market value as of Ja	e as follows:	
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 <u>03/08/2018</u>	is incorrect.
C. NEW CONSTRUCTION		
1. No new construction occurred on the date of		
2. Base year value for the completed new construction esta	olished on the date of	is incorrect.
☐ 3. Value of construction in progress on January 1 is incorrect	t.	
D. CALAMITY REASSESSMENT		
Assessor's reduced value is incorrect for property damaged		
 E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's v 1. All personal property/fixtures. 	alue of personal property a	nd/or fixtures exceeds market value.
2. Only a portion of the personal property/fixtures. Attach de	scription 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 	and and improvements)	
H. APPEAL AFTER AN AUDIT. Must include description of each p		led, and your opinion of value.
☐ 1. Amount of escape assessment is incorrect.		
\square 2. Assessment of other property of the assessee at the loca	ion is incorrect.	
	to raise additional claims after it has re	eviewed the assessor workpapers for these assessments.
Explanation (attach sheet if necessary)		
7. WRITTEN FINDINGS OF FACTS (\$ 00.00 per)		
X Are requested. Are not requested.		
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND Yes No	See instructions.	
CERTIFI	CATION	
I certify (or declare) under penalty of perjury under the laws of the State	of California that the foregoir	
accompanying statements or documents, is true, correct, and complete to property or the person affected (i.e., a person having a direct economic in agent authorized by the applicant under item 2 of this application, or (3) Number, who has been retained by the applicant a	terest in the payment of taxe an attorney licensed to pract	s on that property – "The Applicant"), (2) an ice law in the State of California, State Bar
SIGNATURE (Use Blue Pen Original signature required on paper-filed application)	SIGNED AT (CITY, STATE) HOUSTON, TEXAS	DATE 09/03/2020
NAME (Please Print)		*
TESS ONDERICK - KPMG LLP		
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
OWNER AGENT ATTORNEY SPOUSE REGIST	ERED DOMESTIC PARTNER	CHILD PARENT PERSON AFFECTED
CORPORATE OFFICER OR DESIGNATED EMPLOYEE		

PENALTIES (amount or percent)

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 ED \$100 for all other property types

RETURN TO: COUNTY OF LAKE CLERK OF THE BOARD 255 N. FORBES STREET COUNTY OF LAKE BOARD OF SUPERVISORS

LAKEPORT, CA 95453 **APPLICATION NUMBER: Clerk Use Only** attach hearing evidence to this application. 1. APPLICANT INFORMATION - PLEASE PRINT EMAIL ADDRESS NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME GEYSERS POWER COMPANY, LLC TERRY.PEARSON@CALPINE.COM MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) P.O. BOX 3288 CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE (713)583-2471 HOUSTON (832) 325-1546 77253-3288 TX 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** ONDERICK, TESS, M TONDERICK@KPMG.COM COMPANY NAME KPMG LLP CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INTITAL) HENNESSEY, JASON, J MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) C/O GEYSERS POWER COMPANY; P.O. BOX 3288 ALTERNATE TELEPHONE (713) 319-2881 CITY ZIP CODE 77253-3288 DAYTIME TELEPHONE (346) 337-5290 FAX TELEPHONE (713) 583-2471 HOUSTON AUTHORIZATION OF AGENT X 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 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 991-090-648-000 013-004-111-000 013-004-111-000 ACCOUNT NUMBER TAX BILL NUMBER PROPERTY ADDRESS OR LOCATION DOING BUSINESS AS (DBA), if appropriate GEYSERS POWER COMPANY, LLC PROPERTY TYPE V SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX ☐ AGRICULTURAL ☐ POSSESSORY INTEREST ■ MULTI-FAMILY/APARTMENTS: NO. OF UNITS X VACANT LAND ☐ COMMERCIAL/INDUSTRIAL ☐ WATER CRAFT ☐ AIRCRAFT ■ BUSINESS PERSONAL PROPERTY/FIXTURES X OTHER: Taxpayer leasehold and other property interests 4. VALUE A. VALUE ON ROLL B. APPLICANT'S OPINION OF VALUE C. APPEALS BOARD USE ONLY LAND 1,594,480 6.751.061 IMPROVEMENTS/STRUCTURES 95,510,893 67,540,607 **FIXTURES** 150,655 PERSONAL PROPERTY (see instructions) MINERAL RIGHTS TREES & VINES OTHER TOTAL 97,256,028 74,294,668

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 CEIVED \$100 for all other property types

RETURN TO: COUNTY OF LAKE CLERK OF THE BOARD 255 N. FORBES STREET

SEP 09 2020 COUNTY OF LAKE BOARD OF SUPERVISORS

continuance of the hearing or denial of the attach hearing evidence to this applicat		not LAKEI	PORT	, CA 95453	APPLICATION N	UMBER	: Clerk Use Only			
1. APPLICANT INFORMATION - PLEASE PRINT					1 37-6	37-2020				
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME GEYSERS POWER COMPANY, LLC					EMAIL ADDRESS TERRY.PEARSON@CALPINE.COM					
MAILING ADDRESS OF APPLICANT (STREET ADDRESS P.O. BOX 3288	OR P. O. BOX)									
CITY HOUSTON	STATE TX	ZIP CODE 77253-3288		1ME TELEPHONE 2) 325-1546	ALTERNATE TELEP	HONE	FAX TELEPHONE (713) 583-2471			
2. CONTACT INFORMATION - AGENT, A	TTORNEY,	OR RELATIVE	OF AF	PLICANT if ap	plicable - (REPRE	SENTA	TION IS OPTIONAL)			
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRE ONDERICK, TESS. M	RST, MIDDLE INI	TIAL)			EMAIL ADDRESS TONDERICK@KI	PMG C	DM .			
COMPANY NAME					TONBERIOR	MO.O	NIN .			
KPMG LLP										
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRE HENNESSEY, JASON, J	SI, MIDDLE IN II	IAL)								
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)										
C/O GEYSERS POWER COMPANY; P.O. I	30X 3288									
CITY	STATE	ZIP CODE 77253-3288		ME TELEPHONE 6) 337-5290	(713) 319-2		FAX TELEPHONE (713) 583-2471			
AUTHORIZATION OF AGENT	11%			TION ATTACHE		001	(110) 300-2471			
attorney as indicated in the Certificatio applicant is a business entity, the agen The person named in Section 2 above is enter in stipulat	t's authoriz s hereby au	ation must be thorized to ac	signed at as my	l by an officer agent in this	or authorized emp	loyee d ay insp	of the business. Dect assessor's records,			
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	0, 1,,00	TITLE	ordang to the appli	1000011	DATE			
ENTER APPLICABLE NUMBER FROM Y	OUR NOTI	CE/TAX BILL		е рипсіраї ріасе	of residence by the ow	mer ;				
ASSESSOR'S PARCEL NUMBER 011-007-062-000		ESSMENT NUMBE 90-090-501-000	ER		FEE NUMBER	000				
ACCOUNT NUMBER		BILL NUMBER			011-007-062-000					
PROPERTY ADDRESS OR LOCATION BINKLEY #1 (UNIT 11); 231.51.	AC UNASS	IGNED ACREA	AGE		DOING BUSINESS A GEYSERS POWE					
PROPERTY TYPE					4					
SINGLE-FAMILY / CONDOMINIUM / TO	WNHOUSE /	DUPLEX	□ A	GRICULTURAL	П	POSSE	ESSORY INTEREST			
☐ MULTI-FAMILY/APARTMENTS: NO. OF	UNITS		_ м	ANUFACTURE	D HOME 🔯		IT LAND			
☐ COMMERCIAL/INDUSTRIAL			_	ATER CRAFT		AIRCE				
☐ BUSINESS PERSONAL PROPERTY/FIX	TURES				asehold and other property in		W W 1			
4. VALUE	A. V	ALUE ON ROLL		B APPLICANT'S	S OPINION OF VALUE	C.	APPEALS BOARD USE ONLY			
LAND		1,497,206		1,0	057,884					
IMPROVEMENTS/STRUCTURES										
FIXTURES										
PERSONAL PROPERTY (see instructions)										
MINERAL RIGHTS										
TREES & VINES										
OTHER						t				
TOTAL		1,497,206		11	057,884					
PENALTIES (amount or percent)				1,'	501 ₁ 00 1					

5. TYPE OF ASSESSMENT BEING APPEALED 🗹 C	heck only one. See instruction	s for filing periods	
REGULAR ASSESSMENT - VALUE AS OF J			
☐ SUPPLEMENTAL ASSESSMENT			
*DATE OF NOTICE:07-06-2020	ROLL YEAR:		
☐ ROLL CHANGE ☐ ESCAPE ASSESSME		— ESSMENT ☐ PENAL	TYASSESSMENT
*DATE OF NOTICE:	**ROLL YEAR:		
*Must attach copy of notice or bill, where app		equires a separate applica	ation
6. REASON FOR FILING APPEAL (FACTS)		completing this section.	
If you are uncertain of which item to check, please ch		ef explanation of your reas	ons for filing this application.
The reasons that I rely upon to support requested cha A. DECLINE IN VALUE	inges in value are as follows.		
∑ The assessor's roll value exceeds the market	et value as of January 1 of the c	urrent vear	
B. CHANGE IN OWNERSHIP		an one your.	
☐ 1. No change in ownership occurred on the	date of		
Z 2. Base year value for the change in owners		03/08/2018 is i	ncorrect
C. NEW CONSTRUCTION			
1. No new construction occurred on the date	of		
2. Base year value for the completed new co		ate of	is incorrect
3. Value of construction in progress on Janu			
D. CALAMITY REASSESSMENT	,		
Assessor's reduced value is incorrect for pro	perty damaged by misfortune o	r calamity.	
E. BUSINESS PERSONAL PROPERTY/FIXTURE	S. Assessor's value of persona	property and/or fixtures	exceeds market value.
1. All personal property/fixtures.			
2. Only a portion of the personal property/fix	tures. Attach description of thos	e items.	
F. PENALTY ASSESSMENT			
☐ Penalty assessment is not justified.			
G. CLASSIFICATION/ALLOCATION			
	(o.g., hatuson land and improv	amanta)	
			oninion of value
☐ 1. Amount of escape assessment is incorred		roing appealed, and year	opinion of value.
2. Assessment of other property of the asses	see at the location is incorrect.		
	ayer reserves the right to raise additional claim	ms after it has reviewed the assesso	r workpapers for these assessments.
☑ Explanation (attach sheet if necessary)			
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	S.	
	CERTIFICATION		
I certify (or declare) under penalty of perjury under the la			
accompanying statements or documents, is true, correct property or the person affected (i.e., a person having a d	and complete to the best of my i irect economic interest in the bavi	जावसाम्बद्धाः and pelier and ti ment of taxes on that prope	nat i am (1) the owner of the irty – "The Applicant") (2) an
agent authorized by the applicant under item 2 of this a	oplication, or (3) an attorney licen	sed to practice law in the S	State of California, State Bar
	y the applicant and has been auti		
SIGNATURE (Use Blue Pen - Original signature required on paper-filed ap	olication) SIGNED AT (CI HOUSTON		DATE 09/03/2020
NAME (Please Print)	11000101	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	09/03/2020
TESS ONDERICK - KPMG LLP			
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SEC	FION 1)		
✓ OWNER X AGENT TATTORNEY SPO	USE REGISTERED DOMESTIC P	ARTNER CHILD PAI	RENT 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 SEP 0 9 2020

COUNTY OF LAKE
BOARD OF SUPERVISORS

the appeals board considers necessary m continuance of the hearing or denial of the			ODT CA DEAES		BOARD OF	SUPERVISORS
attach hearing evidence to this applicat		not EAREP	OKI, CM 99493	APPLICATI	ON NUMBER	R: Clerk Use Only
1. APPLICANT INFORMATION - PLEASE PRINT					8-20	20
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME					SS	PINE CON
GEYSERS POWER COMPANY, LLC MAILING ADDRESS OF APPLICANT (STREET ADDRESS	OR P O BOX			TERRY.PE	ARSON@CA	LPINE.COM
P.O. BOX 3288	O					
CITY HOUSTON	STATE TX	ZIP CODE 77253-3288	(832) 325-1546	ALTERNATE	TELEPHONE	FAX TELEPHONE (713) 583-2471
2. CONTACT INFORMATION - AGENT, A				plicable - (Ri	PRESENTA	
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR				EMAIL ADDRES	SS	
ONDERICK, TESS, M COMPANY NAME				TONDERIC	K@KPMG.C	OM
KPMG LLP						
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	ST, MIDDLE INTI	TAL)				
HENNESSEY, JASON, J MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)						
C/O GEYSERS POWER COMPANY; P.O. E	3OX 3288					
CITY HOUSTON	STATE	ZIP CODE 77253-3288	(346) 337-5290		TELEPHONE 319-2881	FAX TELEPHONE (713) 583-2471
AUTHORIZATION OF AGENT			RIZATION ATTACHE		319-2001	(110)000 2471
The following information must be comp	oleted (or a	ttached to this	application - see inst	ructions) unl	ess the agei	nt is a licensed California
attorney as Indicated in the Certification	n section, o	or a spouse, ch	ild, parent, registere	d domestic p	artner, or th	ne person affected. If the
applicant is a business entity, the agen The person named in Section 2 above is						
enter in stipulati	on agreem	ents, and othe	rwise settle issues re	elating to this	application	dect assessor s records I.
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED			TITLE		ν.	DATE
3. PROPERTY IDENTIFICATION INFORM	MATION					
☐ Yes ☒ No Is this property a singl	e-family dwel	ling that is occupi	ed as the principal place	of residence by	the owner?	
ENTER APPLICABLE NUMBER FROM Y	OUR NOTE	CE/TAX BILL				
ASSESSOR'S PARCEL NUMBER	ASSE	SSMENT NUMBE	R	FEE NUMBER	2	
013-005-152-000		991-090-533-0		013-005-152-000		
ACCOUNT NUMBER	TAX E	BILL NUMBER				
PROPERTY ADDRESS OR LOCATION		-		T DOING BLISIN	IESS AS (DDA)) if appropriate
THE ENTINES ON EGONITOR				DOING BUSINESS AS (DBA), if appropriate GEYSERS POWER COMPANY, LLC		
PROPERTY TYPE V				•		
SINGLE-FAMILY / CONDOMINIUM / TOW	VNHOUSE /	DUPLEX	AGRICULTURAL		□ poss	ESSORY INTEREST
MULTI-FAMILY/APARTMENTS: NO. OF UNITS						
☐ COMMERCIAL/INDUSTRIAL ☐ WATER CRAFT					AIRC	
BUSINESS PERSONAL PROPERTY/FIX	TURES		X OTHER: Taxpayer lea	asehold and other p	_	
. VALUE	A 14	WALLE ON DOLL				1000
LAND	A. VALUE ON ROLL B. APPLICANT'S 4,397,578 39,9			APPEALS BOARD USE ONLY		
IMPROVEMENTS/STRUCTURES		4,587,570	39,3	900		
FIXTURES						
PERSONAL PROPERTY (see instructions)						
MINERAL RIGHTS						
TREES & VINES						
OTHER		1007.575				
PENALTIES (amount or percent)		4,397,578	39,	980		
FENALUES (amount of Defcent)			L		- 1	

5. TYPE OF ASSESSMENT BEING APPEALED V Check only one.	See instructions for filing periods						
REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF T							
☐ SUPPLEMENTAL ASSESSMENT	THE SOURCE TEXT						
*DATE OF NOTICE: _07-06-2020 ROLL YEAR:	2018-2019						
	MITY REASSESSMENT PENALTY ASSESSMENT						
	ach roll year requires a separate application						
6. REASON FOR FILING APPEAL (FACTS) See instr.	uctions before completing this section.						
If you are uncertain of which item to check, please check "I. OTHER" a The reasons that I rely upon to support requested changes in value are		ation.					
A. DECLINE IN VALUE							
▼ The assessor's roll value exceeds the market value as of Jar ■ ANY STATE OF THE PROPERTY OF THE PROPER	luary 1 of the current year.						
B. CHANGE IN OWNERSHIP							
1. No change in ownership occurred on the date of							
Z. Base year value for the change in ownership established of the change in ownership established of the change.	on the date of 03/08/2018 is incorrect.						
C. NEW CONSTRUCTION							
1. No new construction occurred on the date of							
2. Base year value for the completed new construction estab							
☐ 3. Value of construction in progress on January 1 is incorrect							
 D. CALAMITY REASSESSMENT Assessor's reduced value is incorrect for property damaged l 	ov 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 des	cription of those items.						
F. PENALTY ASSESSMENT							
☐ Penalty assessment is not justified.							
G. CLASSIFICATION/ALLOCATION							
	\						
Z. Allocation of value of property is incorrect (e.g., between la H. APPEAL AFTER AN AUDIT. Must include description of each pro							
1. Amount of escape assessment is incorrect.	specify, recorded being appealed, and your opinion of value.						
2. Assessment of other property of the assessee at the locati	on is incorrect.						
	o raise additional claims after it has reviewed the assessor workpapers for these assessm	nents.					
Explanation (attach sheet if necessary)							
7. WRITTEN FINDINGS OF FACTS (\$ 00.00 per)							
Are requested.							
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND	ee instructions.						
☑ Yes ☐ No							
*							
CERTIFIC	ATION						
I certify (or declare) under penalty of perjury under the laws of the State of							
accompanying statements or documents, is true, correct, and complete to property or the person affected (i.e., a person having a direct economic intagent authorized by the applicant under item 2 of this application, or (3) a	the best of my knowledge and belief and that I am (1) the owner of erest in the payment of taxes on that property — "The Applicant"), (2	of the 2) an					
SIGNATURE (Use Brue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE) DATE	_					
1 hollo	HOUSTON, TEXAS 09/03/2020						
NAME (Please Print)							
TESS ONDERICK - KPMG LLP							
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)							
✓ OWNER X AGENT ATTORNEY SPOUSE REGISTER	RED DOMESTIC PARTNER 🔲 CHILD 📋 PARENT 📗 PERSON AFFE	CTED					
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 \$35 for residential property types

RECETVED

RETURN TO: COUNTY OF LAKE CLERK OF THE BOARD

the appeals board considers necessary mecontinuance of the hearing or denial of the				CA 95453	Lawrence and the same of the s	ARD OF SUPERVISORS		
attach hearing evidence to this applicat	ion.		ÿ		APPLICATION NU	JMBER: Clerk Use Only		
1. APPLICANT INFORMATION - PLEASE	01000							
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME GEYSERS POWER COMPANY, LLC					TERRY.PEARSON	N@CALPINE.COM		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS	OR P. O. BOX)				1			
P.O. BOX 3288		T						
HOUSTON	TX	ZIP CODE 77253-3288	(832	ME TELEPHONE) 325-1546	ALTERNATE TELEPI	FAX TELEPHONE (713) 583-2471		
2. CONTACT INFORMATION - AGENT, A	TTORNEY,	OR RELATIVE	OF APP	PLICANT if ap	plicable - (REPRES	SENTATION IS OPTIONAL)		
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR.				·	EMAIL ADDRESS TONDERICK@KF			
COMPANY NAME					TONDENIONER	NO.CON		
KPMG LLP CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T MIDDLE INTO	TALL						
HENNESSEY, JASON, J	1, MIDDLE IN II	IAL)						
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)								
C/O GEYSERS POWER COMPANY; P.O. E	3288 OX							
HOUSTON	STATE	ZIP CODE 77253-3288	(346	ME TELEPHONE 3) 337-5290	(713) 319-28			
AUTHORIZATION OF AGENT		V AIITU	ODIZATI	ON ATTACHE		IV Z		
The following information must be compattorney as indicated in the Certification applicant is a business entity, the agent	n section, d ''s authoriz	or a spouse, cation must be	hild, par signed	ent, registere by an officer	d domestic partne or authorized empl	r, or the person affected. If the oyee of the business.		
The person named in Section 2 above is enter in stipulati	hereby au on agreem	thorized to ac ents, and othe	t as my a erwise s	agent in this a ettle issues re	application, and ma elating to this appli	ay inspect assessor's records, cation.		
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE		Ī	TITLE		DATE		
3. PROPERTY IDENTIFICATION INFORM ☐ Yes ☐ No Is this property a single ENTER APPLICABLE NUMBER FROM Y	e-family dwel	-	ied as the	principal place	of residence by the ow	ner?		
ASSESSOR'S PARCEL NUMBER	ASSE	SSMENT NUMBE	ER .		FEE NUMBER			
013-040-042-000		990-090-	552-000			013-040-042-000		
ACCOUNT NUMBER	TAXE	BILL NUMBER						
PROPERTY ADDRESS OR LOCATION						S (DBA), if appropriate ER COMPANY, LLC		
PROPERTY TYPE ✓					<u> </u>			
SINGLE-FAMILY / CONDOMINIUM / TOV		DUPLEX	∐ AG	RICULTURAL		POSSESSORY INTEREST		
☐ MULTI-FAMILY/APARTMENTS: NO. OF U	JNITS	_	☐ MA	NUFACTURED	HOME X	VACANT LAND		
☐ COMMERCIAL/INDUSTRIAL			☐ WA	TER CRAFT		AIRCRAFT		
BUSINESS PERSONAL PROPERTY/FIX	TURES		🗓 оті	HER: Taxpayer lea	asehold and other property in	nterests		
4. VALUE	A ₀ V	ALUE ON ROLL		B. APPLICANT'S	OPINION OF VALUE	C. APPEALS BOARD USE ONLY		
LAND		31,011		23,	298			
IMPROVEMENTS/STRUCTURES								
FIXTURES								
PERSONAL PROPERTY (see instructions)								
MINERAL RIGHTS								
TREES & VINES								
OTHER								
TOTAL		31,011		23	,298			
PENALTIES (amount or percent)				20				

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: _07-06-2020 ROLL YEAR: _2018-2019
☐ 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
In 2. Base year value for the change in ownership established on the date of 03/08/2018 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.
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 Taxpayer reserves the right to raise additional claims after it has reviewed the assessor workpapers for these assessments
Explanation (attach sheet if necessary) 7. WRITTEN FINDINGS OF FACTS (\$ 00.00 per)
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.
∑ Yes □ No ☐ 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 an
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) a 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 Ba

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 (tyse Blue Pen - Original signature required on paper-filed application) SIGNATURE (tyse Blue Pen - Original signature required on paper-filed application) SIGNATURE (tyse Blue Pen - Original signature required on paper-filed application) SIGNATURE (tyse Blue Pen - Original signature required on paper-filed application) SIGNATURE (tyse Blue Pen - Original signature required on paper-filed application) SIGNATURE (tyse Blue Pen - Original signature required on paper-filed application) SIGNATURE (tyse Blue Pen - Original signature required on paper-filed application) SIGNED AT (CITY, STATE) HOUSTON, TEXAS DATE 09/03/2020 PARENT | PERSON AFFECTED CORPORATE OFFICER OR DESIGNATED EMPLOYEE

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

RECEIVED

SEP 09 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

attach hearing evidence to this application.					A	APPLICATION NUMBER: Clerk Use Only			
1. APPLICANT INFORMATION - PLEASE PRINT						40-2020			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME GEYSERS POWER COMPANY, LLC						EMAIL ADDRESS TERRY.PEARSON@CALPINE.COM			
MAILING ADDRESS OF APPLICANT (STREET ADDRESS P.O. BOX 3288	OR P. O. BOX)							
CITY HOUSTON	STATE	ZIP CODE 77253-3288		TIME TELEPHONE 32) 325-1546		ALTERNATE TELE	PHONE	FAX TE	LEPHONE 3) 583-2471
2. CONTACT INFORMATION - AGENT, A	TTORNEY	, OR RELATIVI	E OF A	PPLICANT if ap	plica	able - (REPRI	SENTA	TION IS	OPTIONAL)
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR						MAILADDRESS			
ONDERICK, TESS, M COMPANY NAME					T	ONDERICK@	CPMG.C	OM	
KPMG LLP									
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	ST, MIDDLE IN	TITAL)							
HENNESSEY, JASON, J									
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)									
C/O GEYSERS POWER COMPANY; P.O. E	- Long-mon	Two cone	la e						
HOUSTON	STATE	ZIP CODE 77253-3288	(3	TIME TELEPHONE 146) 337-5290		(713) 319-			LEPHONE) 583-2471
The following information must be compattorney as indicated in the Certification applicant is a business entity, the agent The person named in Section 2 above is	n section, t's authori s hereby a	attached to this or a spouse, of zation must be outhorized to ac	s applic child, p e signe ct as m	arent, registere ed by an officer or ny agent in this a	tructi ed do or au appli	omestic partnuthorized emilication, and n	er, or the ployee nay ins	ne perso of the bo pect ass	n affected. If the usiness.
enter in stipulati SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED		nents, and oth	erwise	TITLE	elatii	ng to this app	lication	1.	
DIGITATION OF APPLICANT, OFFICER, OR AUTHORIZED	PEMPLOTEE			IIILE					DATE
☐ Yes ☐ No Is this property a single	OUR NOT	ICE/TAX BILL							
ASSESSOR'S PARCEL NUMBER	ASS	SESSMENT NUMB			FE	E NUMBER			
013-058-022-000 ACCOUNT NUMBER	TAY	991-090-565 BILL NUMBER	5-000		_	013-058-02	2-000		
ACCOUNT NOW BELL	1720	DILL NOWBER							
PROPERTY ADDRESS OR LOCATION	\\					ING BUSINESS EYSERS POW			
PROPERTY TYPE					-				
SINGLE-FAMILY / CONDOMINIUM / TOV	WNHOUSE	/ DUPLEX	\Box A	AGRICULTURAL		_	l nose:	ECCODY	WITEDERT
MULTI-FAMILY/APARTMENTS: NO. OF I			_			L			INTEREST
	UNITS		_	MANUFACTURED	HO	MF X	VACAI	NT LAND	•
COMMERCIAL/INDUSTRIAL			<u> </u>	VATER CRAFT		Ε.] AIRCE	RAFT	
BUSINESS PERSONAL PROPERTY/FIX	TURES		X C	THER: Taxpayer lea	asehol	d and other property	interests		
1. VALUE	A.	VALUE ON ROLL		B. APPLICANT'S	S OPII	NION OF VALUE	C.	APPEALS	S BOARD USE ONLY
LAND		18,352,389		484	4,597				
IMPROVEMENTS/STRUCTURES									
FIXTURES							1		
PERSONAL PROPERTY (see instructions)									7 10 1
MINERAL RIGHTS							1		
TREES & VINES									
OTHER							-		
TOTAL		18,352,389				•	+		
		10,002,009		48	34,597		-		
PENALTIES (amount or percent)									

5. TY	. TYPE OF ASSESSMENT BEING APPEALED 🇹 Check only one. See instruc	tions for filing periods	;
	☐ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRI		
X	☑ SUPPLEMENTAL ASSESSMENT		
	*DATE OF NOTICE: _07-06-2020 ROLL YEAR: _2018-2019		
	☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REA		PENALTY ASSESSMENT
	*DATE OF NOTICE: **ROLL YEAR:		
	*Must attach copy of notice or bill, where applicable **Each roll year	r requires a separate	application
	REASON FOR FILING APPEAL (FACTS) See instructions bef If you are uncertain of which item to check, please check "I. OTHER" and provide a	ore completing this so brief explanation of vo	
The	The reasons that I rely upon to support requested changes in value are as follows:		3
	A. DECLINE IN VALUE		
	▼ The assessor's roll value exceeds the market value as of January 1 of the second secon	ne 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 □ NUMBER OF STREET CONTRACTOR □ NUMBER OF ST	01 03/06/2016	is incorrect.
	C. NEW CONSTRUCTION		
	1. No new construction occurred on the date of 2. Decrease the first the constitution of the date of		
	2. Base year value for the completed new construction established on tr	e 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 misforture 	e or calamity	
	E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property damaged by misloritan	•	vtures exceeds market value
	1. All personal property/fixtures.	mai property and/or ii	ktures exceeds market value.
	2. Only a portion of the personal property/fixtures. Attach description of	hose items.	
	F. PENALTY ASSESSMENT		
	Penalty assessment is not justified.		
G.	G. CLASSIFICATION/ALLOCATION		
	2. Allocation of value of property is incorrect (e.g., between land and imp		
	H. APPEAL AFTER AN AUDIT. Must include description of each property, issu 1. Amount of escape assessment is incorrect.	es being appealed, an	d your opinion of value.
	2. Assessment of other property of the assessee at the location is incorr.	act.	
	LOTUED		e assessor workpapers for these assessments.
	Explanation (attach sheet if necessary)	TOTAL STATE OF THE	e assessor workpapers for these assessments.
	WRITTEN FINDINGS OF FACTS (\$_00.00 per)		
8. TH	THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instruct	one	
		ons.	
_			
	CERTIFICATION		
l certi	certify (or declare) under penalty of perjury under the laws of the State of California	hat the foregoing and a	all information hereon, including any
accon	ecompanying statements or documents, is true, correct, and complete to the best of t	ny knowledge and belie	of and that I am (1) the owner of the
prope	roperty or the person affected (i.e., a person having a direct economic interest in the page of this application, or (3) an attorney by the application of the app	payment of taxes on the	t property – "The Applicant"), (2) an
	umber, who has been retained by the applicant and has been	authorized by that pers	on to file this application.
SIGNAT		T (CITY, STATE)	DATE
		TON, TEXAS	09/03/2020
	ME (Please Print) TESS ONDERICK - KPMG LLP		
	LING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
\checkmark	√ _	C DADTNICE COLUES	DADENT DEPOSITATION
ىپ		C 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) unit RECETVED

\$100 for all other property types

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

SEP 09 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

continuance of the hearing or denial of the a	nneal Do	not LAKEP	PORT.	CA 95453					
attach hearing evidence to this application				OA 00-00	APPLICATIO	N NUMBER	R: Clerk Use Only		
1. APPLICANT INFORMATION - PLEASE	PRINT				1 41-202n				
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUI	SINESS, OR T	RUST NAME			EMAIL ADDRESS		LPINE.COM		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS C P.O. BOX 3288	P. O. BOX)				- '				
CITY HOUSTON	STATE	ZIP CODE 77253-3288		E TELEPHONE) 325-1546	ALTERNATE 1	TELEPHONE	FAX TELEPHONE (713) 583-2471		
2. CONTACT INFORMATION - AGENT, AT	TORNEY,	OR RELATIVE	OF APP	LICANT if ap	plicable - (REI	PRESENTA	ATION IS OPTIONAL)		
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRS	T, MIDDLE INI	TIAL)			EMAIL ADDRESS				
ONDERICK, TESS, M COMPANY NAME					TONDERICK	@KPMG.C	OM		
KPMG LLP									
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST	MIDDLE INTI	TAL)							
HENNESSEY, JASON, J									
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)	OV 2200								
CITY CITY COMPANY; P.O. BO	STATE	ZIP CODE	DAYTIM	E TELEPHONE	ALTERNATE T	EI EDUONE	FAX TELEPHONE		
HOUSTON	TX	77253-3288	(346) 337-5290	(713) 3		(713) 583-2471		
attorney as indicated in the Certification applicant is a business entity, the agent' The person named in Section 2 above is	s authoriz hereby au	ation must be thorized to act	signed k	y an officer agent in this a	or authorized application, an	employee Id may ins	of the business. pect assessor's records,		
enter in stipulation SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED		ents, and othe			elating to this	application			
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOTEE		1	ITLE			DATE		
ASSESSOR'S PARCEL NUMBER		CE/TAX BILL ESSMENT NUMBE	≣R		FEE NUMBER				
013-058-102-000		991-090-5	568-000		013-058-102-000				
ACCOUNT NUMBER	TAX	BILL NUMBER							
PROPERTY ADDRESS OR LOCATION					DOING BUSINE GEYSERS P	•	** ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
PROPERTY TYPE 🗹					đị.				
SINGLE-FAMILY / CONDOMINIUM / TOW	NHOUSE /	DUPLEX	AG	RICULTURAL		□ POSS	ESSORY INTEREST		
□ □ MULTI-FAMILY/APARTMENTS: NO. OF U	NITS			NUFACTURED	HOME		NT LAND		
COMMERCIAL/INDUSTRIAL				ER CRAFT	TIONE				
						AIRC	RAFT		
BUSINESS PERSONAL PROPERTY/FIXT			XI OTH	IER: Taxpayer le	asehold and other pro	perty interests			
I. VALUE	Α,,\	ALUE ON ROLL		B. APPLICANT'S	OPINION OF VA	LUE C	. APPEALS BOARD USE ONLY		
LAND	4	,559,796		3,438	,284				
IMPROVEMENTS/STRUCTURES	4	76,011							
FIXTURES									
PERSONAL PROPERTY (see instructions)									
MINERAL RIGHTS									
TREES & VINES									
OTHER									
TOTAL	5.	035,807		3 43	8,284				
PENALTIES (amount or percent)				5,40	-1				

5. TY	PE OF ASSESSMENT BEING APPEALED 🗹 Check only one. See	instructions for filing p	eriods	
	REGULAR ASSESSMENT VALUE AS OF JANUARY 1 OF THE			
X	SUPPLEMENTAL ASSESSMENT			
	*DATE OF NOTICE: 07-06-2020 ROLL YEAR: 2	018-2019		
		Y REASSESSMENT	☐ PENALTY ASSE	SSMENT
	*DATE OF NOTICE: **ROLL YEAR:			
_		roll year requires a sep		
	EASON FOR FILING APPEAL (FACTS) You are uncertain of which item to check, please check "I. OTHER" and p	ons before completing		ing this application
	e reasons that I rely upon to support requested changes in value are as		Tor your reasons for in	ing this application.
A.	DECLINE IN VALUE			
	The assessor's roll value exceeds the market value as of Januar	y 1 of the current year.		
В.	CHANGE IN OWNERSHIP			
	1. No change in ownership occurred on the date of			
_	Z. Base year value for the change in ownership established on the A second	ne date of 03/08/2018	is incorrect.	
C.	NEW CONSTRUCTION			
	1. No new construction occurred on the date of			
	2. Base year value for the completed new construction established	ed on the date of	is in	correct.
D	☐ 3. Value of construction in progress on January 1 is incorrect.CALAMITY REASSESSMENT			
U.	☐ Assessor's reduced value is incorrect for property damaged by n	nisfortune or calamity		
E.	BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value		d/or fixtures exceeds	market value
	1. All personal property/fixtures.			8
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	tion 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)		
Н.	APPEAL AFTER AN AUDIT. Must include description of each proper		ed, and your opinion o	of value.
	1. Amount of escape assessment is incorrect.			
	2. Assessment of other property of the assessee at the location is	s incorrect.		
I.	OTHER Taxpayer reserves the right to rais	e additional claims after it has revi	ewed the assessor workpapers	for these assessments.
	Explanation (attach sheet if necessary)			
_	RITTEN FINDINGS OF FACTS (\$ 00.00 per)			
	Are requested.			
	IIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See i Yes ☐ No	nstructions.		
	Tes [] 140			
	CERTIFICATI	ON		
l cert	ify (or declare) under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing	and all information he	reon, including any
	mpanying statements or documents, is true, correct, and complete to the arty or the person affected (i.e., a person having a direct economic interes			
	t authorized by the applicant under item 2 of this application, or (3) an al			
Numi	ber, who has been retained by the applicant and h	as been authorized by tha	t person to file this app	lication.
SIGNA	TURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE) HOUSTON, TEXAS		DATE 09/03/2020
NAME	(Please Print)	HOODTON, TEXAS		33/03/2020
	S ONDERICK - KPMG LLP			
_	STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)			
\checkmark	OWNER AGENT ATTORNEY SPOUSE REGISTERED	DOMESTIC PARTNER []	CHILD PARENT	PERSON AFFECTED
	CORPORATE OFFICER OR DESIGNATED EMPLOYEE			

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

RECEIVED

RETURN TO: COUNTY OF LAKE CLERK OF THE BOARD 255 N. FORBES STREET SEP 09 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

continuance of the hearing or denial of the a	nneal Do	not LAKE	DORT	CA 95453						
ontinuance of the hearing or denial of the appeal. Do not LAKEPORT, CA 95453 ttach hearing evidence to this application.				APPLICATION NUMBER: Clerk Use Only						
1. APPLICANT INFORMATION - PLEASE					42-2020					
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BU		RUST NAME			EMAIL ADDRESS	NOO!	/			
GEYSERS POWER COMPANY, LLC					TERRY.PEARSON	I@CALPIN	E.COM			
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OF APPLICANT) P.O. BOX 3288	OR P. O. BOX)									
HOUSTON	STATE TX	ZIP CODE 77253-3288	(832	ME TELEPHONE 2) 325-1546	ALTERNATE TELEPH	(713) 583-2471			
2. CONTACT INFORMATION - AGENT, AT	TORNEY,	OR RELATIVE	E OF AP	PLICANT if app		ENTATIO	N IS OPTIONAL)			
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRS ONDERICK, TESS, M	ST, MIDDLE INI	TIAL)			EMAIL ADDRESS TONDERICK@KF	MG.COM				
COMPANY NAME										
KPMG LLP CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST	T MIDDLE INT	TAL)	-							
HENNESSEY, JASON, J	,									
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)										
C/O GEYSERS POWER COMPANY; P.O. BO	OX 3288									
CITY HOUSTON	STATE	ZIP CODE 77253-3288		ME TELEPHONE 6) 337-5290	(713) 319-28		X TELEPHONE 713) 583-2471			
AUTHORIZATION OF AGENT			IODIZAT	ION ATTACHE	<u> </u>					
attorney as indicated in the Certification applicant is a business entity, the agent' The person named in Section 2 above is	's authoriz hereby au	ation must be thorized to ac	e signed ct as my	by an officer of agent in this a	or authorized empl application, and ma	oyee of the	e business.			
enter in supulation SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED		ents, and oth		title issues re	lating to this appli	cation.				
POR A PERIODINI, OPPICER, OR AUTHORIZED	CWIFLOTEE			IIILE			DATE			
☐ Yes ☒ No Is this property a single	·									
ASSESSOR'S PARCEL NUMBER	ASSE	ESSMENT NUMB			FEE NUMBER					
013-058-172-000 ACCOUNT NUMBER	TAY	991-090- BILL NUMBER	-573-000		013-058-172-000					
ACCOONTINOMBER	1 1	SILL NOMBER								
PROPERTY ADDRESS OR LOCATION					DOING BUSINESS A	S (DBA), if a	ppropriate			
					GEYSERS POWE	R COMPA	NY, LLC			
PROPERTY TYPE 🗹										
SINGLE-FAMILY / CONDOMINIUM / TOW	/NHOUSE /	DUPLEX	□ AC	GRICULTURAL		POSSESS	ORY INTEREST			
MULTI-FAMILY/APARTMENTS: NO. OF U	INITS	_ *	☐ MA	ANUFACTURED	HOME 🔀	VACANT L	AND			
COMMERCIAL/INDUSTRIAL			□ w	ATER CRAFT	П	AIRCRAF	Т			
BUSINESS PERSONAL PROPERTY/FIXT	URES		х от	HER: Taxpayer lea	sehold and other property in	terests				
. VALUE	A. V	ALUE ON ROLL		B. APPLICANT'S	OPINION OF VALUE	C. APF	PEALS BOARD USE ONLY			
LAND	1	,478,555	1	861,0	17	2//				
IMPROVEMENTS/STRUCTURES	1	19,003								
FIXTURES										
PERSONAL PROPERTY (see instructions)										
MINERAL RIGHTS										
TREES & VINES										
OTHER										
TOTAL	1.	597,558		861,0	 017					
PENALTIES (amount or percent)				551,6						

5. TYPE OF ASSESSMENT BEING APPEALED 🗹 Check only o	ne. See instructions for filing p	eriods
☐ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1	OF THE CURRENT YEAR	
☑ SUPPLEMENTAL ASSESSMENT		
*DATE OF NOTICE:07-06-2020 ROLL YE	AR:2018-2019	
	CALAMITY REASSESSMENT	☐ PENALTY ASSESSMENT
AD ATE OF MOTION	AR:	
*Must attach copy of notice or bill, where applicable	**Each roll year requires a sep	parate application
	instructions before completing	
If you are uncertain of which item to check, please check "I. OTHE The reasons that I rely upon to support requested changes in valu	R" and provide a brief explanation	n of your reasons for filing this application.
A. DECLINE IN VALUE	e are as follows:	
	f January 1 of the current year	
B. CHANGE IN OWNERSHIP	roundary rorate carrent your.	
☐ 1. No change in ownership occurred on the date of		
2 2. Base year value for the change in ownership establish		is incorrect.
C. NEW CONSTRUCTION		
1. No new construction occurred on the date of		
2. Base year value for the completed new construction e		is incorrect.
☐ 3. Value of construction in progress on January 1 is inco		
D. CALAMITY REASSESSMENT		
☐ Assessor's reduced value is incorrect for property damage	ged by misfortune or calamity.	
E. BUSINESS PERSONAL PROPERTY/FIXTURES, Assessor	's value of personal property ar	id/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 the content of th	en land and improvements).	
H. APPEAL AFTER AN AUDIT. Must include description of eac		ed, and your opinion of value.
1. Amount of escape assessment is incorrect.		
☐ 2. Assessment of other property of the assessee at the lo	ocation is incorrect.	
I. OTHER X Explanation (attach sheet if necessary)	right to raise additional claims after it has rev	iewed the assessor workpapers for these assessments.
	.)	
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUN	D See Instructions.	
CER	TIFICATION	
I certify (or declare) under penalty of perjury under the laws of the St		and all information boroon, including any
accompanying statements or documents, is true, correct, and comple	te to the best of my knowledge an	nd belief and that I am (1) the owner of the
property or the person affected (i.e., a person having a direct econom	ic 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 Number, who has been retained by the application.	(3) an altorney licensed to praction and and has been authorized by the	ce law in the State of California, State Bar at person to file this application.
SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	DATE
poly	HOUSTON, TEXAS	09/03/2020
NAME (Please Print) TESS ONDERICK - KPMG LLP		
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
	VOTEDED DOLLARS	
	SISTERED DOMESTIC PARTNER	CHILD PARENT PERSON AFFECTED
CORPORATE OFFICER OR DESIGNATED EMPLOYEE		

ASSESSMENT APPEAL APPLICATION

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

SEP 09 2020	
COUNTY OF LAKE	S

attach hearing evidence to this applicat	ion.				APPLICATION	יות ומכ	IMBEK:	Clerk U	se Only	
1. APPLICANT INFORMATION - PLEASE PRINT					45 2020					
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUT GEYSERS POWER COMPANY, LLC	JSINESS, OR	TRUST NAME			TERRY.PEA		V@CAL	PINE.CC	M	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS	OR P. O. BOX,									
P.O. BOX 3288	ISTATE	ZIP CODE	IDA:	YTIME TELEPHONE	ALTERNATE	TELEP	HONE	FAX TEL	EPHONE	
HOUSTON	TX	77253-3288	(8	32) 325-1546	()			13) 583-2471	
2. CONTACT INFORMATION - AGENT, A			OF A	PPLICANT if ap			SENTAT	ION IS	OPTIONAL)	
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR ONDERICK, TESS, M	ST, MIDDLE IN	IITIAL)			TONDERIC	Secondari	MG CO	M		
COMPANY NAME					LIONDERIC	(WIN	WIG.CO	IVI		
KPMG LLP	T MIDDLE (M	PTAL)								
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST	I, WIIDDLE IN	IIIAL)								
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)										
C/O GEYSERS POWER COMPANY; P.O. E	3OX 3288									
HOUSTON	STATE	ZIP CODE 77253-3288	DAY	YTIME TELEPHONE 346) 337-5290	(713)	TELEPI 319-2		FAX TEL	EPHONE) 583-2471	
AUTHORIZATION OF AGENT		⊠ AUTH		ATION ATTACHE				V sector		
The following information must be comp										
attorney as indicated in the Certification applicant is a business entity, the agent										
The person named in Section 2 above is						_	_			
enter in stipulati									.5507 5 7650745,	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE			TITLE					DATE	
☐ Yes ☒ No Is this property a single ENTER APPLICABLE NUMBER FROM Y	-			,,						
ASSESSOR'S PARCEL NUMBER	ASS	ESSMENT NUMBE	R		FEE NUMBER					
013-058-202-000		991-090-	574-00	0	013-05	8-202	000			
ACCOUNT NUMBER	TAX	BILL NUMBER								
PROPERTY ADDRESS OR LOCATION	1				DOING BUSIN					
PROPERTY TYPE 🗹										
SINGLE-FAMILY / CONDOMINIUM / TOV	VNHOUSE	/ DUPLEX		AGRICULTURAL			POSSE	SSORY	INTEREST	
☐ MULTI-FAMILY/APARTMENTS: NO. OF	UNITS			MANUFACTURED	HOME	X	VACAN	T LAND		
☐ COMMERCIAL/INDUSTRIAL				WATER CRAFT		П	AIRCR	AFT		
☐ BUSINESS PERSONAL PROPERTY/FIX	TURES		X	OTHER: Taxpayer lea	sehold and other pr					
4. VALUE	А	VALUE ON ROLL		B. APPLICANT'S			_	APPEALS	BOARD USE ONLY	
LAND		7,712,849		4,295		,LQL	0.7	II I LALO	BOTTED GOL GIVET	
IMPROVEMENTS/STRUCTURES		595,013						_		
FIXTURES		,								
PERSONAL PROPERTY (see instructions)						-				
MINERAL RIGHTS										
TREES & VINES										
OTHER										
TOTAL		3,307,862	_	4.000	=					
PENALTIES (amount or percent)		5,001,002		4,29	5,141					
TENALTIES (amount of percent)										

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: <u>07-06-2020</u> ROLL YEAR: <u>2</u>	018-2019
	TY REASSESSMENT
*DATE OF NOTICE: **ROLL YEAR:	
*Must attach copy of notice or bill, where applicable **Each	roll year requires a separate application
	ons before completing this section.
If you are uncertain of which item to check, please check "I. OTHER" and p	
The reasons that I rely upon to support requested changes in value are as	TOHOWS:
A. DECLINE IN VALUE 区 The assessor's roll value exceeds the market value as of Janua	ny 1 of the current year
B. CHANGE IN OWNERSHIP	y 1 of the current year.
1. No change in ownership occurred on the date of	
 ☒ 2. Base year value for the change in ownership established on t 	
C. NEW CONSTRUCTION	is incorrect.
No new construction occurred on the date of	
2. Base year value for the completed new construction establish	
	ed off the date ofis 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 r	nisfortune or calamity
E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value	
☐ 1. All personal property/fixtures.	in property analysis interest in the control of the
 2. Only a portion of the personal property/fixtures. Attach description 	otion of those items.
F. PENALTY ASSESSMENT	
Penalty assessment is not justified.	
G. CLASSIFICATION/ALLOCATION	
☑ 1. Classification of property is incorrect.	
☑ 2. Allocation of value of property is incorrect (e.g., between land	·
 H. APPEAL AFTER AN AUDIT. Must include description of each prope 1. Amount of escape assessment is incorrect. 	πy, issues being appealed, and your opinion of value.
2. Assessment of other property of the assessee at the location	s incorrect
1 OTHER	se additional claims after it has reviewed the assessor workpapers for these assessments.
Explanation (attach sheet if necessary)	no additional ordina dital is the forested the assessed Hompapers for those assessments.
7. WRITTEN FINDINGS OF FACTS (\$_00.00 per)	
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See	instructions
X Yes ☐ No	11001 a 0 2 0 110.
CERTIFICAT	ON
I certify (or declare) under penalty of perjury under the laws of the State of C	alifornia 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 agent authorized by the applicant under item 2 of this application, or (3) an a	
	as 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
MULO	HOUSTON, TEXAS 09/03/2020
NAME (Please Print) TESS ON DEBICK KRING LLB	
TESS ONDERICK - KPMG LLP 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

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

SEP **09** 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

attach hearing evidence to this applicat		THE LAKE		, OA 30400	A	PPLICATION NUMBER				
1. APPLICANT INFORMATION - PLEASE	PRINT					44-2020				
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BI	USINESS, OR	TRUST NAME			- 1	AIL ADDRESS	DINE	2014		
GEYSERS POWER COMPANY, LLC MAILING ADDRESS OF APPLICANT (STREET ADDRESS		1			110	ERRY.PEARSON@CA	LPINE.C	OM		
P.O. BOX 3288	G. (1 . G. D. G.)	,								
CITY HOUSTON	STATE		DAYT (83)	ME TELEPHONE 2) 325-1546		ALTERNATE TELEPHONE	FAX T	ELEPHONE 3) 583-2471		
2. CONTACT INFORMATION - AGENT, A	TTOPNEY	77253-3288			nlic	hla (DEDDESENT				
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR			OFAF	PEICANT II ap		IAIL ADDRESS	ATION I	S OPTIONAL)		
ONDERICK, TESS, M						ONDERICK@KPMG.C	MO			
COMPANY NAME KPMG LLP				C						
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T, MIDDLE IN	TITAL)			_					
HENNESSEY, JASON, J										
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)						W.				
C/O GEYSERS POWER COMPANY; P.O. E		-	lave		_		Constraint			
HOUSTON	STATE	ZIP CODE 77253-3288	(34	ME TELEPHONE 6 337-5290		ALTERNATE TELEPHONE (713) 319-2881		ELEPHONE 3) 583-2471		
The following information must be compattorney as indicated in the Certification applicant is a business entity, the agent The person named in Section 2 above is	n section, t's authori s hereby a	attached to this or a spouse, c ization must be outhorized to ac	s applica child, pa e signed ct as my	rent, registere I by an officer agent in this	tructied do or ac appl	omestic partner, or the uthorized employee ication, and may ins	he pers of the b pect as	on affected. If the pusiness.		
		ments, and oth	erwise s		elati	ng to this application	1.			
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE			TITLE				DATE		
ASSESSOR'S PARCEL NUMBER ASSESSOR'S PARCEL NUMBER		BESSMENT NUMB	ER		FE	E NUMBER				
013-058-212-000		991-090-	-575-000		-	013-058-212-000				
ACCOUNT NUMBER	TAX	BILL NUMBER								
PROPERTY ADDRESS OR LOCATION						DING BUSINESS AS (DBA EYSERS POWER CO				
PROPERTY TYPE V										
SINGLE-FAMILY / CONDOMINIUM / TO	NNHOUSE	/ DUPLEX	□ A	GRICULTURAL		□ poss	ESSOR	Y INTEREST		
MULTI-FAMILY/APARTMENTS: NO. OF ■	UNITS		Пм	ANUFACTURED	э но					
COMMERCIAL/INDUSTRIAL				ATER CRAFT	,.	_[4, (0, (Б		
BUSINESS PERSONAL PROPERTY/FIX	THES				agenha	AIRC	KAFI			
			<u> </u>							
4. VALUE		VALUE ON ROLL				NION OF VALUE C	APPEAI	S BOARD USE ONLY		
LAND		5,137,713		5,158	8,516					
IMPROVEMENTS/STRUCTURES		714,016								
FIXTURES										
PERSONAL PROPERTY (see instructions)										
MINERAL RIGHTS										
TREES & VINES										
OTHER										
TOTAL		5,851,729		5,15	58,516	S				
PENALTIES (amount or percent)										
					_					

with		
BOE 305-AH (P2) REV. 08 (01:15)		
5. TYPE OF ASSESSMENT BEING APPEALED (Check only one. See		
REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THI	E CURRENT YEAR	
SUPPLEMENTAL ASSESSMENT *DATE OF NOTICE: _07-06-2020 ROLL YEAR:	2018-2019	
	 ITY REASSESSMENT ☐ PENALTY ASSESS	MENT
*DATE OF NOTICE: **ROLL YEAR:		MICIAI
*Must attach copy of notice or bill, where applicable **Eacl	h roll year requires a separate application	
6. REASON FOR FILING APPEAL (FACTS) If you are uncertain of which item to check, please check "I. OTHER" and The reasons that I rely upon to support requested changes in value are as A. DECLINE IN VALUE	tions before completing this section. provide a brief explanation of your reasons for filing s follows:	this application.
☑ The assessor's roll value exceeds the market value as of Janua B. CHANGE IN OWNERSHIP	ary 1 of the current year.	
1. No change in ownership occurred on the date of		
🗵 2. Base year value for the change in ownership established on	the date of 03/08/2018 is incorrect.	
C. NEW CONSTRUCTION		
1. No new construction occurred on the date of		
2. Base year value for the completed new construction establish	ned on the date of is incorr	rect.
 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	e of personal property and/or fixtures exceeds ma	rket value.
1. All personal property/fixtures. —		
2. Only a portion of the personal property/fixtures. Attach descri	ption of those items.	
F. PENALTY ASSESSMENT		
 Penalty assessment is not justified. G. CLASSIFICATION/ALLOCATION 		
☑ 2. Allocation of value of property is incorrect (e.g., between land)		
 H. APPEAL AFTER AN AUDIT. Must include description of each proper 1. Amount of escape assessment is incorrect. 	erty, issues being appealed, and your opinion of v	alue.
2. Assessment of other property of the assessee at the location	is incorrect	
LOTUED	ise additional claims after it has reviewed the assessor workpapers for t	these assessments.
Explanation (attach sheet if necessary)		
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		
CERTIFICAT	TION	
I certify (or declare) under penalty of perjury under the laws of the State of C	California that the foregoing and all information hereor	n, including any
accompanying statements or documents, is true, correct, and complete to the property or the person affected (i.e., a person having a direct economic interest.)	e best of my knowledge and belief and that I am (1) ti	he owner of the
agent authorized by the applicant under item 2 of this application, or (3) an a	attorney licensed to practice law in the State of Califo	ornia, State Bar
	has been authorized by that person to file this applicat	
SIGNATURE (Use Blue Fon - Original signature required on paper-filed application)	SIGNED AT (CITY, STATE) HOUSTON, TEXAS DAT 09/	re /03/2020
NAME (Please Print)		53,2020
TESS ONDERICK - KPMG LLP		
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)		
OWNER AGENT ATTORNEY SPOUSE REGISTERED	DOMESTIC PARTNER CHILD PARENT PE	RSON 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 filling.
\$35 for residential property up to three (3) units RECEIVED
\$100 for all other property types

SEP 09 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

ittach hearing evidence to this application.					A	APPLICATION NUMBER: Clerk Use Only				
1. APPLICANT INFORMATION - PLEASE	PRINT					45-2020				
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BE GEYSERS POWER COMPANY, LLC	USINESS, OR T	RUSTNAME				MAIL ADDRESS ERRY.PEARSO	N@CAL	PINE.COM		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS	OR P. O. BOX)									
P.O. BOX 3288	T	1	1			1		TESONE WAS I		
CITY HOUSTON	STATE	ZIP CODE 77253-3288	(832	ME TELEPHONE 2) 325-1546		ALTERNATE TELER	PHONE	FAX TELEPHONE (713) 583-2471		
2. CONTACT INFORMATION - AGENT, A	TTORNEY,	OR RELATIVE	OF AP	PLICANT if ap	plic	able - (REPRE	SENTAT	TION IS OPTIONAL)		
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR ONDERICK, TESS, M	ST, MIDDLE INI	TIAL)				MAIL ADDRESS ONDERICK@K	PMG.CC	DM		
COMPANY NAME KPMG LLP										
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	ST, MIDDLE INTI	TAL)								
HENNESSEY, JASON, J MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)										
C/O GEYSERS POWER COMPANY; P.O. E	3OX 3288									
CITY	STATE TX	ZIP CODE 77253-3288	DAYT	ME TELEPHONE 6) 337-5290		ALTERNATE TELES (713) 319-2		FAX TELEPHONE (713)583-2471		
The following information must be compattorney as indicated in the Certification applicant is a business entity, the agent The person named in Section 2 above is enter in stipulati	n section, d t's authoriz s hereby au	or a spouse, cl ation must be othorized to ac	hild, pa signed t as my	rent, registere by an officer agent in this	ed de or a appl	omestic partne uthorized emp lication, and m	er, or the ployee o pay insp	e person affected. If the f the business. ect assessor's records		
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED				TITLE		ng to time app		DATE		
ENTER APPLICABLE NUMBER FROM Y			-0							
ASSESSOR'S PARCEL NUMBER 013-058-040-000	ASSE	SSMENT NUMBE -991-090-589			FE	EE NUMBER 013-058-040	000			
ACCOUNT NUMBER	TAX	BILL NUMBER	-000		_	010-000-040	7-000			
	,,,,,,	SICE TO MOE!								
PROPERTY ADDRESS OR LOCATION	11811					DING BUSINESS				
PROPERTY TYPE 🗹				8						
SINGLE-FAMILY / CONDOMINIUM / TO	NNHOUSE /	DUPLEX	A	GRICULTURAL			POSSE	SSORY INTEREST		
MULTI-FAMILY/APARTMENTS: NO. OF	UNITS		□м	ANUFACTURED	э нс	ME 🗵	VACAN			
☐ COMMERCIAL/INDUSTRIAL		_	□ w	ATER CRAFT			AIRCR			
BUSINESS PERSONAL PROPERTY/FIX	TURES				easeho	id and other property				
4. VALUE	Α, \	ALUE ON ROLL	T	B. APPLICANT'S	S OP	INION OF VALUE	C	APPEALS BOARD USE ONLY		
LAND		3,211,635		3,27	79,21	7				
IMPROVEMENTS/STRUCTURES		119,003								
FIXTURES										
PERSONAL PROPERTY (see instructions)							-			
MINERAL RIGHTS										
TREES & VINES										
OTHER							1			
TOTAL		3,330,638		2.0	279,2°	17	+			
PENALTIES (amount or percent)		-11		3,2	_, 3,2					
							1			

5. TYPE OF ASSESSMI	ENT BEING APPEALED	✓ Check only one. See	e instructions for filing p	periods	
☐ REGULAR ASS	ESSMENT - VALUE AS	OF JANUARY 1 OF THI	E CURRENT YEAR		
☑ SUPPLEMENTA	AL ASSESSMENT				
*DATE OF NOT	ICE: 07-06-2020	ROLL YEAR:2	018-2019		
☐ ROLL CHANGE	☐ ESCAPE ASSESS		TY REASSESSMENT	☐ PENALTY ASSE	ESSMENT
*DATE OF NOT	ICE:	**ROLL YEAR:			
*Must attach coj	py of notice or bill, where		roll year requires a sep	parate application	
6. REASON FOR FILING	G APPEAL (FACTS)	See instruc	ions before completing	this section.	
If you are uncertain of	which item to check, pleas	se check "I. OTHER" and	provide a brief explanatio	n of your reasons for fi	ling this application.
A. DECLINE IN VALI	y upon to support requeste	ed changes in value are as	s tollows:		
	on s roll value exceeds the r	market value as of Janus	ory 1 of the current year		
B. CHANGE IN OWN		narrot value as or carret	my for the content year.		
	in ownership occurred on	the date of			
	alue for the change in ow			is incorrect	
C. NEW CONSTRUC		moromp occupioned on	110 date 01	IS INCONCCE	
	struction occurred on the	date of			
	alue for the completed ne			ic in	opera of
	nstruction in progress on		led on the date of	15 III	correct.
D. CALAMITY REAS		dandary 1 is incorrect.			
	duced value is incorrect fo	or property damaged by	misfortune or calamity.		
	SONAL PROPERTY/FIXT		•	nd/or fixtures exceeds	market value.
1. All personal					
2. Only a portion	on of the personal proper	ty/fixtures. Attach descri	ption of those items.		
F. PENALTY ASSES					
	sment is not justified.				
G. CLASSIFICATION					
	n of property is incorrect. I value of property is inco		and improvements)		
	AN AUDIT. Must include o		•	ed. and vour opinion	of value.
	scape assessment is inc		3,	, , -	
	t of other property of the a	assessee at the location	is incorrect.		
I. OTHER		Taxpayer reserves the right to ra	ise additional claims after it has rev	riewed the assessor workpaper	s for these assessments.
	ttach sheet if necessary)				
7. WRITTEN FINDINGS	OF FACTS (\$_00.00	_ per)			
Are requested.	Are not requested.				
	IS DESIGNATED AS A CL	AIM FOR REFUND See	instructions.		
🛚 Yes 🗌 No					
		CEDTIFICAT	ION		
I postific (or doplane) conde		CERTIFICAT			
accompanying statement	er penalty of perjury under ts or documents, is true, co	tne laws or tne State or C prrect, and complete to the	alifornia that the foregoing best of my knowledge ar	g and all information he nd belief and that I am	reon, including any (1) the owner of the
property or the person af	fected (i.e., a person havin	g a direct economic intere	st in the payment of taxes	on that property - "The	e Applicant'), (2) an
agent authorized by the Number	applicant under item 2 of to who has been retai	his application, or (3) an a ined by the applicant and l			
	ginal signature required on paper-fi		SIGNED AT (CITY, STATE)	it person to me trus app	DATE
> hlll	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	HOUSTON, TEXAS		09/03/2020
NAME (Please Print)	10.11.0				
TESS ONDERICK - KPM					
T -	TIONSHIP TO APPLICANT NAMED I	•			
OWNER X	AGENT ATTORNEY	SPOUSE REGISTERED	DOMESTIC PARTNER	CHILD PARENT	PERSON AFFECTED
CORPORATE OFF	FICER OR DESIGNATED EMPL	OYEE			

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 TVED \$35 for residential property up to three (3) units \$100 for all other property types

SEP 09 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

attach hearing evidence to this applicat		HOL LANE	PORI	i, CA	7 0403	APPLIÇA	TION NUMBE	R: Clerk	Use Only
1. APPLICANT INFORMATION - PLEASI						1 4		20	-
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), B	USINESS, OR	TRUST NAME				EMAIL ADDR			
GEYSERS POWER COMPANY, LLC MAILING ADDRESS OF APPLICANT (STREET ADDRESS	100 0 0 00V		_			TERRY.PE	EARSON@C	ALPINE.C	OM
P.O. BOX 3288	OK P. O. BOX)								
CITY		ZIP CODE		TIME TELE		ALTERNA	TE TELEPHONE	FAX TE	ELEPHONE 3) 583-2471
HOUSTON	TTORNEY	77253-3288		32) 32		llankla (F) >====================================		Marie Control Control
2. CONTACT INFORMATION - AGENT, A NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR			= OF AI	PPLICA	NIITapp	EMAIL ADDRI		ATION IS	OPTIONAL)
ONDERICK, TESS, M	OI, WIDDEL IIV	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				A Company of the second of the second	CK@KPMG.	СОМ	
COMPANY NAME									
KPMG LLP CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	ST, MIDDLE INT	7TAL)							
HENNESSEY, JASON, J		,							
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)									
C/O GEYSERS POWER COMPANY; P.O. E	10000000	T						-	
HOUSTON	TX	ZIP CODE 77253-3288	DAY	TIME TELE 46) 33	7-5290		TE TELEPHONE 319-2881	(713	LEPHONE) 583-2471
AUTHORIZATION OF AGENT The following information must be compattorney as indicated in the Certification applicant is a business entity, the agent	n section,	or a spouse, o	s applic child, pa	cation - : arent, re	see instr egistered	uctions) un I domestic	partner, or	the perso	on affected. If the
The person named in Section 2 above is enter in stipulati	s hereby a	uthorized to ac	ct as m	y agent	in this a	pplication,	and may in:	spect as:	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED		,		TITLE	5040070	dung to the	о аррповио		DATE
ASSESSOR'S PARCEL NUMBER ASSESSOR'S PARCEL NUMBER		ESSMENT NUMB	ER		7	FEE NUMBE	ER .		
013-005-072-000		991-090-				013-005-072-000			
ACCOUNT NUMBER	TAX	BILL NUMBER							
PROPERTY ADDRESS OR LOCATION							SINESS AS (DB S POWER CO		
PROPERTY TYPE V						OLIOLIK	JI OVILIN OC	7141,	LLO
SINGLE-FAMILY / CONDOMINIUM / TO	WNHOUSE	/ DUPLEY		AGRICUI	THEAT		□ nos		
			_			LIGHT			/ INTEREST
MULTI-FAMILY/APARTMENTS: NO. OF	UNIIS		1.2		CTURED	HOME	X VAC	ANT LAN)
COMMERCIAL/INDUSTRIAL			_ \ \	VATER C	RAFT		☐ AIRC	CRAFT	
BUSINESS PERSONAL PROPERTY/FIX	TURES		X O	THER:	Taxpayer leas	sehold and other	property interests		
I. VALUE	A. '	VALUE ON ROLL		B. APF	PLICANT'S	OPINION OF	VALUE (APPEAL	S BOARD USE ONLY
LAND	1	2,422,693			10,318	,861			
IMPROVEMENTS/STRUCTURES	1	,309,029							
FIXTURES									
PERSONAL PROPERTY (see instructions)									
MINERAL RIGHTS									
TREES & VINES									
OTHER									
TOTAL	1	3,731,722			10,31	8 861			
DENALTIES (amount or percent)					10,01	-,			

В	OE-30	95-AH (P2) REV. 08 (01-15)									
5	5. TYPE OF ASSESSMENT BEING APPEALED 🗹 Check only one. See instructions for filing periods										
		REGULAR ASSESSMENT - VALUE AS O	OF JANUARY 1 OF THE	CURRENT YEAR							
	X	SUPPLEMENTAL ASSESSMENT									
X.		*DATE OF NOTICE: 07-06-2020	ROLL YEAR. 2	018-2019							
		ROLL CHANGE ESCAPE ASSESS		TY REASSESSMENT	PENALTY ASSE	ESSMENT					
		*DATE OF NOTICE:				- COMENT					
-		*Must attach copy of notice or bill, where applicable **Each roll year requires a separate application									
6	. REA	ASON FOR FILING APPEAL (FACTS)	See instructi	ons before completing	this section.						
	The	ou are uncertain of which item to check, pleas reasons that I rely upon to support requested DECLINE IN VALUE			n of your reasons for fil	ling this application.					
		X The assessor's roll value exceeds the m	narket value as of Janua	y 1 of the current year.							
	В. С	CHANGE IN OWNERSHIP									
	[$oxed{oxed}$ 1. No change in ownership occurred on	the date of								
		☑ 2. Base year value for the change in ownership established on the date of ☐ ○3/08/2018 is incorrect. ☐ ○3/08/2018 is inco									
	C. 1	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.									
		PENALTY ASSESSMENT									
\	_	Penalty assessment is not justified.									
		6. CLASSIFICATION/ALLOCATION ☑ 1. Classification of property is incorrect.									
		 ☑ 1. Classification of property is incorrect. ☑ 2. Allocation of value of property is incorrect (e.g., between land and improvements). 									
	_	A. 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 a									
		OTHER ☑ Explanation (attach sheet if necessary)	Taxpayer reserves the right to rais	e additional claims after it has rev	iewed the assessor workpapers	s for these assessments					
7.	_	TTEN FINDINGS OF FACTS (\$ 00.00 Are requested. Are not requested.	_ per)								
_			AM FOR REPUBLIC CO.								
0.	· ITHIS	S APPLICATION IS DESIGNATED AS A CL/ Yes □ No	AIM FOR REFUND See	nstructions.							
	Z	100									
			CERTIFICATI	ON .							
1	certif	v (or declare) under penalty of perjury under t	the laws of the State of Ca	alifornia that the foregoing	and all information he	ereon including anv					
a	ccom	panying statements or documents, is true, co	rrect, and complete to the	best of my knowledge ar	nd belief and that I am ((1) the owner of the					
		ty or the person affected (i.e., a person having authorized by the applicant under item 2 of th									
	umbe		ned by the applicant and h								
SI	GNAT	RE (Use Blue Pen - Original signature required on paper-fil		SIGNED AT (CITY, STATE)		DATE					
D	1			HOUSTON, TEXAS		09/03/2020					
100											

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. VED \$35 for residential property up to three (3) units \$100 for all other property types

SEP 09 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

attach hearing evidence to this applicati		not LANEP	OKI, CA 9545.	APPLICATION	ON NUMBER	R: Clerk Use Only		
1. APPLICANT INFORMATION - PLEASE PRINT					1 47-2020			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME					EMAIL ADDRESS TERRY.PEARSON@CALPINE.COM			
GEYSERS POWER COMPANY, LLC MAILING ADDRESS OF APPLICANT (STREET ADDRESS OF	OR P. O. BOX)			TERRY.PER	RSUNGCA	LPINE.COM		
P.O. BOX 3288	10		100					
CITY HOUSTON	STATE TX	ZIP CODE 77253-3288	(832) 325-1546	ALTERNATE	TELEPHONE	FAX TELEPHONE (713) 583-2471		
2. CONTACT INFORMATION - AGENT, AT				pplicable - (RE	PRESENTA	A Transmission		
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRS				EMAIL ADDRES	S			
ONDERICK, TESS, M COMPANY NAME				TONDERIC	K@KPMG.C	OM		
KPMG LLP								
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST	T, MIDDLE INTI	TAL)						
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)								
C/O GEYSERS POWER COMPANY; P.O. B	OX 3288							
CITY HOUSTON	STATE	ZIP CODE 77253-3288	(346) 337-5290	ALTERNATE (713)	TELEPHONE	FAX TELEPHONE (713) 583-2471		
AUTHORIZATION OF AGENT			ORIZATION ATTACHI		313-2001	1000 2111		
The following information must be comp	leted (or a				ss the agei	nt is a licensed California		
attorney as indicated in the Certification	section, o	or a spouse, cl	hild, parent, register	ed domestic p	artner, or tl	he person affected. If the		
applicant is a business entity, the agent								
The person named in Section 2 above is enter in stipulation			t as my agent in this erwise settle issues r					
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED			TITLE	ondang to line	арриоцион	DATE		
>								
ASSESSOR'S PARCEL NUMBER		ESSMENT NUMBE	:R	FEE NUMBER				
013-002-360-000		991-090-6	600-000	013-00	2-360-000			
ACCOUNT NUMBER	TAX	BILL NUMBER						
PROPERTY ADDRESS OR LOCATION				1	•), if appropriate MPANY, LLC		
PROPERTY TYPE				1	-			
SINGLE-FAMILY / CONDOMINIUM / TOW	/NHOUSE /	DUPLEX	AGRICULTURAL		Проее	ESSORY INTEREST		
☐ MULTI-FAMILY/APARTMENTS: NO. OF U			☐ MANUFACTURE		☑ FOSS			
COMMERCIAL/INDUSTRIAL			☐ WATER CRAFT	DITONE				
BUSINESS PERSONAL PROPERTY/FIXT	TIRES		X OTHER: Taxpayer le	eseahold and other o	AIRCI	KAFI		
			A OTHER. Taxpayer	sasenolu and other pr	operty interests			
4. VALUE		ALUE ON ROLL		S OPINION OF V	ALUE C	APPEALS BOARD USE ONLY		
LAND		15,424,562	6,02	24,336				
IMPROVEMENTS/STRUCTURES								
FIXTURES								
PERSONAL PROPERTY (see instructions)								
MINERAL RIGHTS								
TREES & VINES								
OTHER								
TOTAL	1	5,424,562	6,0	24,336				
PENALTIES (amount or percent)								

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: _07-06-2020 ROLL YEAR: _	2018-2019							
		TY REASSESSMENT	☐ PENALTY ASSE	ESSMENT					
	*DATE OF NOTICE: **ROLL YEAR:								
_	*Must attach copy of notice or bill, where applicable **Each roll year requires a separate application								
		tions before completing		ling this application					
TF	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:								
Α.	DECLINE IN VALUE								
_	The assessor's roll value exceeds the market value as of Janua	ary 1 of the current year.							
В.	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 US/US/2018	is incorrect						
C.	NEW CONSTRUCTION								
	1. No new construction occurred on the date of								
	2. Base year value for the completed new construction establis	ned on the date of	is in	correct.					
_	3. Value of construction in progress on January 1 is incorrect.								
D.	CALAMITY REASSESSMENT Assessor's reduced value is incorrect for property damaged by	miefortune or calamity							
F		•	udlar fivtures evaeds	market value					
	1. All personal property/fixtures.	AL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value. perty/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.								
н			od and vous aninian.	af value					
133	1. Amount of escape assessment is incorrect.	erty, issues being appear	eu, anu your opinion	ת value.					
	\square 2. Assessment of other property of the assessee at the location	is incorrect.							
l.		ise additional claims after it has rev	iewed the assessor workpapers	for these assessments.					
	Explanation (attach sheet if necessary)								
7. W	RITTEN FINDINGS OF FACTS (\$_00.00 per)								
X	Are requested.								
	IIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See	instructions.							
X	Yes No								
-									
_	CERTIFICAT								
i cert	ify (or declare) under penalty of perjury under the laws of the State of C npanying statements or documents, is true, correct, and complete to the	alifornia that the foregoing hest of my knowledge ar	and all information he	reon, including any					
prope	erty or the person affected (i.e., a person having a direct economic intere	st in the payment of taxes	on that property - "The	Applicant"), (2) an					
agen Num	t authorized by the applicant under item 2 of this application, or (3) and ber, who has been retained by the applicant and i	attorney licensed to practic	ce law in the State of C	alifornia, State Bar					
	TURE (Use Blue Pen-Original signature required on paper-filed application)	SIGNED AT (CITY, STATE)	it person to file this app	DATE					
	hills (HOUSTON, TEXAS		09/03/2020					
	(Please Print)	<u>.</u>							
	S ONDERICK - KPMG LLP								
_	STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)								
\checkmark	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 ECETVED

\$100 for all other property types

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

SEP **09** 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

attach hearing evidence to this application	APPLICATION NUMBER: Clerk Use Only							
1. APPLICANT INFORMATION - PLEASE		48-2020						
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BU GEYSERS POWER COMPANY, LLC			EMAILADDRESS TERRY.PEARSON@CALPINE.COM					
MAILING ADDRESS OF APPLICANT (STREET ADDRESS O	OR P. O. BOX)							
P.O. BOX 3288	STATE	ZIP CODE	DAYTIME TELEPHONE	F	ALTERNATE TELEP	HONE	FAX TELEPHONE	
HOUSTON	TX	77253-3288	(832) 325-1546		()	HONE	(713)583-2471	
2. CONTACT INFORMATION - AGENT, AT	TORNEY,	OR RELATIVE	OF APPLICANT IF	арр	licable - (REPRE	SENTAT	ION IS OPTIONAL)	
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRS ONDERICK, TESS, M	T, MIDDLE INI	IAL)			EMAIL ADDRESS TONDERICK@KPMG.COM			
COMPANY NAME							2.11.	
KPMG LLP CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST	MIDDLE INT	TAI						
HENNESSEY, JASON, J MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)								
C/O GEYSERS POWER COMPANY; P.O. BO	OX 3288							
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE (346) 337-5290		ALTERNATE TELEP		FAX TELEPHONE	
HOUSTON	TX	77253-3288		_	(713) 319-2	881	(713)583-2471	
AUTHORIZATION OF AGENT The following information must be completed.	leted for a		RIZATION ATTAC			0 200-	tis a licensed Colifornia	
attorney as indicated in the Certification	section, o	or a spouse, chi	ild, parent, registe	ered	domestic partne	r. or the	e person affected. If the	
applicant is a business entity, the agent'	s authoriz	ation must be s	igned by an offic	er o	r authorized emp	loyee o	f the business.	
The person named in Section 2 above is								
enter in stipulation SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED		ents, and other		s rela	ating to this appl	cation.		
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE		TITLE				DATE	
3. PROPERTY IDENTIFICATION INFORM. Yes No Is this property a single ENTER APPLICABLE NUMBER FROM YO	-family dwel		d as the principal pla	ice of	residence by the ow	ner?		
ASSESSOR'S PARCEL NUMBER	ASSE	SSMENT NUMBER	2	Т	FEE NUMBER			
011-004-440-000		991-090-605-000			011-004-440-000			
ACCOUNT NUMBER	TAX	BILL NUMBER						
PROPERTY ADDRESS OR LOCATION						SS AS (DBA), if appropriate DWER COMPANY, LLC		
PROPERTY TYPE							·	
SINGLE-FAMILY / CONDOMINIUM / TOW	/NHOUSE /	DUPLEX	☐ AGRICULTUR	AL	П	POSSE	SSORY INTEREST	
☐ MULTI-FAMILY/APARTMENTS: NO. OF U	NITS		MANUFACTUR	REDI	HOME 🔯	VACAN	TIAND	
☐ COMMERCIAL/INDUSTRIAL			☐ WATER CRAFT	Г		AIRCR		
BUSINESS PERSONAL PROPERTY/FIXT	URES		X OTHER: Taxpaye		است sehold and other property I			
4. VALUE	A. V	ALUE ON ROLL	B. APPLICAN	NT'S	OPINION OF VALUE	C. A	APPEALS BOARD USE ONLY	
LAND	10),297,936		8,375				
IMPROVEMENTS/STRUCTURES	1	540,787	14	13,664	4			
FIXTURES								
PERSONAL PROPERTY (see instructions)								
MINERAL RIGHTS								
TREES & VINES								
OTHER								
TOTAL	11	,838,723	A ⁱ	52,03				
PENALTIES (amount or percent)			· ·	2,20				

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: 07-06-2020 ROLL YEAR: 2	018-2019							
-DATE OF MOTIOE	Y REASSESSMENT	☐ PENALIY ASSE	SSMENI					
TOTE I EM	roll year requires a seg	arate application						
See instructions before completing this section. If you are uncertain of which item to check, please check "L. 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 Januar	y 1 of the current year.							
B. CHANGE IN OWNERSHIP								
☐ 1. No change in ownership occurred on the date of	<u></u>							
Z 2. Base year value for the change in ownership established on the	ne date of 03/08/2018	is incorrect						
C. NEW CONSTRUCTION		 0						
1. No new construction occurred on the date of								
2. Base year value for the completed new construction established.	ed on the date of	is in	correct.					
☐ 3. Value of construction in progress on January 1 is incorrect.								
D. CALAMITY REASSESSMENT								
Assessor's reduced value is incorrect for property damaged by n	•							
E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value	of personal property an	d/or fixtures exceeds	market value.					
1. All personal property/fixtures.								
2. Only a portion of the personal property/fixtures. Attach descrip	tion of those items.							
F. PENALTY ASSESSMENT ☐ Penalty assessment is not justified.								
G. CLASSIFICATION/ALLOCATION								
	and improvements).							
H. APPEAL AFTER AN AUDIT. Must include description of each proper		ed, and your opinion	of value.					
1. Amount of escape assessment is incorrect.								
2. Assessment of other property of the assessee at the location is								
1. OTHER Explanation (attach sheet if necessary) Taxpayer reserves the right to rais	e additional claims after it has rev	iewed the assessor workpapers	s for these assessments.					
7. WRITTEN FINDINGS OF FACTS (\$\frac{00.00}{0.00} \text{ per}\) \[\text{\text{Are requested.}} \] Are not requested.								
B. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See i	nstructions							
X Yes								
CERTIFICATION								
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					
	HOUSTON, TEXAS		09/03/2020					
NAME (Please Print) TESS ONDERICK - KPMG LLP								
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)								
			DEBOON AFFECTES					
	DOMESTIC PARTNER [](HILD PARENI	PERSON AFFECTED					
CORPORATE OFFICER OR DESIGNATED EMPLOYEE								