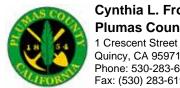
EF-263-A-R07-0617-32000133-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

> NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Cynthia L. Froggatt **Plumas County Assessor**

Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com

To receive one time reporting treatment for the exemption, this claim must be filed

		with the Assessor within 120 days of the		
L	_ commend	cement date of the lease	9.	
DENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
DENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 - 20		
CITY, COUNTY, ZIP CODE			ASSESSOR'S PARCEL NUMBER	
USE OF PROPERTY Check and state the The exemption claim is made for the following property of t		lease attach a list that clearl	y identifies the	
PROPERTY TYPE PRIMARY USE		INCIDENTAL USE		
Land				
☐ Buildings and Improvements				
Personal Property				
☐ Yes ☐ No The lease confers upon the less	see the exclusive right to possession and use	of the property.		
	stitution is one whose property qualifies for the e, state university, University of California, or			
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.				
Important: A lessee's affidavit, in which the lesse will result in denial of one time reporting treatme			te the lessee's affidavit	
	CERTIFICATION			
I certify (or declare) under penalty of perjury und accompanying statements	ler the laws of the State of California that the or documents, is true and correct to the best			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE	<u> </u>	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF OUR LEVINO LEGO	AFFIDAVII FOR EXECT	UTION BY QUA	ALIFYING INSTITUTION	UNAL LESSEE	
NAME OF QUALIFYING LESS	EE INSTITUTION				
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
✓ Check the type of qua	alifying use of the property				
☐ FREE PUBLIC LIBRARY ☐ COMMUNIT		Y COLLEGE	☐ UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM ☐ STATE COL		EGE NONPROFIT COLLEGE			
☐ PUBLIC SCH	SCHOOL STATE UNIVER		ERSITY		
NAME OF LESSOR					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
COMMENCEMENT DATE OF LEASE		DATE PROPERTY PUT TO EXEMPT USE			
	ΡΙ ΕΔΩΕ ΔΤΤ		 F THE LEASE AGREEM	ENT .	
	I LLAGE ATT	ACITA COL I OI	THE LEASE AGNEEM	LIVI	
The following property is etc. Attach a separate list		year. If personal p	property is being leased, in	ndicate the type, make, model, serial number,	
PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPTION			
(NEXTERNATE)					
		4 4la a a a a a 4 4la a 1 a		shows are and described in the lease for MA	
	ar) or any other nominal sum.	t the end of the le	ease term of acquiring the	above property described in the lease for \$1	
		CERTIFIC	CATION		
	r penalty of perjury under the loompanying statements or doc			oing and all information hereon, including any y knowledge and belief.	
SIGNATURE OF PERSON MAKING	CLAIM			DATE	
NAME OF PERSON MAKING CLAIM				TITLE	
EMAIL ADDRESS				DAYTIME TELEPHONE	
LIVIALADDINESS				/	

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