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JAN 15 2021

WASHOE COUNTY ASSESSOR

Washoe County Board of Equalization

PETITION FOR REVIEW OF TAXABLE VALUATION

Submit this Petition Form no later than 5 p.m. of the date due. Most types of appeals must be filed no later than Janua...

Please Print or Type:

Part A. PROPERTY OWNER/ PETITIONER INFORMATION

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: Paradise Retail I LLC
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): CIRE Equity
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX): 530 B Street, Suite 2050
CITY: San Diego STATE: CA ZIP CODE: 92101

Table with 2 columns: APN, Appeal #. Rows include 031-012-28, 21-0070A, 031-012-29, 21-0070B, etc.

Part B. PROPERTY OWNER ENTITY DESCRIPTION

Check organization type which best describes the Property Owner if an entity and not a natural person. Natural persons may skip Part B.

- Checkboxes for Sole Proprietorship, Trust, Corporation, Limited Liability Company (LLC), General or Limited Partnership, Government or Governmental Agency, Other.

The organization described above was formed under the laws of the State of _____.

The organization described above is a non-profit organization. Yes No

Part C. RELATIONSHIP OF PETITIONER TO PROPERTY OWNER IN PART A

Check box which best describes the relationship of Petitioner to Property Owner: Additional information may be necessary.

- Checkboxes for Self, Trustee of Trust, Employee of Property Owner, Co-owner, partner, managing member, Officer of Company, Employee or Officer of Management Company, Employee, Officer, or Owner of Lessee of leasehold, etc.

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

Table with columns: ADDRESS, STREET/ROAD, CITY (IF APPLICABLE), COUNTY, Purchase Price, Purchase date.

2. Enter Applicable Assessor Parcel Number (APN) or Personal Property Account Number from assessment notice or tax bill:

Table with columns: ASSESSOR'S PARCEL NUMBER (APN), ACCOUNT NUMBER.

3. Does this appeal involve multiple parcels? Yes No List multiple parcels on a separate, letter-sized sheet.

Form with input fields for number of parcels and multiple parcel list status.

4. Check Property Use Type:

Form with checkboxes for Vacant Land, Residential Property, Multi-Family Residential Property, Possessory Interest in Real or Personal property, Mobile Home, Commercial Property, Agricultural Property, Mining Property, Industrial Property, Personal Property.

5. Check Year and Roll Type of Assessment being appealed:

Form with checkboxes for 2021-2022 Secured Roll, 2020-2021 Reopen, 2020-2021 Unsecured/Supplemental, 2020-2021 Exemption Value.

Part E. VALUE OF PROPERTY

Table with 3 columns: Property Type, Assessor's Taxable Value, Owner's Opinion of Value. Rows include Land, Buildings, Personal Property, Possessory Interest in real property, Exempt Value, Total.

Part F. TYPE OF APPEAL

Check box which best describes the authority of the County Board to take jurisdiction to hear the appeal.

- NRS 361.357: The full cash value of my property is less than the computed taxable value of the property.
- NRS 361.356: My property is assessed at a higher value than another property that has an identical use and a comparable location to my property.
- NRS 361.355: My property is overvalued because other property within the county is undervalued or not assessed, and I have attached the proof showing the owner, location, description and the taxable value of the undervalued property.
- NRS 361.155: I request a review of the Assessor's decision to deny my claim for exemption from property taxes.
- NRS 361A.280: The Assessor has determined my agricultural property has been converted to a higher use and deferred taxes are now due.
- NRS 361.769: My property has been assessed as property escaping taxation for this year and/or prior years.

Part G. WRITE A STATEMENT DESCRIBING THE FACTS AND/OR REASONS FOR YOUR APPEAL, REQUEST FOR REVIEW, OR COMPLAINT. (ATTACH A SEPARATE PAGE IF MORE ROOM IS NEEDED).

Current economic and market conditions support a lower value of the subject property.

VERIFICATION

I verify (or declare) under penalty of perjury under the laws of the State of Nevada 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 either (1) the person who owns or controls taxable property, or possesses in its entirety taxable property, or the lessee or user of a leasehold interest, possessory interest, beneficial interest or beneficial use, pursuant to NRS 361.334; or (2) I am a person employed by the Property Owner or an affiliate of the Property Owner and I am acting within the scope of my employment. If Part H below is completed, I further certify I have authorized each agent named therein to represent the Property Owner as stated and I have the authority to appoint each agent named in Part H

 Petitioner Signature

 Title

 Print Name of Signatory

 Date

Part H. AUTHORIZATION OF AGENT Complete this section only if an agent, including an attorney, has been appointed to represent the Property Owner/Petitioner in proceedings before the County Board.

I hereby authorize the agent whose name and contact information appears below to file a petition to the County Board of Equalization and to contest the value and/or exemption established for the properties named in Part D(2) of this Petition. I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the County Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part D(5) of this Petition.

List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.

Authorized Agent Contact Information:

| | | | | | |
|---|-------------|-------------------|--|------------------------|----------------------------|
| NAME OF AUTHORIZED AGENT: Wayne Tannenbaum | | | TITLE: Senior Manager, Real Property | | |
| AUTHORIZED AGENT COMPANY, IF APPLICABLE: Pivotal Tax Solutions | | | EMAIL ADDRESS: appeals@pivotaltax.com | | |
| MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 202 N Lindsay Road, Suite 201 | | | | | |
| CITY Mesa | STATE AZ | ZIP CODE 85213 | DAYTIME PHONE 480-634-6169 | ALTERNATE PHONE () | FAX NUMBER 480-615-0318 |

Authorized Agent must check each applicable statement and sign below.

- I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board.
- I verify (or declare) under penalty of perjury under the laws of the State of Nevada 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 I am the authorized agent with authority to petition the State Board subject to the requirements of NRS 361.362 and the limitations contained in the Agent Authorization Form to be separately submitted.



 Authorized Agent Signature

Senior Manager, Real Property

 Title

Wayne Tannenbaum

 Print Name of Signatory

1-13-21

 Date

- I hereby withdraw my appeal to the County Board of Equalization.

 Signature of Owner or Authorized Agent/Attorney

 Date

| Parcel Number | Address | City | County |
|----------------------|------------------|-------------|---------------|
| 031-012-28 | 2203 Oddie Blvd. | Sparks | Washoe |
| 031-012-29 | 0 Oddie Blvd. | Sparks | Washoe |
| 031-012-31 | 0 Oddie Blvd. | Sparks | Washoe |
| 031-012-35 | 2193 Oddie Blvd. | Sparks | Washoe |
| 031-012-36 | 2125 Oddie Blvd. | Sparks | Washoe |
| 031-012-37 | 2225 Oddie Blvd. | Sparks | Washoe |
| 031-012-39 | 2229 Oddie Blvd. | Sparks | Washoe |
| 031-012-40 | 2267 Oddie Blvd. | Sparks | Washoe |
| 031-012-41 | 2275 Oddie Blvd. | Sparks | Washoe |
| 031-012-42 | 2131 Oddie Blvd | Sparks | Washoe |
| 031-012-43 | 2105 Oddie Blvd | Sparks | Washoe |

Washoe County Board of Equalization

Agent Authorization Form

If you have questions about this form or the appeal process, please call: (775) 328-2277

Please Print or Type:

Part A. PROPERTY OWNER AND CONTACT INFORMATION OF PERSON GRANTING AUTHORITY TO AGENT

| | | | | | |
|--|--------------------|--------------------------|----------------------|------------------------------------|-------------------|
| NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: Paradise Retail I LLC & Sparks Retail Associates LLC (CIRE Equity) | | | | | |
| NAME OF PERSON GRANTING AUTHORITY TO AGENT (IF DIFFERENT THAN PROPERTY OWNER): Joshua Volen | | | | TITLE Co-Managing Member | |
| MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) 530 B Street, Ste 2050 | | | | EMAIL ADDRESS: | |
| CITY San Diego | STATE CA | ZIP CODE 92101 | DAYTIME PHONE () | ALTERNATE PHONE () | FAX NUMBER () |

Part B. PROPERTY OWNER INFORMATION

Check organization type which best describes the Property Owner if not a natural person: Natural persons may skip Part B.

- Sole Proprietorship Trust Corporation
 Limited Liability Company (LLC) General or Limited Partnersh Government or Governmental Agency
 Other, please describe: _____

The organization described above was formed under the laws of the State of _____

The organization described above is a non-profit organization. Yes No

Part C. RELATIONSHIP OF PERSON GRANTING AUTHORITY TO AGENT TO PROPERTY OWNER

Check box which best describes the relationship of Petitioner to Property Owner: Additional information may be necessary.

- Self Trustee of Trust Employee of Property Owner Officer of Company
 Co-owner, partner, managing

Employee or Officer of Management Company

- Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property
 Other, please describe: _____

Part D. PROPERTY SUBJECT TO THIS AGENT AUTHORIZATION:

Enter Applicable Number from assessment notice or tax bill:

| | | |
|--------------------------------|----------------|--------------------------------|
| ASSESSOR'S PARCEL NUMBER (APN) | ACCOUNT NUMBER | PROPERTY IDENTIFICATION NUMBER |
|--------------------------------|----------------|--------------------------------|

Multiple parcel list attached. (Use letter-size paper)

Part E. YEAR AND ROLL TYPE OF ASSESSMENT BEING APPEALED:

- 2021-2022 Secured Roll 2020-2021 Reopen Roll 2020-2021 Unsecured Roll 2020-2021 Supplemental Roll

Other years being appealed: _____

Be prepared to cite the legal authority, if any, that permits the County Board to consider appeals of taxable value from prior years.

Part F. AUTHORIZATION OF AGENT

I hereby authorize the agent whose name and contact information appears below to file a petition to the Washoe County Board of Equalization and to contest the value and/or exemption established for the properties named in Part D of this Agent Authorization.

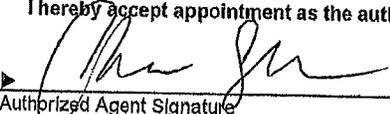
I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the Washoe County Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part E of this document.

List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.

Authorized Agent Contact Information:

| | | | | | | |
|--|--------------------|---|----------------------|------------------------|-------------------|--|
| NAME OF AUTHORIZED AGENT: Christopher Glidewell | | TITLE: Principal, Property Tax | | | | |
| AUTHORIZED AGENT COMPANY, IF APPLICABLE: Pivotal Tax Solutions | | EMAIL ADDRESS: appeals@pivotaltax.com | | | | |
| MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 202 N. Lindsay Rd., Suite 200 | | | | | | |
| CITY Mesa | STATE AZ | ZIP CODE 85213 | DAYTIME PHONE () | ALTERNATE PHONE () | FAX NUMBER () | |

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board of Equalization.


 Authorized Agent Signature _____ Title Principal, Property Tax Date 1/15/21

Authorized Agent Contact Information:

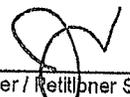
| | | | | | | |
|--|--------------------|---|----------------------|------------------------|-------------------|--|
| NAME OF AUTHORIZED AGENT: Wayne Tannenbaum | | TITLE: Senior Manager | | | | |
| AUTHORIZED AGENT COMPANY, IF APPLICABLE: Pivotal Tax Solutions | | EMAIL ADDRESS: appeals@pivotaltax.com | | | | |
| MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 202 N. Lindsay Rd., Suite 201 | | | | | | |
| CITY Mesa | STATE AZ | ZIP CODE 85213 | DAYTIME PHONE () | ALTERNATE PHONE () | FAX NUMBER () | |

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board of Equalization.


 Authorized Agent Signature _____ Title Senior Manager Date 1-15-21

VERIFICATION

I verify (or declare) under penalty of perjury under the laws of the State of Nevada 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 either (1) the person who owns or controls taxable property, or possesses in its entirety taxable property, or the lessee or user of a leasehold interest, possessory interest, beneficial interest or beneficial use, pursuant to NRS 361.334; or (2) I am a person employed by the Property Owner or an affiliate of the Property Owner and I am acting within the scope of my employment. I further certify I have authorized each agent named herein to represent the Property Owner as stated and I have the authority to appoint each agent named herein.


 Property Owner / Petitioner Signature _____ Title OWNER Date 1/15/2021

For clerk use only

Pivotal Tax Solutions, LLC

Agency Authorization for Calendar Year 2021 and Prior

Schedule A

These properties are Owned, Occupied, and/or Controlled by Client.

| State | Assessor | Account | Address | Owner Name |
|-------|----------|------------|--------------------|------------------------------|
| NV | Washoe | 031-012-27 | 2289 Oddie Blvd. | Paradise Retail I LLC |
| NV | Washoe | 031-012-28 | 2203 Oddie Blvd. | Paradise Retail I LLC |
| NV | Washoe | 031-012-29 | 0 Oddie Blvd. | Paradise Retail I LLC |
| NV | Washoe | 031-012-31 | 0 Oddie Blvd. | Paradise Retail I LLC |
| NV | Washoe | 031-012-35 | 2193 Oddie Blvd. | Paradise Retail I LLC |
| NV | Washoe | 031-012-36 | 2125 Oddie Blvd. | Paradise Retail I LLC |
| NV | Washoe | 031-012-37 | 2225 Oddie Blvd. | Paradise Retail I LLC |
| NV | Washoe | 031-012-39 | 2229 Oddie Blvd. | Paradise Retail I LLC |
| NV | Washoe | 031-012-40 | 2267 Oddie Blvd. | Paradise Retail I LLC |
| NV | Washoe | 031-012-41 | 2275 Oddie Blvd. | Paradise Retail I LLC |
| NV | Washoe | 031-012-42 | 2131 Oddie Blvd | Paradise Retail I LLC |
| NV | Washoe | 031-012-43 | 2105 Oddie Blvd | Paradise Retail I LLC |
| NV | Washoe | 510-082-42 | 4885 Galleria Pkwy | Sparks Retail Associates LLC |
| NV | Washoe | 510-083-03 | 255 Disc Dr. | Sparks Retail Associates LLC |
| NV | Washoe | 510-083-04 | 0 Disc Dr. | Sparks Retail Associates LLC |
| NV | Washoe | 510-083-08 | 175 Disc Dr. | Sparks Retail Associates LLC |
| NV | Washoe | 510-083-09 | 125 Disc Dr. | Sparks Retail Associates LLC |
| NV | Washoe | 510-481-04 | 4711 Galleria Pkwy | Sparks Retail Associates LLC |
| NV | Washoe | 510-481-08 | 4751 Galleria Pkwy | Sparks Retail Associates LLC |
| NV | Washoe | 510-482-01 | 200 Disc Dr | Sparks Retail Associates LLC |
| NV | Washoe | 510-482-02 | 180 Disc Dr | Sparks Retail Associates LLC |
| NV | Washoe | 510-482-07 | 4760 Galleria Pkwy | Sparks Retail Associates LLC |
| NV | Washoe | 510-483-01 | 151 Disc Dr. | Sparks Retail Associates LLC |
| NV | Washoe | 510-483-02 | 171 Disc Dr. | Sparks Retail Associates LLC |
| NV | Washoe | 510-483-03 | 191 Disc Dr | Sparks Retail Associates LLC |