	Kenneth L. Brown
EF-264-AH-R13-0522-52000122-1	County of Tehama Assessor
BOE-264-AH (P1) REV. 13 (05-22)	444 Oak Street - Room B P. O. Box 428
COLLEGE EXEMPTION CLAIM	Red Bluff, CA 96080
This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")	(530) 527-5931 Fax (530) 529-4019
This claim must be filed by 5:00 p.m., February 15.	
CLAIMANT NAME AND MAILING ADDRESS	FOR ASSESSOR'S USE ONLY
(Make necessary corrections to the printed name and mailing address)	□ Received by
	(Assessor's designee)
	of (county or city)
	(county of only)
L	(date)
If you no longer seek an exemption at this location, check here [Sign and return this form to the Assessor. Date vacated:
NAME OF CLAIMANT	C / C / C
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE	
ADDRESS (Street, City, County, State, Zip Code)	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)	
Claimant is: Owner and operator Owner only	
and claims exemption on all Land Buildings and	improvements and/or Personal property
2. Does the above institution qualify as a college or seminary of I	learning under the laws of the State of California?
3. Is the institution conducted as a non-profit entity?	
YES NO	
4. Does the institution require for regular admission the completion YES NO	ion of a four-year high school course or its equivalent?
5. Does the institution conferunon its graduates at least one acad	demic or professional degree, based on a course of at least two years in liberal arts
	sional studies, such as law, theology, education, medicine, dentistry, engineering
YES NO	
6. Is the property for which the exemption is claimed used exclusion	isively for the purposes of education?
YES NO	
7 List all buildings and athen improve ante for which accounting	

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

-264-AH-R13-0522-52000122 BOE-264-AH (P2) REV. 13 (05-22)	-2			
	enced and/or been completed on this parc ′ES , please explain:	el since 12:01 a.m., January 1 of last ye	ear?	
as defined in section 512 of YES NO If YES , a copy of the instit	thereof, for which an exemption is claimed the Internal Revenue Code? ution's most recent tax return filed with the ning a ratio of the unrelated business taxa	e Internal Revenue Service must accom	pany this claim. Property taxes,	
	ed above been used for business purpose ′ES , please explain:	s other than a student bookstore?		
11. If any business is operated	by someone other than the college, attac	a copy of the lease or other agreemen	t./Please explain:	
YES NO If YES , list on a separate property listed is not used	property being leased or rented from some sheet the name and address of the owner exclusively for educational purposes at and address of the owner.	er and the type, make, model, and seria		
The benefit of a property ta Taxation Code.	ax exemption must inure to the lessee inst ADDITIONAL REQUIR	$\mathbf{N}(\mathbf{)}$	ection 202.2 of the Revenue and	
substituted.Attach a separate degree.	page showing the requirements for adn page, or current catalog, listing the degree e financial statem <mark>ent</mark> s (balance sheet and	s conferred upon the graduates and the	requirements for each	
Whor	n should we contact during normal b	usiness hours for additional inform	ation?	
NAME		TITL	E	
DAYTIME TELEPHONE	EMAIL ADDRESS			
CERTIFICATION				
L certify (or declare) under penalty of periury under the laws of the State of California that the foregoing and all information bereon including any				

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 CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

