TEHAMA COUNTY BOARD OF EQUALIZATION P. O. BOX 250

RED BLUFF, CA 96080

Phone (530)527-3287 Fax (530)527-1745

Date: April 10, 2025

Belle Mill Property Owners, LLC 5743 Corsa Ave. Suite 215 Westlake Village, CA 91362

Dear Belle Mill Property Owners:

Enclosed you will find the Hearing Confirmation Notice Form including Withdrawal Form. Please complete the form and return to this office.

You may return the hearing confirmation notice or withdrawal form to the Tehama County Board of Equalization, P. O. Box 250, Red Bluff, CA 96080. Should you have any questions or need further information, please call this office at (530) 527-3287.

Please note you are required to appear in person as stated in the Hearing Confirmation Notice.

Sincerely,

Sean Houghtby, Clerk of the Tehama County Board of Equalization

Deputy

TEHAMA COUNTY BOARD OF EQUALIZATION P. O. BOX 250

RED BLUFF, CA 96080 Phone (530)527-3287 Fax (530)527-1745

Date: April 10, 2025

Attn: Tiffany Barrett Pivotal Tax Solutions 1550 E. McKellips Rd. Suite 123 Mesa, AZ 85203

Dear Pivotal Tax Solutions:

Enclosed you will find the Hearing Confirmation Notice Form including Withdrawal Form. Please complete the form and return to this office.

You may return the hearing confirmation notice or withdrawal form to the Tehama County Board of Equalization, P. O. Box 250, Red Bluff, CA 96080. Should you have any questions or need further information, please call this office at (530) 527-3287.

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TEHAMA COUNTY BOARD OF EQUALIZATION P. O. BOX 250

RED BLUFF, CA 96080

Phone (530)527-3287 Fax (530)527-1745

Date: April 10, 2025

Attn: Christopher and Austin Glidewell and Wayne Tannenbaum Pivotal Tax Solutions 202 N. Lindsay Rd., Suite 201 Mesa, AZ 85213

Dear Pivotal Tax Solutions:

Enclosed you will find the Hearing Confirmation Notice Form including Withdrawal Form. Please complete the form and return to this office.

You may return the hearing confirmation notice or withdrawal form to the Tehama County Board of Equalization, P. O. Box 250, Red Bluff, CA 96080. Should you have any questions or need further information, please call this office at (530) 527-3287.

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Sincerely,

Sean Houghtby, Clerk of the Tehama County Board of Equalization

Deputy

BOE-305-CN REV. 01 (09-10)

HEARING DATE CONFIRMATION NOTICE

This confirmation notice must be returned not less than 21 days prior to the indicated hearing date. Mail or fax to the Clerk of the Board at the address shown.

HEARING DATE AND TIME*	APPLICATION NUMBER(S)
August 5, 2025 at 1:30pm	9-2023 A-B
HEARING LOCATION	
Tehama County Adminstration, Board of Chambers, 727 Oak Street,	Red Bluff CA 96080
PARCEL OR ASSESSMENT NUMBER(S) 041-430-020-000 & 041-430-021-000	APPLICANT
	Belle Mill Property Owner, LLC
* SEVERAL APPLICATIONS MAY BE SET FOR HEARING AT THE SAME TIME, AND EACH WILL BE CON	
✓ Check one of the boxes	below.
I will be present on the scheduled hearing date.	
Please bring copies of any evidence you wish to present to the	Assessment Appeals Board.
I request my right to a one-time postponement of my hearing to another please contact the Clerk of the Board at ()	er hearing date. To schedule your hearing for a future date,
I understand that if this is not my first postponement request, I must appear and give reasonable cause to the appeals board. It is the sole discretion be prepared to proceed with the hearing as scheduled.	r at the scheduled hearing to request another postponement of the board to grant or deny this request. If denied, I must
If you are requesting a postponement and the date of the currently solution two-year limitations period set by Revenue and Taxation Code section 1 305-W) to indefinitely extend and toll the period in which your appeal is	604(c), the Clerk will provide you with a waiver (form BOE
I wish to withdraw my application. Withdrawals are final and will conclude hearing is not required.)	le any further action on the appeal. (Your attendance at the
I understand that my withdrawal may only be granted if the assessor has recommend an increase in the assessed value of the property. Additional even though the Assessor and applicant may have agreed to withdraward.	ally, the county Board can decide to review an assessment
I have signed a stipulation with the assessor's office. (Your attendance	at the hearing is not required.)
In order to ensure proper scheduling of assessment appeals hearings, ye days prior to the date of your hearing. Failure to return this confirmation agenda on the scheduled date. Failure to appear at the scheduled hearin your application being abandoned and denied for lack of appearance un	notice may result in your case being removed from the g by you or an authorized representative may result in less you have requested a postponement.
I certify under penalty of perjury that I am the owner, or person a above referenced pro	nuthorized to sign on behalf of the owner, of the perty.
SIGNATURE	DATE
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS
FILING STATUS	
OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PA	APTAIED CHILD COARSES CO
CALIFORNIA ATTORNEY, STATE BAR NUMBER:	ARTNER CHILD PARENT PERSON AFFECTED CORPORATE OFFICER OR DESIGNATED EMPLOYEE

BOE-305-WD REV. 02 (07-15)

ASSESSMENT APPEAL WITHDRAWAL

 $\mbox{\it Mail}\,$ or fax the completed form to the Clerk of the Board at the address shown.

APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT		AITTAILETT			Allon		LUEADINO DATE IS A STATE
Belle Mill Propery Owner, LLC							HEARING DATE if applicable 08/5/25
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P	O. BOX)					EMAIL ADDRESS	
5743 Corsa Avenue, Suite 215		_	-				
Westlake Village	CA	91362	()	ALTERI ()	FAX TELEPHONE ()
I no longer wish to pursue an assessmethat the Assessment Appeal Application			roperty	, or propertie	s, indicat	ted below and	I hereby request
APPLICATION NUMBER	-			PARCEL, ACCOUNT		NUMBER	
09-2023 A				041-430-020			
APPLICATION NUMBER 09-2023 B				PARCEL, ACCOUNT 041-430-02		NUMBER	
APPLICATION NUMBER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PARCEL, ACCOUNT	- 10000	NUMBER	
An Assessment Appeal Application may							
this request, unless the Assessor has the assessed value of the property. A the Assessor and applicant may have a	dditior greed	nally, the cou to withdraw	unty B the ap	oard can ded peal.	ide to re	eview an ass	essment even though
Withdrawals are final and will conclude	any fu			• •	nditiona	l withdrawals	will be accepted.
		CERT	TIFICA	TION			
I certify that I am authorized to tra				ing to the abo eal Applicatio		g, including t	his withdrawal of
SIGNATURE					DATE	***	
PRINT WAYS OF HUTUODIZED CIONED					7171.5		
PRINT NAME OF AUTHORIZED SIGNER				4	TITLE		
COMPANY NAME		10			EMAIL A	DDRESS	
FILING STATUS							
OWNER AGENT ATTORNEY SPO	USE	REGISTERE	D DOME	STIC PARTNER	CHILD	PARENT	PERSON AFFECTED
CALIFORNIA ATTORNEY, STATE BAR NUMBER:					CORP	ORATE OFFICER (OR DESIGNATED EMPLOYEE
	FC	R COUNTY	BOAF	RD USE ONLY			
☐ The withdrawal request is accepted and	l will co	nclude any fui	rther ac	ction on the app	eal.		
The withdrawal request is denied. The A					Your app	peal will be set	for hearing, in which you
The withdrawal request is denied by the proceed with an assessment review to design the control of the control							oard has the authority to
ATTEST BY COUNTY BOARD:							
DATED:							
RV·							
BY:CHAIRPERSON		-			-	CLERK OF	THE BOARD

HEARING DATE CONFIRMATION NOTICE

This confirmation notice must be returned not less than 21 days prior to the indicated hearing date. Mail or fax to the Clerk of the Board at the address shown.

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August 5, 2025 at 1:30pm	9-2023 A-B
HEARING LOCATION	
Tehama County Adminstration, Board of Chambers, 727 Oak Street	
PARCEL OR ASSESSMENT NUMBER(S) 041-430-020-000 & 041-430-021-000	Belle Mill Property Owner, LLC
* SEVERAL APPLICATIONS MAY BE SET FOR HEARING AT THE SAME TIME, AND EACH WILL BE CON	ISIDERED AS SOON AS POSSIBLE IN THE ORDER LISTED ON THE AGENDA
✓ Check one of the boxes	
I will be present on the scheduled hearing date.	
Please bring copies of any evidence you wish to present to the	Assessment Appeals Board.
I request my right to a one-time postponement of my hearing to anothe please contact the Clerk of the Board at ()	er hearing date. To schedule your hearing for a future date, -
I understand that if this is not my first postponement request, I must appear and give reasonable cause to the appeals board. It is the sole discretion be prepared to proceed with the hearing as scheduled.	ar at the scheduled hearing to request another postponement n of the board to grant or deny this request. If denied, I must
If you are requesting a postponement and the date of the currently so two-year limitations period set by Revenue and Taxation Code section 305-W) to indefinitely extend and toll the period in which your appeal is	1604(c), the Clerk will provide you with a waiver (form BOE-
I wish to withdraw my application. Withdrawals are final and will conclude hearing is not required.)	de any further action on the appeal. (Your attendance at the
I understand that my withdrawal may only be granted if the assessor has recommend an increase in the assessed value of the property. Addition even though the Assessor and applicant may have agreed to withdraw	ally, the county Board can decide to review an assessment
I have signed a stipulation with the assessor's office. (Your attendance	at the hearing is not required.)
In order to ensure proper scheduling of assessment appeals hearings, y days prior to the date of your hearing. Failure to return this confirmation agenda on the scheduled date. Failure to appear at the scheduled hearing your application being abandoned and denied for lack of appearance un CERTIFICATION I certify under penalty of perjury that I am the owner, or person above referenced pro	notice may result in your case being removed from the ng by you or an authorized representative may result in cless you have requested a postponement. I authorized to sign on behalf of the owner, of the
SIGNATURE	DATE
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS
FILING STATUS	
OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC	PARTNER CHILD PARENT PERSON AFFECTED
CALIFORNIA ATTORNEY, STATE BAR NUMBER:	CORPORATE OFFICER OR DESIGNATED EMPLOYEE

ASSESSMENT APPEAL WITHDRAWAL

 $\mbox{\it Mail}\,$ or fax the completed form to the Clerk of the Board at the address shown.

APPLICANT AND PROPERTY INFORMATION

AP	PLIC	ANT AND P	KUPER	T INFORMA	HON				
NAME OF APPLICANT Attn: Pivotal Tax Solutions, Belle Mill Pi	oper	y Owner, LL	С				HEARING DATE if applicable 08/5/25		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. C 202 N. Lindsay Rd., Suite 201		•				EMAIL ADDRESS Appeals@Pi	votalTax.com		
city Mesa	STATE	ZIP CODE 85213		ME TELEPHONE 0) 634-6169	ALTERN.	ATE TELEPHONE)	FAX TELEPHONE (480) 615-0318		
I no longer wish to pursue an assessment that the Assessment Appeal Application			roperty	, or properties,	indicate	ed below and	hereby request		
APPLICATION NUMBER 09-2023 A				PARCEL, ACCOUNT 0 041-430-020-		NUMBER			
APPLICATION NUMBER 09-2023 B	PPLICATION NUMBER PARCEL, ACCOUNT OR					TAX BILL NUMBER			
APPLICATION NUMBER				PARCEL, ACCOUNT O	R TAX BILL N	NUMBER			
ADDITIONAL AFFECTED APPLICAT	IONS	ARE LISTED	ON ATTA	CHMENT. NUME	BER OF F	AGES ATTACH	ED:		
this request, unless the Assessor has go the assessed value of the property. Ac the Assessor and applicant may have ag Withdrawals are final and will conclude a	lditio greed	nally, the co to withdraw	unty Bo the app	pard can decid	de to re	view an asse	essment even though		
William and and and will constant of	,		TIFICAT				,		
I certify that I am authorized to train				ng to the abo		, including th	nis withdrawal of		
SIGNATURE					DATE				
PRINT NAME OF AUTHORIZED SIGNER					TITLE				
COMPANY NAME				EMAIL ADDRESS					
FILING STATUS OWNER AGENT ATTORNEY SPOU	JSE	REGISTER	ED DOME	STIC PARTNER		PARENT	PERSON AFFECTED		
	F	OR COUNTY	BOAF	D USE ONLY					
☐ The withdrawal request is accepted and	will co	onclude any fu	urther ac	tion on the appe	al.				
The withdrawal request is denied. The A will be notified of the date no less than 4					Your app	eal will be set f	or hearing, in which you		
The withdrawal request is denied by the proceed with an assessment review to d	appe eterm	als board. In ine the full va	accorda lue of the	nce with section property or oth	1610.8, er issue:	the appeals bos.	pard has the authority to		
ATTEST BY COUNTY BOARD:									
DATED:									
BY:CHAIRPERSON					-	CI EBK OF	THE BOARD		
CHAIRPERSON						CLLINI OF	THE DOMIND		

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HEARING LOCATION Tehama County Adminstration, Board of Chambers, 727 Oak Street,	, Red Bluff CA 96080
PARCEL OR ASSESSMENT NUMBER(S)	APPLICANT
041-430-020-000 & 041-430-021-000	Belle Mill Property Owner, LLC
* SEVERAL APPLICATIONS MAY BE SET FOR HEARING AT THE SAME TIME, AND EACH WILL BE CON	SIDERED AS SOON AS POSSIBLE IN THE ORDER LISTED ON THE AGENDA.
Check one of the boxes	below.
I will be present on the scheduled hearing date.	
Please bring copies of any evidence you wish to present to the	Assessment Appeals Board.
I request my right to a one-time postponement of my hearing to another please contact the Clerk of the Board at ()	er hearing date. To schedule your hearing for a future date,
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If you are requesting a postponement and the date of the currently so two-year limitations period set by Revenue and Taxation Code section 305-W) to indefinitely extend and toll the period in which your appeal is	1604(c), the Clerk will provide you with a waiver (form BOE-
I wish to withdraw my application. Withdrawals are final and will conclude hearing is not required.)	de any further action on the appeal. (Your attendance at the
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In order to ensure proper scheduling of assessment appeals hearings, y days prior to the date of your hearing. Failure to return this confirmation agenda on the scheduled date. Failure to appear at the scheduled hearing your application being abandoned and denied for lack of appearance ur	notice may result in your case being removed from the ng by you or an authorized representative may result in nless you have requested a postponement.
I certify under penalty of perjury that I am the owner, or person above referenced pro	
SIGNATURE	DATE
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS
FILING STATUS	
OWNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC	PARTNER CHILD PARENT PERSON AFFECTED
CALIFORNIA ATTORNEY, STATE BAR NUMBER:	CORPORATE OFFICER OR DESIGNATED EMPLOYEE

ASSESSMENT APPEAL WITHDRAWAL

 $\mbox{\it Mail}\,$ or fax the completed form to the Clerk of the Board at the address shown.

APPLICANT AND PROPERTY INFORMATION

		, ,	· · · ·	CITIMI OTMIA	11014			
NAME OF APPLICANT Attn: Pivotal Tax Solutions, Belle Mill Propery Owner, LLC							HEARING DATE if applicable 08/5/25	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 1550 E. McKellips Road. Suite 123						EMAIL ADDRESS Appeals@PivotalTax.com		
CITY	STATE	ZIP CODE	DAYT	DAYTIME TELEPHONE ALTER		ATE TELEPHONE	FAX TELEPHONE	
Mesa	ΑZ	85203		80) 634-6169	()	(480) 615-0318	
I no longer wish to pursue an assessment that the Assessment Appeal Application	nt app	peal on the pr ithdrawn.	operty	, or properties,	indicat	ed below and	hereby request	
APPLICATION NUMBER				PARCEL, ACCOUNT OF		NUMBER		
09-2023 A				041-430-020-0				
APPLICATION NUMBER 09-2023 B				PARCEL, ACCOUNT OF 041-430-021-0		NUMBER		
APPLICATION NUMBER				PARCEL, ACCOUNT OF		NUMBER		
An Assessment Appeal Application may this request, unless the Assessor has go the assessed value of the property. At the Assessor and applicant may have ag Withdrawals are final and will conclude a	given dditior greed any fu	the applicant nally, the cou to withdraw t rther action o CERTI	t a wri inty Bo he app n the a	tten notice of a pard can decid peal. appeal. No con-	an inter e to re ditional	ntion to recomination to recominate withdrawals with withdrawals withdra	nmend an increase in essment even though will be accepted.	
I certify that I am authorized to tra	nsact the	all business Assessment	relati Appe	ng to the abov al Application.	e filing	, including th	nis withdrawal of	
SIGNATURE					DATE			
PRINT NAME OF AUTHORIZED SIGNER					TITLE			
COMPANY NAME					EMAIL ADDRESS			
FILING STATUS								
OWNER AGENT ATTORNEY SPOU	JSE	REGISTERED	DOME:	STIC PARTNER [CHILD	PARENT	☐ PERSON AFFECTED	
CALIFORNIA ATTORNEY, STATE BAR NUMBER:							R DESIGNATED EMPLOYEE	
of the many and the state of the second of t	FC	R COUNTY	BOAR	D USE ONLY				
☐ The withdrawal request is accepted and	will co	nclude any fur	ther ac	tion on the appea	al.			
The withdrawal request is denied. The Awill be notified of the date no less than 4	ssesso	or has delivered	d a not	ce of increase. Y		eal will be set fo	or hearing, in which you	
The withdrawal request is denied by the proceed with an assessment review to de	appea	als board. In ad	ccorda	nce with section	1610.8, er issues	the appeals bo	ard has the authority to	
ATTEST BY COUNTY BOARD:								
DATED:								
BY:CHAIRPERSON						CLERK OF	THE BOARD	