

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.

APPLICATION NUMBER: Clerk Use Only
 24R024

1. APPLICANT INFORMATION - PLEASE PRINT

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

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
 70 West Madison Suite 4400

CITY Chicago	STATE IL	ZIP CODE 60602	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)
 Tourchak, Pavel

COMPANY NAME
 Ryan LLC

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
 PO Box 460369 Dept 500

CITY Houston	STATE TX	ZIP CODE 77056	DAYTIME TELEPHONE (877) 746741	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	ASSESSMENT NUMBER 800-013-227-000	FEE NUMBER 009-270-039-000
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ACCOUNT NUMBER	TAX BILL NUMBER
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PROPERTY ADDRESS OR LOCATION 2300 INDUSTRIAL AVE	DOING BUSINESS AS (DBA), if appropriate
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PROPERTY TYPE **BUSINESS PERSONAL PROPERTY/FIXTURES**

SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX
 MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____
 COMMERCIAL/INDUSTRIAL
 AGRICULTURAL
 MANUFACTURED HOME
 WATER CRAFT
 OTHER: _____
 POSSESSORY INTEREST
 VACANT LAND
 AIRCRAFT

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND			
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)	49734	\$1 ..	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	49734	\$1 ..	
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 _____, 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) Dallas, TX	DATE 11/22/2024
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NAME (Please Print)
Jehosuah Flores

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 # 7512	<input type="checkbox"/> Check #
Return to Applicant: <input type="checkbox"/> No Fee Rec'd <input type="checkbox"/> Needs Corrections	Receipt No: 644617 Dated: 04/07/25	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
UNSECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2024 - JUNE 30, 2025

PROPERTY INFORMATION		IMPORTANT MESSAGES
ASMT NUMBER:	800-013-227-000 TAX RATE AREA: 002040	Original bill date 07/05/2024 Values include 10% penalty 2300 INDUSTRIAL AVE
ORIG ASMT:	800-013-227-000	
FEE NUMBER:	009-270-039-000	
LOCATION:	2300 INDUSTRIAL AVE	
2500 WESTFIELD DR STE 202 ELGIN IL 60124		

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
(Land) 559-675-7710		0	0	0
(Fixed Improvements) 559-675-7710		0	0	0
(Growing) 559-675-7710		0	0	0
(Structural Imprv) 559-675-7710		0	0	0
(Personal property) 559-675-7710	PERSONAL PROPERTY	0	49734	49734
(MH PP) 5		0	0	0
(Exemptions) 559-675-7710		0	0	0
		0	0	0
NET TAXABLE VALUE				49734
VALUES X TAX RATE PER \$100 1.000000				\$497.34

VOTER APPROVED TAXES, FEES AND OTHER CHARGES					
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE X	TAX RATE PER \$100 =	AGENCY TAXES
	14910	MADERA UNIFIED 2005	49734	0.028621	\$14.23
	14911	MADERA UNIFIED 2006	49734	0.004035	\$2.00
	14912	MADERA UNIFIED 2007	49734	0.031052	\$15.44
	14916	MADERA UNIFIED 2016	49734	0.001735	\$0.86
	14917	MADERA UNIFIED 2017	49734	0.032832	\$16.32
	14918	MADERA UNIFIED 2019	49734	0.011382	\$5.66
	14919	MADERA UNIFIED 2020	49734	0.014026	\$6.97
	14920	MADERA UNIFIED 2022	49734	0.026575	\$13.21

PHONE #S	DESCRIPTION	DIR CHR	PHONE #S	DESCRIPTION	DIR CHR	PHONE #S	DESCRIPTION	DIR CHR
PENALTY & COST			TOTAL AGENCY TAXES			\$85.06		
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST			TOTAL DIRECT CHARGES			\$0.00		
			AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES			\$85.06		
DUE BY AND DELINQUENT AFTER					TOTAL TAXES			
09/03/2024					\$582.40			
IMPORTANT INFORMATION REGARDING THIS UNSECURED TAX BILL								

THE LIEN DATE OWNER (ASSEESSEE AT 12:01 AM ON JANUARY 1) IS RESPONSIBLE FOR PAYMENT OF THIS TAX BILL.
 THE SALE OR DISPOSAL OF PROPERTY DOES NOT RELIEVE THE ASSESSEE OF THE OBLIGATION TO PAY TAXES.

IF THE TAXES REMAIN UNPAID AT 5:00 PM ON THE DUE DATE, A 10% PENALTY ATTACHES.

IF THE TAXES REMAIN UNPAID TWO MONTHS AFTER THE DUE DATE, AN ADDITIONAL 1.5% PENALTY ATTACHES ON THE FIRST OF EACH MONTH UNTIL THE TAXES ARE PAID IN FULL.

TO ENFORCE PAYMENT, THE LAW ALLOWS THE TAX COLLECTOR TO PURSUE COLLECTION ENFORCEMENT ACTIVITIES.
 THIS MAY INCLUDE THE FILING OF A CERTIFICATE OF LIEN OR THE SEIZURE AND SALE OF PERSONAL PROPERTY,
 IMPROVEMENTS OR POSSESSORY INTEREST OF THE ASSESSEE.

MADERA COUNTY UNSECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB			
ASMT NUMBER:	800-013-227-000	TAX YEAR:	2024
ORIG ASMT:	800-013-227-000	MAKE CHECK PAYABLE TO:	Madera County Tax Collector
FEE NUMBER:	009-270-039-000		200 W. 4th St. 2nd Floor
LOCATION:	2300 INDUSTRIAL AVE		Madera, CA 93637

2500 WESTFIELD DR STE 202
ELGIN IL 60124

1ST

IF PAID BY 09/03/2024 \$582.40

DELINQUENT AFTER 09/03/2024 (INCLUDES 10% PENALTY OF \$58.24 AND \$20.00 COST) \$660.64

800013227000220248000000582408100000066064420248

LETTER OF AUTHORIZATION FOR TAX REPRESENTATION

Letter serves as authorization for Ryan LLC and its affiliate Ryan Tax Compliance Services, L. C., to represent John Bean Technology Corporation and All Business Units. in its affairs concerning all property tax matters for all parcels listed on the attached document. This includes, but is not limited to, filing property renditions, signing and filing of appeals, examining all property tax records, representation before the assessor, boards of equalization or review, and/or any other governmental agency responsible for the assessment of property.

This agency shall remain in effect until written notice of termination is issued by

John Bean Technology Corporation & All Business Units
Ownership Entity


By: 
AUTHORIZED SIGNATURE

Kelley Young, Sr Mgr Indirect Tax
PRINT NAME, TITLE

Dated this 29th day of January, 2023.

I certify that the signature above is a true and correct signature provided as a duly appointed officer of the above referenced company. If a copy of this completed form is being submitted, I will produce the original form with original signature upon request. If a completed application for changed assessment attached to this authorization, I certify that a copy has been forwarded to the applicant named in this application.

Ryan, LLC and its affiliate Ryan Tax Compliance Services, LLC

By: 

Date: 01/01/2024

Site Name: All Sites
Jurisdiction: All Jurisdictions

9589 0710 5270 2280 3151 85
0822 0225 0710 5270 2280 3151 85

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

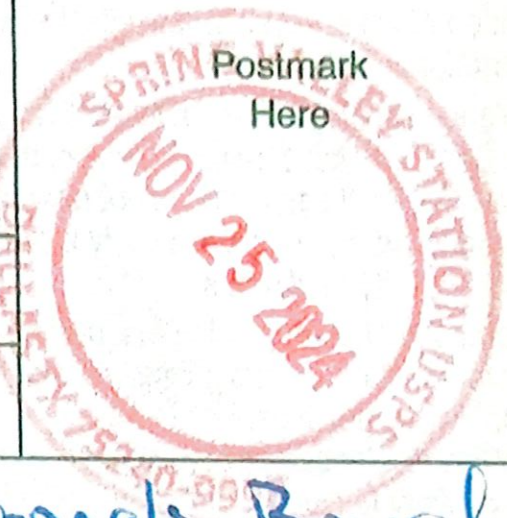
Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
\$

Total Postage and Fees
\$



Jehovah Flores

Sent To
Madera County Assmt. Appeals Board
Street and Apt. No., or PO Box No.
200 W. 4th Street 4th Floor
City, State, ZIP+4®
Madera, CA. 93637

CERTIFIED MAIL



9589 0710 5270 2280 3151 85

RECEIVED

DEC 04 2024

MADERA COUNTY BOARD OF SUPERVISORS

~~LA TTE~~

From: Ryan LLC - Star Team
40036a Dept. 500
P.O. Box 77056
Houston, TX.

First Class Mail
NEW SERVICE

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

USPS STAGE WITH FITNEY BOX
FIRST-CLASS
ZIP 75240 \$010.72
02 4W
0000381336 NOV. 25. 2024

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