

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.

Madera County Assessment Appeals Board
 Attn: Clerk of the Board of Supervisors
 200 W. 4th Street, 4th Floor
 Madera, CA 93637
 Office: (559) 675-7700 www.maderacounty.com

RECEIVED

NOV 25 2024

MADERA COUNTY BOARD OF SUPERVISORS

A \$200.00 Hearing Fee (per Application) must be submitted at the time of filing. See attached "Information and Instructions for Assessment Appeal Application" for more information.

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
 LUCIDO FAMILY PTP (Caliber Collision as Lessee)

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
 2941 Lake Vista Drive

APPLICATION NUMBER: Clerk Use Only
 24R007

| | | | | | |
|--------------------|-------------|-------------------|-------------------|---------------------|---------------|
| CITY Lewisville | STATE TX | ZIP CODE 75067 | DAYTIME TELEPHONE | ALTERNATE TELEPHONE | FAX TELEPHONE |
|--------------------|-------------|-------------------|-------------------|---------------------|---------------|

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

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

COMPANY NAME
 Ryan, LLC

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

EMAIL ADDRESS
 PTSConsulting@ryan.com

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

| | | | | | |
|------------------|-------------|-------------------|-------------------------------------|---------------------|---------------|
| CITY Carlsbad | STATE CA | ZIP CODE 92018 | DAYTIME TELEPHONE (619) 574-2509 | 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. 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 |
|---|-------|------|

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 010-193-011-000 | ASSESSMENT NUMBER | FEE NUMBER |
| ACCOUNT NUMBER | TAX BILL NUMBER | |

PROPERTY ADDRESS OR LOCATION
 404 S Gateway Dr, Madera

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 | \$428,879 | \$214,440 | |
| IMPROVEMENTS/STRUCTURES | \$1,763,770 | \$881,885 | |
| FIXTURES | | | |
| PERSONAL PROPERTY (see instructions) | | | |
| MINERAL RIGHTS | | | |
| TREES & VINES | | | |
| OTHER | | | |
| TOTAL | \$2,192,649 | \$1,096,324 | |
| 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 (\$500.00 deposit plus actual costs per Application. See attached Information and Instructions.)


- 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) San Diego, CA | DATE 11/27/25 |
| NAME (Please Print) Jared Goodrich | | |
| FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1) <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 CORPORATE OFFICER OR DESIGNATED EMPLOYEE | | |

| County Use Only | County Use Only – Hearing Fee | County Use Only – Written Findings of Facts Deposit |
|--|---|---|
| Received by: <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Certified Mail | Rec'd: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order # | Rec'd: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order # |
| Hearing Fee Exempt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Check # 70323 | <input type="checkbox"/> Check # |
| Return to Applicant: <input type="checkbox"/> No Fee Rec'd <input type="checkbox"/> Needs Corrections | Receipt No: 630947 Dated: 01/27/25 | Receipt No: Dated: |

MADERA COUNTY 2024 - 2025 PROPERTY TAX BILL
TRACY KENNEDY TREASURER-TAX COLLECTOR
200 W. 4TH ST. 2ND FLOOR, MADERA CA 93637, PHONE 559-675-7713
SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2024 - JUNE 30, 2025

| PROPERTY INFORMATION | | IMPORTANT MESSAGES | |
|----------------------|--------------------------------|--------------------|--------|
| ASMT NUMBER: | 010-193-011-000 | TAX RATE AREA: | 002040 |
| ORIG ASMT: | 010-193-011-000 | ACRES: | 0.78 |
| FEE NUMBER: | 010-193-011-000 | | |
| LOCATION: | HUGHES ADDITION BLK 3 LOTS 1-8 | | |

Original bill date 09/04/2024

516 VILLA AVE STE 9
CLOVIS CA 93612

2024-2025

| COUNTY VALUES, EXEMPTIONS, AND TAXES | | | | |
|--------------------------------------|-------------------------|-------|---------|-------------|
| PHONE # | DESCRIPTION | PRIOR | CURRENT | BILLED |
| (Land) 559-675-7710 | LAND | 0 | 428879 | 428879 |
| (Fixed Improvements) 559-675- | | 0 | 0 | 0 |
| (Growing) 559-675-7710 | | 0 | 0 | 0 |
| (Structural Imprv) 559-675-77 | STRUCTURAL IMPROVEMENTS | 0 | 1763770 | 1763770 |
| (Personal property) 559-675-7 | | 0 | 0 | 0 |
| (MHPP) 559-675-7710 | | 0 | 0 | 0 |
| (Exemptions) 559-675-7710 | | 0 | 0 | 0 |
| | | 0 | 0 | 0 |
| NET TAXABLE VALUE | | | | 2192649 |
| VALUES X TAX RATE PER \$100 1.000000 | | | | \$21,926.48 |

DUPLICATE COPY

| VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES | | | | | | | | |
|--|----------------------------|---------------------|----------------|-------------|----------------|---------|-------------|-----------|
| PHONE # | CODE | DESCRIPTION | ASSESSED VALUE | X | TAX RATE / 100 | = | TAX AMOUNT | |
| | 14910 | MADERA UNIFIED 2005 | 2192649 | | 0.029142 | | \$638.98 | |
| | 14911 | MADERA UNIFIED 2006 | 2192649 | | 0.004076 | | \$89.36 | |
| | 14912 | MADERA UNIFIED 2007 | 2192649 | | 0.027058 | | \$593.28 | |
| | 14916 | MADERA UNIFIED 2016 | 2192649 | | 0.001696 | | \$37.18 | |
| | 14917 | MADERA UNIFIED 2017 | 2192649 | | 0.033178 | | \$727.46 | |
| | 14918 | MADERA UNIFIED 2019 | 2192649 | | 0.013422 | | \$294.28 | |
| | 14919 | MADERA UNIFIED 2020 | 2192649 | | 0.012547 | | \$275.10 | |
| | 14920 | MADERA UNIFIED 2022 | 2192649 | | 0.012333 | | \$270.40 | |
| PHONE # | DESCRIPTION | DIR CHRGR | PHONE # | DESCRIPTION | DIR CHRGR | PHONE # | DESCRIPTION | DIR CHRGR |
| (559) 673-3514 | Madera Irrigation District | \$122.34 | | | | | | |

AGENCY TAXES \$3,854.10
 DIRECT CHARGES \$122.34
 FEES \$0.00
 PENALTY & COST \$0.00
 AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES \$3,976.44

| | | |
|---|---|----------------------------|
| 1st INSTALLMENT \$12,951.46 PAID ON 09/19/2024 | 2nd INSTALLMENT \$12,951.46 PAID ON 09/19/2024 | TOTAL TAXES \$25,902.92 |
|---|---|----------------------------|

MADERA COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB

ASMT NUMBER: 010-193-011-000 TAX YEAR: 2024
 ORIG ASMT: 010-193-011-000
 FEE NUMBER: 010-193-011-000
 LOCATION: HUGHES ADDITION BLK 3 LOTS 1-8

MAKE CHECK PAYABLE TO:
 Madera County Tax Collector
 200 W. 4th St. 2nd Floor
 Madera, CA 93637

516 VILLA AVE STE 9
CLOVIS CA 93612

2024-2025 2ND

PAID ON 09/19/2024 \$12,951.46

PAID

010193011000820248000012951460200001427660520248

CUT HERE

MADERA COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER: 010-193-011-000 TAX YEAR: 2024
 ORIG ASMT: 010-193-011-000
 FEE NUMBER: 010-193-011-000
 LOCATION: HUGHES ADDITION BLK 3 LOTS 1-8

MAKE CHECK PAYABLE TO:
 Madera County Tax Collector
 200 W. 4th St. 2nd Floor
 Madera, CA 93637

516 VILLA AVE STE 9
CLOVIS CA 93612

2024-2025 1ST

PAID ON 09/19/2024 \$12,951.46

PAID

010193011000820248000012951460100001424660220248

Ad-valorem Taxes

| Phone | Code | Description | Assessed Value | Tax Rate | Tax Amount |
|------------|-------|---------------------------|----------------|----------|------------|
| | 14921 | MADERA UNIFIED 2024 | 2192649 | 0.021923 | 480.6800 |
| 5596003491 | 16007 | ST CT COMM COLL 2015 REF | 2192649 | 0.003252 | 71.3000 |
| 5596003491 | 16008 | ST CT COMM COLL 2016 GO A | 2192649 | 0.001296 | 28.4000 |
| 5596003491 | 16009 | ST CT COMM COLL 2017 REF | 2192649 | 0.000234 | 5.1200 |
| 5596003491 | 16010 | ST CT COMM COLL 02 S18A | 2192649 | 0.002058 | 45.1200 |
| 5596003491 | 16011 | ST CT COMM COLL 2016 GO B | 2192649 | 0.004176 | 91.5800 |
| 5596003491 | 16012 | ST CT COMM COLL 2020 REF | 2192649 | 0.001320 | 28.9400 |
| 5596003491 | 16013 | ST CT COMM COLL 16 S22C | 2192649 | 0.008070 | 176.9400 |

CALIBER

RESTORING THE RHYTHM OF YOUR LIFE

LETTER OF AUTHORIZATION FOR PROPERTY TAX REPRESENTATION

Caliber Collision (as lessee)

Property Owner

010-193-011-000

Subject Property

Madera County, CA

Jurisdiction and State

2024

Year

This letter authorizes Ryan, 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 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:

Arroyos, Jessica, Jessica.Arroyos@ryan.com, (469).399.4105

A copy of any application or appeal attached to this authorization has been provided to the undersigned property owner. A facsimile or scanned image of a signature below shall constitute an original signing of this authorization and the document containing the original signature will be submitted upon request.

This authorization shall remain effective as long as permitted by law or until revoked in writing by the owner. The person signing below certifies that they are a duly appointed officer, representative or agent of the owner and that they have the legal capacity to execute this authorization.

Property Owner:

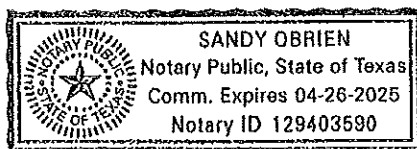
Signature

Printed Name

Date

Title

Sworn and subscribed before me this 30th day of January, 2024.



Notary Public

My commission expires: 04-26-2025



Stephanie Alyea
501 W Broadway
Suite 1300
San Diego, CA 92101
Tel (619) 574-2504
www.ryan.com

November 18, 2024

Certified Article Number

9414 7266 9904 2213 3626 11

VIA USPS Certified Mail:

SENDER'S RECORD

Madera County Assessment Appeals Board
Attn: Clerk of the Board of Supervisors
200 W. 4th Street, 4th Floor
Madera, CA 93637

Re: Assessment Appeal Application(s)

Dear Sir or Madam:

Enclosed please find an executed assessment appeal application(s).

Please contact me if any further information is needed.

Sincerely,

Stephanie Alyea | Senior Consultant, PTS - Commercial | Ryan, LLC | 619.410.1925 |
Stephanie.Alyea@Ryan.com

Innovative Solutions to Taxing Problems

VERIFIED MAIL



94J4 7266 9904 22J3 3626 JJ

Retail



93637

RDC 99

U.S. POSTAGE PAID
FCM LG ENV
SAN DIEGO, CA 92101
NOV 22, 2024

\$11.26

S2322T501172-77



501 West Broadway
Suite 1300
San Diego, California 92101

Madera County Assessment Appeals
Board
Attn: Clerk of the Board of Supervisors
200 W. 4th Street, 4th Floor
Madera, CA 93637

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NOV 25 2024
MADERA COUNTY
BOARD OF SUPERVISORS