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JAN 16 2018

APPEAL CASE #

18-0050

Washoe County Board of Equalization

APN 123-044-13

WASHOE COUNTY ASSESSOR

NBC TAEQ
APPR AH

PETITION FOR REVIEW OF TAXABLE VALUATION

Submit this Petition Form no later than 5 p.m. of the date due. Most types of appeals must be filed no later than Jan
If the appeal involves valuation of property escaping taxation, or a determination that agricultural property has been converted to a
due date may apply.

Please Print or Type:

Part A. PROPERTY OWNER/ PETITIONER INFORMATION (Agent's Information to be completed in Part H)

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: MIRACLE INVESTMENTS LLC
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): Amanda Dunn
TITLE: Accountant
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX): 465 S MEADOWS PARKWAY #6
EMAIL ADDRESS: mandysdunn@gmail.com
CITY: RENO STATE: NV ZIP CODE: 89521 DAYTIME PHONE: 75852-9900 ALTERNATE PHONE: () FAX NUMBER: 758531010

Part B. PROPERTY OWNER ENTITY DESCRIPTION

Check organization type which best describes the Property Owner if an entity and 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 PETITIONER TO PROPERTY OWNER IN PART A

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 IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

ADDRESS: 10 STREET/ROAD: Stateline Rd. CITY (IF APPLICABLE): Crystal Bay COUNTY: Washoe
Purchase Price: \$1,600,000.00 Purchase date: May 5, 2005

2. Enter Applicable Assessor Parcel Number (APN) or Personal Property Account Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN): 123-044-13 ACCOUNT NUMBER:

3. Does this appeal involve multiple parcels? Yes ☐ No ☒ List multiple parcels on a separate, letter-sized sheet.

If yes, enter number of parcels: Multiple parcel list is attached. ☐

4. Check Property Use Type: ☒

☐ Vacant Land ☐ Mobile Home (Not on foundation) ☐ Mining Property
☐ Residential Property ☒ Commercial Property ☐ Industrial Property
☐ Multi-Family Residential Property ☐ Agricultural Property ☐ Personal Property
☐ Possessory Interest in Real or Personal property

5. Check Year and Roll Type of Assessment being appealed: ☒

☒ 2018-2019 Secured Roll ☐ 2017-2018 Reopen ☐ 2017-2018 Unsecured/Supplemental ☐ 2017-2018 Exemption Value

Part E. VALUE OF PROPERTY

Table with 3 columns: Property Type, Assessor's Taxable Value, Owner's Opinion of Value. Rows include Land, Buildings, Personal Property, Possessory Interest in real property, Exempt Value, Total.

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.

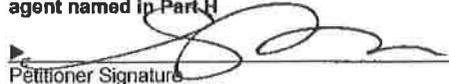
NRS 361A.280: The Assessor has determined my agricultural property has been converted to a higher use and deferred taxes are now due.

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



 Petitioner Signature
 Amanda Duan

 Print Name of Signatory

Accountant

 Title
 01/16/2018

 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:			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 ()

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.

 Authorized Agent Signature

 Title

 Print Name of Signatory

 Date

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

 Signature of Owner or Authorized Agent/Attorney

 Date

COUNTY BOARD OF EQUALIZATION AGENT AUTHORIZATION FORM

ALL SUPPORTING OWNERSHIP DOCUMENTATION AS NEEDED MUST BE SUBMITTED WITH
THIS FORM IN COMPLIANCE WITH NRS 361.362

I hereby authorize the agent/attorney whose name and contact information appears below to appear before the County Board of Equalization (County Board) to contest the value and/or exemption established for the following Assessor's Parcel or Identification Number(s):

123-044-13

Multiple Parcel List Attached

The agent/attorney named below is authorized to file petition(s) for the 2018/2019 fiscal year; to receive all notices and decision letters related thereto; to agree to and sign a binding stipulation agreement; and to represent the Petitioner in all related hearings and matters before the County Board of Equalization. This authorization is revocable with a letter signed by the applicant, owner, partner, corporate officer, or an authorized employee who has been designated in writing to represent the owner on property tax matters. This authorization will end at the time all matters pertaining to this fiscal year appeal are resolved before the County Board of Equalization.

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William Kimmel
Name of Agent/Attorney

Kimmel & Associates
Agent's/Attorney's Company Name, If applicable

1281 Terminal Way #205
Agent/Attorney Mailing Address

Reno NV 89502
City, State, Zip

(775) 323-6400 () William.Kimmel@att.net
Office Phone Cell Phone Email

Miracle Investments LLC
Owner's Name As It Appears On The Tax Roll

Roger Norman
Signature Printed Name of Signator Date

Managing Member / owner (775) 690-2305
Title Contact Phone

(775) 852-8900 (775) 690-2305 roger@score-international.com
Office Phone Cell Phone Email

I hereby accept appointment as the authorized agent of the Taxpayer in proceedings before the County Board.

Authorized Agent Signature Title Date

**This Authorization must be signed by the owner of record, registered partner of a partnership, corporate officer of a corporation, or the designated manager of an LLC. Ownership entities such as trusts, partnerships, LLCs, or Corporations that are subsidiaries of other trusts, partnerships, LLCs or corporations must include written authorization and/or designation from the parent entity demonstrating a clear line of authority to designate agent/attorney for the owner. An authorized employee who has been designated in writing by any of the aforementioned to represent the partnership, corporation or LLC on property tax matters may also sign. Written designations and/or supporting documentation of parent entities should accompany this authorization in compliance with NRS 361.362.*