

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).

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

Donna Sanders
Petitioner Signature
DONNA SANDERS
Print Name of Signatory

SR Tax Mgr
Title
1-15-2021
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: <u>Donna Sanders</u>			TITLE: <u>SR Tax Mgr</u>		
AUTHORIZED AGENT COMPANY, IF APPLICABLE: <u>Walmart Inc</u>			EMAIL ADDRESS: <u>donna.sanders@walmart.com</u>		
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) <u>PO Box 8050</u>					
CITY <u>Bentonville</u>	STATE <u>AR</u>	ZIP CODE <u>72712</u>	DAYTIME PHONE <u>(1) 479-256-</u>	ALTERNATE PHONE <u>9139</u>	FAX NUMBER <u>()</u>

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.

Donna Sanders
Authorized Agent Signature
DONNA SANDER
Print Name of Signatory

SR Tax Mgr
Title
1-15-2021
Date

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

Signature of Owner or Authorized Agent/Attorney _____ Date _____

Washoe County appeals 2021

Property N	Parcel Number	Property Type	County	Address	City	Owner / Landlord
US03254	039-051-08	SUPERCENTER	Washoe County	5260 W 7th ST	RENO	WAL-MART STORES INC
US03729	510-381-01	SUPERCENTER	Washoe County	05065 PYRAMID WAY	SPARKS	WAL-MART REAL ESTATE BUSINESS TRUST
US02189	024-055-53	SUPERCENTER	Washoe County	4855 KIETZKE LANE	RENO (S)	WAL-MART REAL ESTATE BUSSINESS TRUST

Tax Department

Wayne Hamilton
Vice President, Specialty Tax

2608 SE J Street, Suite 2
Bentonville, AR 72716

To whom it may concern:

I hereby authorize the following associates to represent Walmart, Inc. and Sam's Club, Inc. in all matters relating to real estate and business personal property tax and assessment. These employees are granted the authority to make any changes necessary with the taxing jurisdictions, including mailing addresses for tax bills and notices.

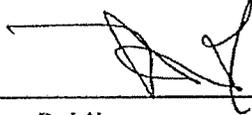
Authorized Walmart Employees include:

Rick Allen, Andrew Anderson, Brandon Caplena, Briann Waller, Dawn Griggs, Donna Sanders, Fred Combs, Jerry Aucoin, Jessica Oberle, Kyle Kennett, Michael Fenton, Ryan Ball, Sean Krohn, Sheryl Williams, Stanley Johnson, Tami King, Tatiana Polydore, Tyler Wade, and Harley Jarvis.

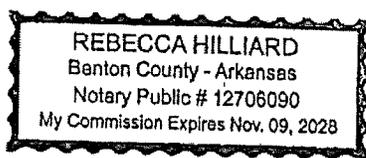
Signed by:  Date: 9/25/2020
Wayne Hamilton,
Vice President

On this the 25th day of September, 2020, before me, Rebecca Hilliard the undersigned notary public within and for the County of Benton and the State of Arkansas, personally appeared Wayne Hamilton who acknowledged to me that this certificate of authority was executed for the purpose herein expressed.

In witness where of I hereunto set my hand and official seal.


Notary Public

My commission expires Nov 9, 2028



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: <i>Walmart Stores Inc + Real Estate Business Trust</i>						
NAME OF PERSON GRANTING AUTHORITY TO AGENT (IF DIFFERENT THAN PROPERTY OWNER): <i>Wayne Hamilton</i>					TITLE <i>VP Tax</i>	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) <i>PO Box 8050</i>					EMAIL ADDRESS: <i>donna.sanders@walmart.com</i>	
CITY <i>Bentonville</i>	STATE <i>AR</i>	ZIP CODE <i>72712</i>	DAYTIME PHONE <i>479-256-9139</i>	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 Partnership 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
 Co-owner, partner, managing member Officer of Company
 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 Clark County Board of Equalization and to contest the value and/or exemption established for the properties named in Part D of this Agent Authorization.

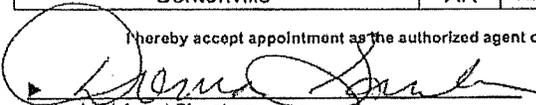
I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the Clark County Board of Equalization. This authorization is limited to the appeal of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

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: Donna Sanders			TITLE: Sr Property Tax Manager			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: Walmart Inc			EMAIL ADDRESS: donna.sanders@walmart.com			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) PO Box 8050						
CITY Bentonville	STATE AR	ZIP CODE 72712-0555	DAYTIME PHONE 479-204-7475	ALTERNATE PHONE 479-256-9139	FAX NUMBER na	

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

 Sr Property Tax Manager
 Authorized Agent Signature Title Date 1-13-2021

Authorized Agent Contact Information:

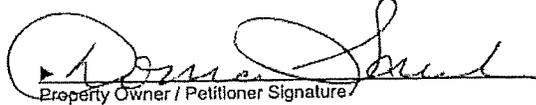
NAME OF AUTHORIZED AGENT:			TITLE:			
AUTHORIZED AGENT COMPANY, IF APPLICABLE:			EMAIL ADDRESS:			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX)						
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER	

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

 Authorized Agent Signature Title Date

CERTIFICATION

I certify (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 the agent named herein to represent the Property Owner as stated and I have the authority to appoint the authorized agent named herein.

 Sr Property Tax Manager
 Property Owner / Petitioner Signature Title Date 1-13-2021

Donna Sanders
 Print Name of Owner/Petitioner