EF-270-AH-R05-0810-34000394-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720

SACRAMENTO COUNTY ASSESSOR

CHRISTINA WYNN

FAX (916) 854-9181 https://assessor.saccounty.gov

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, Z | IP CODE) | | | | |
| ADDRESS OF EXHIBITION (STREET | <i>T </i> | PROPERTY FOR WHICH EX | EMPTION IS CLAIMED | Δ | |
| DESCRIPTION | DATE ENTERED CALIFORNIA | DATE TAXES PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID | |
| 1. | | | | | |
| 2.3.4. | SA | MF | PLE | | |
| 5. | | | | | |
| state; (b) I intend to remo (c) The property is other state or c | ry, scientific, educational, religions to the property from the state subject to taxation in some country have been paid. | e following its use or exhib other state or a foreign cou | vition here; | all current taxes due in the | |
| | | ADDRESS (STREE | T, CITY, STATE, ZIP CODE) | | |
| Received by | | DAYTIME PHONE I () 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 C | CLAIM | TITLE | | DATE | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

