

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. 4th Street, 4th Floor
 Madera, CA 93637
 Office: (559) 675-7700 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

24R023

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME

Thrifty Payless Inc (Rite Aid) as Lessee/Taxpayer

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

PO Box 3165

CITY Harrisburg	STATE PA	ZIP CODE 17105	DAYTIME TELEPHONE () () ()	ALTERNATE TELEPHONE () () ()	FAX TELEPHONE () () ()
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2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

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

Raher, Colin

COMPANY NAME
International Appraisal Company

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

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

1804 Garnet Ave, STE 557

CITY San Diego	STATE CA	ZIP CODE 92109	DAYTIME TELEPHONE (310) 4466202	ALTERNATE TELEPHONE () () ()	FAX TELEPHONE () () ()
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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
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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 001-136-018-000	ASSESSMENT NUMBER 925-000-031-000	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	
PROPERTY ADDRESS OR LOCATION 48 Robertson Blvd	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	2,585,994.00	2,100,000	
IMPROVEMENTS/STRUCTURES	4,005,831	3,000,000	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	6,591,825.00	5,100,000	
PENALTIES (amount or percent)			

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.)

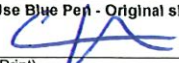
- Are requested. Are not requested.

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 2, 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 11/26/2024
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NAME (Please Print)
Colin Raher

- 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 # <u>251</u>	<input type="checkbox"/> Check #
Return to Applicant: <input type="checkbox"/> No Fee Rec'd <input type="checkbox"/> Needs Corrections	Receipt No: <u>644610</u> Dated: <u>01/28/25</u>	Receipt No: Dated:

LETTER OF AUTHORIZATION

Thrifty Payless Inc (Rite Aid) as Lessee/Taxpayer

PO Box 3165
Harrisburg, PA 17105-3165

does hereby appoint

International Appraisal Company
1804 Garnet Ave, STE 557
San Diego, CA 92109

310-4416-2202

As its duly appointed agent and representative in all matters relating to the 2024/2025 real estate assessment(s) with respect to the following parcels and assessments in Madera County

Address

48 Robertson Blvd, Chowchilla #05848-02

Parcel Number

001-136-018-000
925-000-031-000

Agent shall have access to all information and materials that would be available to the owner at the assessor's office and has full authority to sign and file assessment appeals to any board that conducts the review of property tax assessments. Agent is authorized to act in connection with the filed appeal, including the ability to enter into a stipulated agreement or withdrawing the appeal.

The authorization will end at the time when the assessment appeal application is withdrawn or reaches its conclusion through the assessment appeals process.
A copy of an application will be provided to the applicant.

Respectfully,

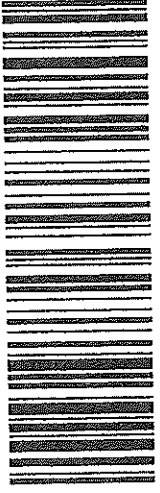
Signed



Title Sr. Real Estate Tax Analyst

Dated 11/24/2024

ational Appraisal Company
04 Garnet Ave, STE 557
San Diego, CA 92109



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MADERA COUNTY
BOARD OF SUPERVISORS

MADERA COUNTY ASSESSMENT APPEALS BOARD
ATTN: CLERK OF THE BOARD OF SUPERVISORS

200 W. 4TH STREET, 4TH FLOOR
MADERA, CA 93637

ATTNEY 304785
06.02.0
US POSTAGE
020-0900021070
2000120012
ZIP 92109
NOV 30 2024

PACIFIC BEACH 92111
NOV 30 2024
USPS