

Agenda

Siskiyou County Assessment Appeals Board

Board of Supervisors' Chambers

Siskiyou County Government Center, Second Floor

311 Fourth Street

Yreka, CA 96097

May 22, 2024

9:00a.m.

1. Election of Chair and Vice Chair

2. Appeals

Appeal/Application No.

Applicant

Property Identification

A. 23-01

Virag, Wayne and Delores

107-110-070-000

B. 23-03

Grocery Outlet as Lessee

060-601-210

3. Stipulation agreements

Appeal/Application No.

Applicant

Property Identification

A. 23-02

A1 Choice Inn

057-601-090-000

4. Adjournment

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.

Siskiyou County Assessment Appeals Board
311 Fourth Street, Room 201
Yreka, CA 96097
Siskiyou County

RECEIVED

NOV 21 2023

NOV 20 2023

LAURA BYNUM, CLERK
BY: Wendy [Signature] Deputy Clerk

SISKIYOU COUNTY CLERK'S OFFICE

APPLICATION NUMBER: Clerk Use Only
23-01

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
VIRAG, WAYNE AND DELORES
EMAIL ADDRESS
DWV010101@GMAIL.COM

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
13280 PALA MESA CIRCLE

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE
REDDING CA 96003 (530) 918-0872

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

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

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

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

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE

AUTHORIZATION OF AGENT AUTHORIZATION ATTACHED
The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected.

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

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE TITLE DATE

3. PROPERTY IDENTIFICATION INFORMATION

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

ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL

ASSESSOR'S PARCEL NUMBER ASSESSMENT NUMBER FEE NUMBER
107-110-070-000
ACCOUNT NUMBER TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION DOING BUSINESS AS (DBA), if appropriate
4536 Rainbow Dr., Weed, Ca. 96094

PROPERTY TYPE

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

Table with 4 columns: 4. VALUE, A. VALUE ON ROLL, B. APPLICANT'S OPINION OF VALUE, C. APPEALS BOARD USE ONLY. Rows include LAND, IMPROVEMENTS/STRUCTURES, FIXTURES, PERSONAL PROPERTY, MINERAL RIGHTS, TREES & VINES, OTHER, TOTAL, PENALTIES.

HEARING DATE CONFIRMATION NOTICE

This confirmation notice must be returned not less than 21 days prior to the indicated hearing date. Mail or fax to the Clerk of the Board at the address shown.

Mail to:
 Siskiyou County Assessment Appeals Board
 311 Fourth Street, Room 201 Yreka CA 96097
 email: wendy@sisqvotes.org

RECEIVED

MAY 07 2024

HEARING DATE AND TIME* Wednesday May 22, 2024 @ 9:00 A.M.	APPLICATION NUMBER(S) 23-01	SISKIYOU COUNTY CLERK'S OFFICE
HEARING LOCATION Board of Supervisors' Chamber 311 Fourth Street Yreka CA 96097		
PARCEL OR ASSESSMENT NUMBER(S) 107-110-070-000	APPLICANT Virag, Wayne and Delores	

* SEVERAL APPLICATIONS MAY BE SET FOR HEARING AT THE SAME TIME, AND EACH WILL BE CONSIDERED AS SOON AS POSSIBLE IN THE ORDER LISTED ON THE AGENDA.

Check one of the boxes below.

I will be present on the scheduled hearing date.

Please bring 6 copies of any evidence you wish to present to the Assessment Appeals Board.

I request my right to a one-time postponement of my hearing to another hearing date. To schedule your hearing for a future date, please contact the Clerk of the Board at (530) 842 - 8015.

I understand that if this is not my first postponement request, I must appear at the scheduled hearing to request another postponement and give reasonable cause to the appeals board. It is the sole discretion of the board to grant or deny this request. If denied, I must be prepared to proceed with the hearing as scheduled.

If you are requesting a postponement and the date of the currently scheduled hearing is within 120 days of the expiration of the two-year limitations period set by Revenue and Taxation Code section 1604(c), the Clerk will provide you with a waiver (form BOE-305-W) to indefinitely extend and toll the period in which your appeal is to be heard and decided.

I wish to withdraw my application. Withdrawals are final and will conclude any further action on the appeal. (Your attendance at the hearing is not required.)

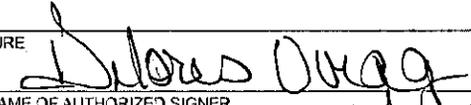
I understand that my withdrawal may only be granted if the assessor has not provided me with a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

I have signed a stipulation with the assessor's office. (Your attendance at the hearing is not required.)

In order to ensure proper scheduling of assessment appeals hearings, you must complete and return this form not less than 21 days prior to the date of your hearing. Failure to return this confirmation notice may result in your case being removed from the agenda on the scheduled date. Failure to appear at the scheduled hearing by you or an authorized representative may result in your application being abandoned and denied for lack of appearance unless you have requested a postponement.

CERTIFICATION

I certify under penalty of perjury that I am the owner, or person authorized to sign on behalf of the owner, of the above referenced property.

SIGNATURE 	DATE 4/26/24
PRINT NAME OF AUTHORIZED SIGNER DELORES VIRAG	TITLE OWNER
COMPANY NAME	EMAIL ADDRESS dlov010101@gmail.com

FILING STATUS

OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED

CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ 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.

Siskiyou County Assessment Appeals Board
311 Fourth Street, Room 201
Yreka, CA 96097

RECEIVED

NOV 30 2023

SISKIYOU COUNTY
CLERK'S OFFICE

FILED

Siskiyou County

NOV 30 2023

LAURA BYNUM, CLERK

APPLICATION NUMBER: Clerk Use Only
BY: *[Signature]*
23-03 Deputy Clerk

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Grocery Outlet as Lessee

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
5650 Hollis St

CITY Emeryville	STATE CA	ZIP CODE 94608	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
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2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

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

EMAIL ADDRESS
PTSConsulting@ryan.com

COMPANY NAME
Ryan, LLC

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
Post Office Box 4549

CITY Carlsbad	STATE CA	ZIP CODE 92018	DAYTIME TELEPHONE (510)452-6906	ALTERNATE TELEPHONE	FAX TELEPHONE
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AUTHORIZATION OF AGENT AUTHORIZATION ATTACHED

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

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

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE ▶	TITLE	DATE
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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 060-601-210	ASSESSMENT NUMBER	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION
268 E Vista Dr, Weed

DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE

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

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$1,312,374	\$656,187	
IMPROVEMENTS/STRUCTURES	\$4,976,089	\$2,488,044	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$6,288,463	\$3,144,232	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

5. TYPE OF ASSESSMENT BEING APPEALED Check only one. See instructions for filing periods

REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR

SUPPLEMENTAL ASSESSMENT

*DATE OF NOTICE: _____ ROLL YEAR: _____

ROLL CHANGE ESCAPE ASSESSMENT CALAMITY REASSESSMENT PENALTY ASSESSMENT

*DATE OF NOTICE: _____ **ROLL YEAR: _____

***Must attach copy of notice or bill, where applicable **Each roll year requires a separate application**

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

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

A. DECLINE IN VALUE

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

B. CHANGE IN OWNERSHIP

1. No change in ownership occurred on the date of _____.

2. Base year value for the change in ownership established on the date of _____ is incorrect.

C. NEW CONSTRUCTION

1. No new construction occurred on the date of _____.

2. Base year value for the completed new construction established on the date of _____ is incorrect.

3. Value of construction in progress on January 1 is incorrect.

D. CALAMITY REASSESSMENT

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

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

1. All personal property/fixtures.

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

F. PENALTY ASSESSMENT

Penalty assessment is not justified.

G. CLASSIFICATION/ALLOCATION

1. Classification of property is incorrect.

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

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

1. Amount of escape assessment is incorrect.

2. Assessment of other property of the assessee at the location is incorrect.

I. OTHER

Explanation (attach sheet if necessary) _____

7. WRITTEN FINDINGS OF FACTS (\$405.05 per application)

Are requested. Are not requested.

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

Yes No

CERTIFICATION

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

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

SIGNED AT (CITY, STATE)

DATE



Oakland, CA

11/21/27

NAME (Please Print)

Jasmin Varjavand

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

LETTER OF AUTHORIZATION
FOR PROPERTY TAX REPRESENTATION

See Attached

Property Owner

See Attached

Subject Property

See Attached, CA

Jurisdiction and State

2021, 2022, 2023, 2024

Calendar Years

This letter authorizes Ryan, LLC and its affiliate, Ryan Tax Compliance Services, LLC to represent the above-named property as its property tax agent in the jurisdiction and state named above. This authorization includes but is not limited to: filing property renditions or returns; signing and filing appeals; examining all property tax records; and, appearances before the assessor, boards of equalization or review, or other governmental agencies responsible for the assessment of property.

If there are any questions concerning this authorization please contact the following: Ryan LLC, Brenda Goodrich, P.O. Box 4549, Carlsbad CA 92018, (510)452-6903, Brenda.Goodrich@ryan.com

This authorization shall remain effective as long as permitted by law or until revoked in writing by the owner.

Property Owner:

9/13/2021 | 12:53:42 PDT

<small>DocuSigned by:</small> <i>Brian McAndrews</i>	Brian McAndrews	
Signature	Printed Name	Date
SVP, Store Development	510-379-2167	
Title	Phone Number	

I certify that the signature above is a true and correct signature provided as a duly appointed officer or authorized employee of the above referenced company. If a copy of this form is being submitted, I will produce the original form with original signature upon request. If a completed application for changed assessment is attached to this authorization, I certify that a copy has been forwarded to applicant named in this application.

RYAN, LLC.

By: *Jasmin*

Date: 11/10/23

GROCERY OUTLET

See Attached

Site Name	Parcel Acct Num	Parcel Assessee	Parcel Assessor Name
GROCERY OUTLET/133	092A-0900-001-02	Grocery Outlet as Lessee	Alameda Co Assessor
GROCERY OUTLET/138	077 -0556-057-06	Grocery Outlet as Lessee	Alameda Co Assessor
GROCERY OUTLET/133	073-0413-033-02	Grocery Outlet as Lessee	Alameda Co Assessor
GROCERY OUTLET/3	009-0702-001-01	Grocery Outlet as Lessee	Alameda Co Assessor
GROCERY OUTLET/33	531 -0026-040-11	Grocery Outlet as Lessee	Alameda Co Assessor
GROCERY OUTLET/35	098-0290-002-07	Grocery Outlet as Lessee	Alameda Co Assessor
GROCERY OUTLET/161	035-250-058	Grocery Outlet as Lessee	Butte Co Assessor
GROCERY OUTLET/178	007-270-018	Grocery Outlet as Lessee	Butte Co Assessor
Grocery Outlet/390	005-270-006-000	Grocery Outlet as Lessee	Colusa Co Assessor
GROCERY OUTLET/178	126-272-005-3	Grocery Outlet as Lessee	Contra Costa Co Assessor
GROCERY OUTLET/178	074-480-002-000	Grocery Outlet as Lessee	Contra Costa Co Assessor
GROCERY OUTLET/297	120-270-074-400	Grocery Outlet as Lessee	Contra Costa Co Assessor
GROCERY OUTLET/440 (Brentwood)	016-170-034	Grocery Outlet, Lessee	Contra Costa Co Assessor
GROCERY OUTLET/440 (Brentwood)	016-170-034	Thomas Brentwood LLC	Contra Costa Co Assessor
GROCERY OUTLET/440 (Brentwood)	016-170-043-0	SBS Farms LLC	Contra Costa Co Assessor
GROCERY OUTLET/65	411-281-023-1	Grocery Outlet as Lessee	Contra Costa Co Assessor
GROCERY OUTLET/62	118-110-002-000	Grocery Outlet as Lessee	Del Norte County Assessor
GROCERY OUTLET/285	202-121-083-000	Grocery Outlet as Lessee	Humboldt Co Assessor
GROCERY OUTLET/313	509-181-058-000	Grocery Outlet as Lessee	Humboldt Co Assessor
GROCERY OUTLET/170	010-026-360-000	Grocery Outlet as Lessee	Lake Co Assessor
GROCERY OUTLET/132	025-521-440-000	Grocery Outlet as Lessee	Lake Co Assessor
GROCERY OUTLET/107	105-210-03-11	Grocery Outlet as Lessee	Lassen Co Assessor
GROCERY OUTLET/166	140-211-52	Grocery Outlet as Lessee	Marin Co Assessor
GROCERY OUTLET/166	140-212-03	Grocery Outlet as Lessee	Marin Co Assessor
GROCERY OUTLET/132	001-360-23-00	Grocery Outlet as Lessee	Mendocino Co Assessor
GROCERY OUTLET/69	001-360-23-00	Grocery Outlet as Lessee	Mendocino Co Assessor
Grocery Outlet/381	001-090-051	Grocery Outlet as Lessee	Modoc Co Assessor
GROCERY OUTLET/65	032-055-015-000	Grocery Outlet as Lessee	Monterey County Assessor
GROCERY OUTLET/62	001-044-027-000	Grocery Outlet as Lessee	Placer Co Assessor
GROCERY OUTLET/388 (Quincy)	116-332-010-000	Agree Limited Partnership	Plumas County Assessor
GROCERY OUTLET/244	6309B-018	Grocery Outlet as Lessee	San Francisco Co Assessor
GROCERY OUTLET/245	1517-001A	Grocery Outlet as Lessee	San Francisco Co Assessor
GROCERY OUTLET/245	1517-037	Grocery Outlet as Lessee	San Francisco Co Assessor
GROCERY OUTLET/306	3641-070	Grocery Outlet as Lessee	San Francisco Co Assessor
GROCERY OUTLET/112	232-290-66	Grocery Outlet as Lessee	San Joaquin Co Assessor
GROCERY OUTLET/107	117-350-02	Grocery Outlet as Lessee	San Joaquin Co Assessor
GROCERY OUTLET/112	081-260-62	Grocery Outlet as Lessee	San Joaquin Co Assessor
GROCERY OUTLET/43	208-190-02	Grocery Outlet as Lessee	San Joaquin Co Assessor
GROCERY OUTLET/139	010-173-220	Grocery Outlet as Lessee	San Mateo Co Assessor
GROCERY OUTLET/244	005-080-090	Grocery Outlet as Lessee	San Mateo Co Assessor
GROCERY OUTLET/4	053-234-020	Grocery Outlet as Lessee	San Mateo Co Assessor
GROCERY OUTLET/132	254-40-016	Grocery Outlet as Lessee	Santa Clara Co Assessor
GROCERY OUTLET/184	841-16-034	Grocery Outlet as Lessee	Santa Clara Co Assessor
GROCERY OUTLET/132	022-25-048	Grocery Outlet as Lessee	Santa Clara Co Assessor
GROCERY OUTLET/285	467-24-111	Grocery Outlet as Lessee	Santa Clara Co Assessor
GROCERY OUTLET/313	00936120	Grocery Outlet as Lessee	Santa Cruz Co Assessor
GROCERY OUTLET/34	067-120-034-000	Grocery Outlet as Lessee	Shasta Co Assessor
GROCERY OUTLET/314	060-601-210	Grocery Outlet as Lessee	Siskiyou Co Assessor
GROCERY OUTLET/169	0069-070-310	Grocery Outlet as Lessee	Solano County Assessor
GROCERY OUTLET/69	0033-131-260	Grocery Outlet as Lessee	Solano County Assessor
GROCERY OUTLET/107	0055-170-290	Grocery Outlet as Lessee	Solano County Assessor
GROCERY OUTLET/10	009-095-015	Grocery Outlet as Lessee	Sonoma Co Assessor
GROCERY OUTLET/167	59-010-105	Grocery Outlet as Lessee	Sutter Co Assessor

ASSESSMENT APPEAL APPLICATION

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Siskiyou County Assessment Appeals Board
 311 Fourth Street, Room 201
 Yreka, CA 96097

Siskiyou County

RECEIVED

NOV 30 2023

NOV 30 2023

LAURA BYNUM, CLERK

BY: *Wendy DeJ...*
 Deputy Clerk

SISKIYOU COUNTY
 CLERK'S OFFICE

APPLICATION NUMBER: Clerk Use Only
 23-02

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
 A1 Choice Inn

EMAIL ADDRESS
 a1choiceinn@gmail.com

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
 1340 South Mount Shasta Blvd

CITY Mount Shasta	STATE CA	ZIP CODE 96067	DAYTIME TELEPHONE (530) 926 4811	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
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2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

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

EMAIL ADDRESS

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

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

CITY	STATE	ZIP CODE	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
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AUTHORIZATION OF AGENT AUTHORIZATION ATTACHED

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

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

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE	TITLE	DATE
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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 057-601-090-000	FEE NUMBER 057-601-090-000
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION
 1340 South Mount Shasta Blvd

DOING BUSINESS AS (DBA), if appropriate
 A1 Choice Inn

PROPERTY TYPE SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX AGRICULTURAL POSSESSORY INTEREST

MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____ MANUFACTURED HOME VACANT LAND

COMMERCIAL/INDUSTRIAL WATER CRAFT AIRCRAFT

BUSINESS PERSONAL PROPERTY/FIXTURES OTHER: _____

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	145,000	120,000	
IMPROVEMENTS/STRUCTURES	430,000	120,000	
FIXTURES	1,280	1,280	
PERSONAL PROPERTY (see instructions)	29,550	29,550	
MINERAL RIGHTS			
TREES & VINES			
OTHER	-7000 (Homeowners Exempt)	-7000 (Homeowners Exempt)	
TOTAL	598,530	513,830	
PENALTIES (amount or percent)			

6. TYPE OF ASSESSMENT BEING APPEALED Check only one. See instructions for filing periods

REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE CURRENT YEAR

SUPPLEMENTAL ASSESSMENT

*DATE OF NOTICE: _____ ROLL YEAR: _____

ROLL CHANGE ESCAPE ASSESSMENT CALAMITY REASSESSMENT PENALTY ASSESSMENT

*DATE OF NOTICE: _____ **ROLL YEAR: _____

**Must attach copy of notice or bill, where applicable **Each roll year requires a separate application*

6. REASON FOR FILING APPEAL (FACTS)

See instructions before completing this section.

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

A. DECLINE IN VALUE

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

B. CHANGE IN OWNERSHIP

1. No change in ownership occurred on the date of _____.

2. Base year value for the change in ownership established on the date of _____ is incorrect.

C. NEW CONSTRUCTION

1. No new construction occurred on the date of _____.

2. Base year value for the completed new construction established on the date of _____ is incorrect.

3. Value of construction in progress on January 1 is incorrect.

D. CALAMITY REASSESSMENT

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

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

1. All personal property/fixtures.

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

F. PENALTY ASSESSMENT

Penalty assessment is not justified.

G. CLASSIFICATION/ALLOCATION

1. Classification of property is incorrect

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

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

1. Amount of escape assessment is incorrect.

2. Assessment of other property of the assessee at the location is incorrect.

I. OTHER

Gross revenue is significantly down this year compared to last year and expenses have increased

Explanation (attach sheet if necessary) for every line item. Estimated business/property assessment is higher than actual.

7. WRITTEN FINDINGS OF FACTS (\$405.05 per application)

Are requested. Are not requested.

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

Yes No

CERTIFICATION

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

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

SIGNED AT (CITY, STATE)

DATE

[Signature]

Mt. Shasta, CA

11/28/23

NAME (Please Print)

Prabhakar Patel

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

HEARING DATE CONFIRMATION NOTICE

This confirmation notice must be returned not less than 21 days prior to the indicated hearing date. Mail or fax to the Clerk of the Board at the address shown.

Mail to:
 Siskiyou County Assessment Appeals Board
 311 Fourth Street, Room 201 Yreka CA 96097
 email: wendy@sisqvotes.org

HEARING DATE AND TIME* Wednesday May 22, 2024 @ 9:00 A.M.	APPLICATION NUMBER(S) 23-02	RECEIVED MAY 01 2024
HEARING LOCATION Board of Supervisors' Chamber 311 Fourth Street Yreka CA 96097		
PARCEL OR ASSESSMENT NUMBER(S) 057-601-090-000	APPLICANT A1 Choice Inn	SISKIYOU COUNTY CLERK'S OFFICE

* SEVERAL APPLICATIONS MAY BE SET FOR HEARING AT THE SAME TIME, AND EACH WILL BE CONSIDERED AS SOON AS POSSIBLE IN THE ORDER LISTED ON THE AGENDA.

Check one of the boxes below.

I will be present on the scheduled hearing date.

Please bring 6 copies of any evidence you wish to present to the Assessment Appeals Board.

I request my right to a one-time postponement of my hearing to another hearing date. To schedule your hearing for a future date, please contact the Clerk of the Board at (530) 842 - 8015.

I understand that if this is not my first postponement request, I must appear at the scheduled hearing to request another postponement and give reasonable cause to the appeals board. It is the sole discretion of the board to grant or deny this request. If denied, I must be prepared to proceed with the hearing as scheduled.

If you are requesting a postponement and the date of the currently scheduled hearing is within 120 days of the expiration of the two-year limitations period set by Revenue and Taxation Code section 1604(c), the Clerk will provide you with a waiver (form BOE-305-W) to indefinitely extend and toll the period in which your appeal is to be heard and decided.

I wish to withdraw my application. Withdrawals are final and will conclude any further action on the appeal. (Your attendance at the hearing is not required.)

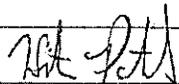
I understand that my withdrawal may only be granted if the assessor has not provided me with a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

I have signed a stipulation with the assessor's office. (Your attendance at the hearing is not required.)

In order to ensure proper scheduling of assessment appeals hearings, you must complete and return this form not less than 21 days prior to the date of your hearing. Failure to return this confirmation notice may result in your case being removed from the agenda on the scheduled date. Failure to appear at the scheduled hearing by you or an authorized representative may result in your application being abandoned and denied for lack of appearance unless you have requested a postponement.

CERTIFICATION

I certify under penalty of perjury that I am the owner, or person authorized to sign on behalf of the owner, of the above referenced property.

SIGNATURE 	DATE 5/01/24
PRINT NAME OF AUTHORIZED SIGNER Hiten Patel	TITLE Owner
COMPANY NAME A1 Choice Inn	EMAIL ADDRESS a1choiceinn@gmail.com
FILING STATUS <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> ATTORNEY <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> PERSON AFFECTED <input type="checkbox"/> CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ <input type="checkbox"/> CORPORATE OFFICER OR DESIGNATED EMPLOYEE	