

RECEIVED

JAN 15 2021

Washoe County Board of Equalization

WASHOE COUNTY ASSESSOR

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 January. If the appeal involves valuation of property escaping taxation, or a determination that agricultural property has been converted to a higher use, the appeal must be filed by the 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: Sparks Galleria REH LLC					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): CIRE Equity				TITLE	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) 530 B Street, Suite 2050				EMAIL ADDRESS:	
CITY San Diego	STATE CA	ZIP CODE 92101	DAYTIME PHONE ()	ALTERNATE PHONE ()	FAX NUMBER ()

APN	Appeal #
510-082-42	21-0071A
510-083-03	21-0071B
510-083-04	21-0071C
510-083-08	21-0071D
510-083-09	21-0071E
510-481-04	21-0071F
510-481-08	21-0071G
510-482-01	21-0071H
510-482-02	21-0071I
510-482-07	21-0071J
510-483-01	21-0071K
510-483-02	21-0071L

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 255	STREET/ROAD Disc Drive	CITY (IF APPLICABLE) Sparks	COUNTY Washoe
Purchase Price:		Purchase date:	

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

ASSESSOR'S PARCEL NUMBER (APN) 510-083-03	ACCOUNT NUMBER
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3. Does this appeal involve multiple parcels? Yes ☒ No ☐

List multiple parcels on a separate, letter-sized sheet.

If yes, enter number of parcels: 12	Multiple parcel list is attached. <input checked="" type="checkbox"/>
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4. Check Property Use Type: ☒

- | | | |
|---|--|--|
| <input type="checkbox"/> Vacant Land | <input type="checkbox"/> Mobile Home (Not on foundation) | <input type="checkbox"/> Mining Property |
| <input type="checkbox"/> Residential Property | <input checked="" type="checkbox"/> Commercial Property | <input type="checkbox"/> Industrial Property |
| <input type="checkbox"/> Multi-Family Residential Property | <input type="checkbox"/> Agricultural Property | <input type="checkbox"/> Personal Property |
| <input type="checkbox"/> Possessory Interest in Real or Personal property | | |

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

<input checked="" type="checkbox"/> 2021-2022 Secured Roll	<input type="checkbox"/> 2020-2021 Reopen	<input type="checkbox"/> 2020-2021 Unsecured/Supplemental	<input type="checkbox"/> 2020-2021 Exemption Value
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Part E. VALUE OF PROPERTY

Property Owner: What is the value you seek? Write N/A on each line for values which are not being appealed. See NRS 361.025 for the definition of Full Cash Value.		
Property Type	Assessor's Taxable Value	Owner's Opinion of Value
Land	\$7,477,957	\$4,560,000
Buildings	\$18,378,458	\$11,210,000
Personal Property		
Possessory Interest in real property		
Exempt Value		
Total	\$25,856,415	\$15,770,000

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).

Current economic and market conditions support a lower value of the subject property.

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 Title

Print Name of Signatory 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: Wayne Tannenbaum		TITLE: Senior Manager, Real Property			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: Pivotal Tax Solutions		EMAIL ADDRESS: appeals@pivotaltax.com			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 202 N Lindsay Road, Suite 201					
CITY Mesa	STATE AZ	ZIP CODE 85213	DAYTIME PHONE 480-634-6169	ALTERNATE PHONE ()	FAX NUMBER 480-615-0318

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 Senior Manager, Real Property
Wayne Tannenbaum Title

Print Name of Signatory Date 1-13-21

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

Signature of Owner or Authorized Agent/Attorney Date

Parcel Number	Address	City	County
510-082-42	4885 Galleria Pkwy	Sparks	Washoe
510-083-03	255 Disc Dr.	Sparks	Washoe
510-083-04	0 Disc Dr.	Sparks	Washoe
510-083-08	175 Disc Dr.	Sparks	Washoe
510-083-09	125 Disc Dr.	Sparks	Washoe
510-481-04	4711 Galleria Pkwy	Sparks	Washoe
510-481-08	4751 Galleria Pkwy	Sparks	Washoe
510-482-01	200 Disc Dr	Sparks	Washoe
510-482-02	180 Disc Dr	Sparks	Washoe
510-482-07	4760 Galleria Pkwy	Sparks	Washoe
510-483-01	151 Disc Dr.	Sparks	Washoe
510-483-02	171 Disc Dr.	Sparks	Washoe

Washoe County Board of Equalization

Agent Authorization Form

If you have questions about this form or the appeal process, please call: (775) 328-2277

Please Print or Type:

Part A. PROPERTY OWNER AND CONTACT INFORMATION OF PERSON GRANTING AUTHORITY TO AGENT

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: Paradise Retail I LLC & Sparks Retail Associates LLC (CIRE Equity)						
NAME OF PERSON GRANTING AUTHORITY TO AGENT (IF DIFFERENT THAN PROPERTY OWNER): Joshua Volen				TITLE Co-Managing Member		
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) 530 B Street, Ste 2050				EMAIL ADDRESS:		
CITY San Diego	STATE CA	ZIP CODE 92101	DAYTIME PHONE ()	ALTERNATE PHONE ()	FAX NUMBER ()	

Part B. PROPERTY OWNER INFORMATION

Check organization type which best describes the Property Owner if not a natural person: ☒ Natural persons may skip Part B.

- ☐ Sole Proprietorship ☐ Trust ☐ Corporation
☒ Limited Liability Company (LLC) ☐ General or Limited Partnersh ☐ 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 PERSON GRANTING AUTHORITY TO AGENT TO PROPERTY OWNER

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 Officer of Company
☒ Co-owner, partner, managing

☒ 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 SUBJECT TO THIS AGENT AUTHORIZATION:

Enter Applicable Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN)	ACCOUNT NUMBER	PROPERTY IDENTIFICATION NUMBER
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- ☐ Multiple parcel list attached. (Use letter-size paper)

Part E. YEAR AND ROLL TYPE OF ASSESSMENT BEING APPEALED: ☒

- ☒ 2021-2022 Secured Roll ☐ 2020-2021 Reopen Roll ☐ 2020-2021 Unsecured Roll ☐ 2020-2021 Supplemental Roll

Other years being appealed: _____

Be prepared to cite the legal authority, if any, that permits the County Board to consider appeals of taxable value from prior years.

Part F. AUTHORIZATION OF AGENT

I hereby authorize the agent whose name and contact information appears below to file a petition to the Washoe County Board of Equalization and to contest the value and/or exemption established for the properties named in Part D of this Agent Authorization.

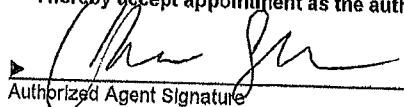
I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the Washoe County Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part E of this document.

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: Christopher Glidewell		TITLE: Principal, Property Tax			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: Pivotal Tax Solutions		EMAIL ADDRESS: appeals@pivotaltax.com			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 202 N. Lindsay Rd., Suite 200					
CITY Mesa	STATE AZ	ZIP CODE 85213	DAYTIME PHONE ()	ALTERNATE PHONE ()	FAX NUMBER ()

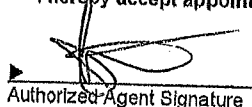
I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board of Equalization.

Authorized Agent Signature:  Title: **Principal, Property Tax** Date: **1/15/21**

Authorized Agent Contact Information:


NAME OF AUTHORIZED AGENT: Wayne Tannenbaum		TITLE: Senior Manager			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: Pivotal Tax Solutions		EMAIL ADDRESS: appeals@pivotaltax.com			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 202 N. Lindsay Rd., Suite 201					
CITY Mesa	STATE AZ	ZIP CODE 85213	DAYTIME PHONE ()	ALTERNATE PHONE ()	FAX NUMBER ()

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board of Equalization.

Authorized Agent Signature:  Title: **Senior Manager** Date: **1-15-21**

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. I further certify I have authorized each agent named herein to represent the Property Owner as stated and I have the authority to appoint each agent named herein.

Property Owner / Petitioner Signature:  Title: **OWNER** Date: **1/15/2021**

Pivotal Tax Solutions, LLC

Agency Authorization for Calendar Year 2021 and Prior

Schedule A

These properties are Owned, Occupied, and/or Controlled by Client.

State	Assessor	Account	Address	Owner Name
NV	Washoe	031-012-27	2289 Oddie Blvd.	Paradise Retail I LLC
NV	Washoe	031-012-28	2203 Oddie Blvd.	Paradise Retail I LLC
NV	Washoe	031-012-29	0 Oddie Blvd.	Paradise Retail I LLC
NV	Washoe	031-012-31	0 Oddie Blvd.	Paradise Retail I LLC
NV	Washoe	031-012-35	2193 Oddie Blvd.	Paradise Retail I LLC
NV	Washoe	031-012-36	2125 Oddie Blvd.	Paradise Retail I LLC
NV	Washoe	031-012-37	2225 Oddie Blvd.	Paradise Retail I LLC
NV	Washoe	031-012-39	2229 Oddie Blvd.	Paradise Retail I LLC
NV	Washoe	031-012-40	2267 Oddie Blvd.	Paradise Retail I LLC
NV	Washoe	031-012-41	2275 Oddie Blvd.	Paradise Retail I LLC
NV	Washoe	031-012-42	2131 Oddie Blvd	Paradise Retail I LLC
NV	Washoe	031-012-43	2105 Oddie Blvd	Paradise Retail I LLC
NV	Washoe	510-082-42	4885 Galleria Pkwy	Sparks Retail Associates LLC
NV	Washoe	510-083-03	255 Disc Dr.	Sparks Retail Associates LLC
NV	Washoe	510-083-04	0 Disc Dr.	Sparks Retail Associates LLC
NV	Washoe	510-083-08	175 Disc Dr.	Sparks Retail Associates LLC
NV	Washoe	510-083-09	125 Disc Dr.	Sparks Retail Associates LLC
NV	Washoe	510-481-04	4711 Galleria Pkwy	Sparks Retail Associates LLC
NV	Washoe	510-481-08	4751 Galleria Pkwy	Sparks Retail Associates LLC
NV	Washoe	510-482-01	200 Disc Dr	Sparks Retail Associates LLC
NV	Washoe	510-482-02	180 Disc Dr	Sparks Retail Associates LLC
NV	Washoe	510-482-07	4760 Galleria Pkwy	Sparks Retail Associates LLC
NV	Washoe	510-483-01	151 Disc Dr.	Sparks Retail Associates LLC
NV	Washoe	510-483-02	171 Disc Dr.	Sparks Retail Associates LLC
NV	Washoe	510-483-03	191 Disc Dr	Sparks Retail Associates LLC