

**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.**

**RECEIVED**  
 DEC 04 2024  
**MADERA COUNTY BOARD OF SUPERVISORS**

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

**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.**

**APPLICATION NUMBER: Clerk Use Only**  
24R021

**1. APPLICANT INFORMATION - PLEASE PRINT**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME  
 Yosemite Hotels II LLC

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)  
 100 Dunbar Street, Suite 402

CITY Spartanburg	STATE SC	ZIP CODE 29306	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

EMAIL ADDRESS  
 PTSConsulting@ryan.com

COMPANY NAME  
 Ryan, LLC

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  
 PO 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
[Signature]		

**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 064-042-031-000	ASSESSMENT NUMBER	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION  
 40780 Highway 41, Oakhurst

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	\$676,260	\$338,130	
IMPROVEMENTS/STRUCTURES	\$21,217,222	\$10,608,611	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
<b>TOTAL</b>	<b>\$21,893,482</b>	<b>\$10,946,741</b>	
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 11/29/24
--	--	------------------

NAME (Please Print)  
Jared Goodrich

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

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 # 64660	<input type="checkbox"/> Check #
Return to Applicant: <input type="checkbox"/> No Fee Rec'd <input type="checkbox"/> Needs Corrections	Receipt No: 644608    Dated: 01/28/25	Receipt No:    Dated:



**LETTER OF AUTHORIZATION  
FOR PROPERTY TAX REPRESENTATION**



Yosemite Hotels II LLC  
\_\_\_\_\_  
Property Owner  
064-042-031-000  
\_\_\_\_\_  
Subject Property  
Madera, CA  
\_\_\_\_\_  
Jurisdiction and State  
2024, 2025, 2026, 2027  
\_\_\_\_\_  
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, Jared Goodrich, P.O. Box 4549, Carlsbad CA 92018, (619) 574-2509, jared.goodrich@ryan.com**

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

Property Owner:

  
Signature Printed Name Date  
Charlotte King 10.28.24  
  
Title Phone Number  
864-316-7202

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:  Date: 10/31/24

P.O. Box 4549, Carlsbad CA, 92014

OTO Development

Oakhurst Yosemite - Fairfield Inn & Suites



Erick Mendoza  
501 W Broadway  
Suite 1300  
San Diego, CA 92101  
Tel (818) 792-7485  
www.ryan.com

December 2, 2024

Certified Article Number

9414 7266 9904 2213 8743 43

SENDER'S RECORD

VIA USPS Certified Mail:

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

RECEIVED  
DEC 04 2024  
MADERA COUNTY  
BOARD OF SUPERVISORS

**Re: Assessment Appeal Application(s)**

Dear Sir or Madam:

Enclosed please find executed assessment appeal applications along with their annual tax bills. We had received an earlier package of different Madera County appeal applications that were rejected for corrections regarding this issue so we are resending this package.

Please contact me if any further information is needed.

Sincerely,

Erick Mendoza | Consultant, PTS - Commercial | Ryan, LLC | 818.792.7485 |  
[Erick.Mendoza@Ryan.com](mailto:Erick.Mendoza@Ryan.com)

**Innovative Solutions to Taxing Problems**



9589 0710 5270 1520 4376 63

Retail



RDC 99

U.S. POSTAGE PAID  
FCM/EG ENV  
SAN DIEGO, CA 92101  
DEC 02, 2024



93637

\$8.28

S2322T501172-01



DEC 04 2024

MADERA COUNTY  
BOARD OF SUPERVISORS



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