

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

| NAME OF TENANT/LESSEE/PERMITTEE | | | MAILING ADDRESS | | | |
|--|---------------|----------------|---|---|--|--|
| | | | | | | |
| LOCATION/DESCRIPTION OF SUBJECT PROPERTY | | | DATE O | DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | | |
| | | | | | | |
| TYPE OF TRANSACTION (check one) | | | AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) | | | |
| | | | | | | |
| TERM OF POSSESSORY INTEREST (including renewal or extension options) | | | AGENCY PAID EXPENSES (if any, enter dollar amount) | | | |
| | | | | | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | Λ | CONSIDERATION PAID FOR MASTER LEASE | | |
| | | | | | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | Λ | CONSIDERATION PAID FOR UNDERLYING LEASE | | |

| LOCATION/DESCRIPTION OF SUBJECT PROPERTY | | | DATE O | F TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | |
|--|--------------------------------|-----------------------|---|---|--|
| | | | AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) | | |
| | | | | | |
| TERM OF POSSESSOF | RY INTEREST (including renewal | or extension options) | AGENC | Y PAID EXPENSES (if any, enter dollar amount) | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | Λ | CONSIDERATION PAID FOR MASTER LEASE | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | Л | CONSIDERATION PAID FOR UNDERLYING LEASE | |

| | ENEWAL SUBLEASE | ASSIGNMENT | | |
|--|-----------------|----------------|--|---|
| TERM OF POSSESSORY INTEREST (including renewal or extension options) | | AGENC | AGENCY PAID EXPENSES (if any, enter dollar amount) | |
| | | | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR MASTER LEASE |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR UNDERLYING LEASE |

MAILING ADDRESS

IF THERE ARE NO TAXABLE POSSESSORY INTERESTS ON PROPERTY OWNED BY THIS AGENCY, CHECK HERE AND RETURN THE FORM TO THE ADDRESS SHOWN ABOVE PROPERTY USAGE

form with the Assessor by February 15. Report all taxable possessory interests occurring in the prior year even if they ended in the prior year. , AND SIGN, DATE,

T.

NAME OF TENANT/LESSEE/PERMITTEE

TYPE OF TRANSACTION (check one)

NAME OF TENANT/LESSEE/PERMITTEE

LOCATION/DESCRIPTION OF SUBJECT PROPERTY

Revenue and Taxation Code section 480.6 requires every state or local governmental entity that is the fee owner of real property in which one or more taxable possessory interests have been created or renewed to provide the assessor of the county in which the property is located information identifying the holders of a taxable possessory interest, the property involved, and the terms and conditions of the agreement giving rise to the taxable possessory interests. If your agency owns any property with taxable possessory interests, you are required to complete and file this

MAILING ADDRESS

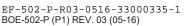
(Make necessary corrections to the printed name and mailing address)

Assessor-County Clerk-Recorder County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.rivcoacr.org/

Peter Aldana

DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED

AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other)





NAME AND MAILING ADDRESS



| | | PF | ROPEF | RTY USAGE | | |
|--|-------------------------------|-------------------------|---|---|--|--|
| NAME OF TENANT/LESSEE/PERMITTEE | | | MAILING ADDRESS | | | |
| LOCATION/DESCRIPTION OF SUBJECT PROPERTY | | | DATE O | DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | | |
| TYPE OF TRANSACTION (check one) CREATION RENEWAL SUBLEASE ASSIGNMENT | | | AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) | | | |
| TERM OF POSSESSO | RY INTEREST (including renewa | l or extension options) | AGENC | Y PAID EXPENSES (if any, enter dollar amount) | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | Λ | CONSIDERATION PAID FOR MASTER LEASE | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | Л | CONSIDERATION PAID FOR UNDERLYING LEASE | | |
| NAME OF TENANT/LE | SSEE/PERMITTEE | · | MAILING | GADDRESS | | |
| LOCATION/DESCRIPTION OF SUBJECT PROPERTY | | | DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | | | |
| TYPE OF TRANSACTION (check one) | | | AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) | | | |
| TERM OF POSSESSORY INTEREST (including renewal or extension options) | | | AGENCY PAID EXPENSES (if any, enter dollar amount) | | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | Λ | CONSIDERATION PAID FOR MASTER LEASE | | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | Л | CONSIDERATION PAID FOR UNDERLYING LEASE | | |
| NAME OF TENANT/LE | SSEE/PERMITTEE | | MAILING | MAILING ADDRESS | | |
| LOCATION/DESCRIPTION OF SUBJECT PROPERTY | | | DATE OF TRANSACTION IN WHICH A TAXABLE POSSESSORY INTEREST WAS ACQUIRED | | | |
| | | | | | | |

| TYPE OF TRANSACTION (check one) | | | AMOUNT AND TYPE OF CONSIDERATION (i.e. gross, full service, NNN, other) | | |
|--|---------------|----------------|---|---|--|
| | | | | | |
| TERM OF POSSESSORY INTEREST (including renewal or extension options) | | AGENC | AGENCY PAID EXPENSES (if any, enter dollar amount) | | |
| | | | | | |
| SUBLEASE | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR MASTER LEASE | |
| ASSIGNMENTS | ORIGINAL TERM | REMAINING TERM | 1 | CONSIDERATION PAID FOR UNDERLYING LEASE | |

CERTIFICATION

I certify (or declare) that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and covers any property required to be reported by the agency named in the statement. If prepared by a duly authorized person other than an agency official, the certification declaration is based on all the information of which the preparer has knowledge.

| SIGNATURE OF AGENCY REPRESENTATIVE/PREPARER | DATE |
|---|------------------------------|
| NAME OF AGENCY REPRESENTATIVE | TITLE |
| NAME OF PREPARER | TITLE |
| PREPARER'S EMAIL ADDRESS | DAYTIME TELEPHONE NUMBER () |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

