EF-270-AH-R05-0810-03000421-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

ADDRESS (STREET, CITY, STATE, ZIP CODE)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

Assessor of Amador County 810 Court Street Jackson, CA 95642

James B Rooney

Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

| ADDRESS OF EXHIBITION (STREE | ET, BOOTH, ETC.; BE SPECIFIC)  |                    |                               |                                |
|------------------------------|--|--------------------|-------------------------------|--------------------------------|
|                              | LIST ALL PERSONAL  | PROPERTY FOR WHICH | EXEMPTION IS CLAIMED          |                                |
| DESCRIPTION                  | DATE ENTERED CALIFORNIA  | DATE TAXES PAID    | AMOUNT OF TAXES PAID          | STATE OR COUNTRY IN WHICH PAID |
| 1.                           |  |                    |                               |                                |
| 2.                           |  |                    |                               |                                |
| 3.                           |  |                    |                               |                                |
| 4.                           |  |                    |                               |                                |
| 5.                           |  |                    |                               |                                |
| hereby state that:           |  |                    |                               |                                |
| (c) The property             | nove the property from the stat is subject to taxation in some country have been paid. | •                  |                               | during normal                  |
| FOR A                        | SSESSOR'S USE ONLY   | NAME               | business nours for additional |                                |
|                              |  |                    |                               |                                |
| Denoised by                  |  | ADDRESS (ST        | REET, CITY, STATE, ZIP CODE)  |                                |
| Received by                  | (Assessor's designee)  |                    |                               |                                |
| of                           |  |                    |                               |                                |
|                              | (county or city)   | DAYTIME PHO        | NE NUMBER                     |                                |
| on                           | (date)   | E-MAIL ADDRE       | SS                            |                                |
|                              |  | CERTIFICATION      |                               |                                |
|                              | under penalty of perjury under to<br>companying statements or docum                    |                    |                               |                                |
| SIGNATURE OF PERSON MAKING   | CLAIM  | TITLE              |                               | DATE                           |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION