EF-270-AH-R05-0810-19000124-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

Los Angeles County Assessor 500 W Temple ST Los Angeles, CA 90012-2770

Ms. Sharon Moeller

Phone: (213) 974-3341

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

| NAME OF EXHIBITOR | | | | |
|--|-------------------------------|-----------------------------------|--|--------------------------------|
| ADDRESS (STREET, CITY, STATE, ZIF | CODE) | | | |
| ADDRESS OF EXHIBITION (STREET, | | PROPERTY FOR WHICH EX | EMPTION IS CLAIMED | Λ |
| DESCRIPTION | DATE ENTERED CALIFORNIA | DATE TAXES PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | _ |
| 4. | | VII | | |
| 5. | | | | |
| state; (b) I intend to remove (c) The property is some other state or continuous continu | ve the property from the stat | e following its use or exhibitory | is state and is used only for to bition here; untry while in this state, and Whom should we contact do usiness hours for additiona | all current taxes due in the |
| - CAVAGE | , 1000 K 0 001 0K1 | ADDRESS (STREE | ET, CITY, STATE, ZIP CODE) | |
| | (Assessor's designee) | | | |
| of | | DAYTIME PHONE () E-MAIL ADDRESS | DAYTIME PHONE NUMBER () E-MAIL ADDRESS | |
| 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. | | | | |
| SIGNATURE OF PERSON MAKING CL | AIM | TITLE | | DATE |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

