BOE-571-R (P1) (P2) (P3)) REV. 18 (05-15) ASSR-	524 (REV. 8-15)								
571-R		OS ANGELES • JEFFR8613 • Email: businesspp@a	assessor.lacounty.gov • Web	R, 500 V osite: <i>asse</i>	V. TEMPLE ST. ssor.lacounty.gov	, ROOM 230, LOS • Si desea ayuda en E	Español, llame al númer		20	016
ROU	ITING SITUS	(Declaration of costs Sub USE	and other related pro	perty in	formation as	of 12:01 A.M Ja		ASSESSOR'S		
141				F	ILE RET APRIL 1	_	TAX RATE	ASSESSOR'S	BIDENTIFICATIO	N NUMBER
	DEX INDEX	TYPE CODE	ACCT FORM	46	SESSOR'S	LICE ONLY	AREA	MAP BOOK	PAGE	PARCEL 8
RETURN THIS OF	RIGINAL FORM. (COPIES WILL NOT B	E ACCEPTED.	AS	SESSUR S	USE UNLY				0
NAME AND MAIL	ING ADDRESS (Ma	ke necessary corrections to	the printed name and mailin	-	,	F THE PROPER		IY NUMBER		
					ille a separate stat	tement for each locatio	on)			
Local Telephone Num	nber_()	Fax Nun	nber_()		- :	2. Enter the total n	umber of units for the	e location liste	ed	163
Email Address	eral ledger and all rela	ated accounting records	(include zin code):		_					
STREET	orar loagor and all role	CITY	STATE	ZIP		Do you live in or		☐ Yes ☐] No	
			-4 l4:			If yes , enter the				
Enter name and telep	onone number of auth	orized person to contact	at location of accounting	g recora	5: (d of January 1, 2015	· ·		
		()		_	limited liabilit	lividual or legal ent ty company, etc.) acc	quire a "contro	lling interes	st" (see
CAREFULLY	READ AND FOLL	OW THE ACCOMPAN	NYING INSTRUCTIO	NS.			for definition) in this to this business entity		•	
If you no longer address of the ne		of January 1 of this year,	show the name and mai	iling		instructions acquisition?	for definition) in	California at	the time	of the
						☐ Yes ☐ I		(2) filor must	cubmit for	m BOE
					_	100-B, State	th questions (1) and ement of Change in (Control and O	wnership c	of Legal
					_	filing require	he State Board of Eoments.	qualization. So	e instructi	ons for
Oity and Otal			Zip Gode		_					
	riduals, partnerships o	r corporations do busine	ss or own personal prop	erty (oth	ner than househ	nold furniture and pe	ersonal effects of you	ır tenants) loc	ated on yo	ur
		F OWNER OF SUCH	I PROPERTY			NATURE OF 1	THE BUSINESS C	R PROPER	ťΥ	
5. Do you hold furnit	ure or equipment belo	onging to others on a loa	n, rental or lease basis?		′es □ No	If yes , list below.				
NAME	AND ADDRESS C	F OWNER OF SUCH	I PROPERTY			QUAN'	TITY AND DESCR	RIPTION		
		nished, partly furnished (ators, no	ot built-in), and u	unfurnished units.	Also complete		ASSES	SOR'S
33.1344.37.11	SLP. ROOM	STUDIO	1 BEDRM.	2	BEDRM.	3 BEDRM.	LARGE		USE C	
FULLY FURNISHED									: :	: :
PARTLY FURNISHED)								<u> </u>	<u> </u>
TOTALS										
7. Supplies	1				Cos					
8. Furniture and app					rom Schedule A	¢.			<u>: :</u>	1 : :
 Other furniture and 10. 	a equipment			Enter F	rom Schedule E	3 *			: :	
							TOTAL FULL VALU	JE		
		ASSESSOR	'S USE ONLY				PERSONAL PROF	'ERTY	: :	: :
							OTHER IMPROVE	MENTS		
							LAND DEPUTY:		: : -	DATE :
							JEI 011.		L	7 H ⊑
							ASSESSOR'S EST	TIMATE		
							APPROVED BY:		DATE	
							TYN L	BATCH NU		
							TXN	2,1,011110		

^{*}Agent: See page (P2) for Declaration by Assessee instructions.

SCHEDULES OF DEPRECIABLE PROPERTY — SCHEDULES A and B. Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedules A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items**. Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.

SCHEDULE A FURNITURE AND APPLIANCES (include items in storage do not include built-ins)			SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, laur pool, vending, signs, fire extinguishers)				
Year of Acquisition	Original Installed Cost	FOR ASSESSOR'S USE ONLY		Year of	Original Installed Cost	FOR ASSESSOR'S USE ONLY	
	(NOT depreciated book value)	Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value
2015				2015			
2014				2014			
2013				2013			
2012				2012			
2011				2011			
2010				2010			
2009				2009			
2008				2008			
2007				2007			
2006				2006			
2005 & prior				2005 & prior			
TOTAL COST	\$			TOTAL COS	ST \$		
Enter on line 8	3, page 1.			Enter on line	e 9, page 1.		
		E	DECLARATIO	N BY ASS	ESSEE		
	Note: The following decl	aration must b	e completed a	nd signed.	If you do not do so, it may resu	It in penalties.	
I dooloro un	dar papalty of parity under the l				versioned this property etatement	inaludina accept	mnonvina ooboduloo

I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 2016.

OWNERSHIP TYPE (☑)		SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE	
		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE	
Proprietorship				
Partnership		NAME OF LEGAL ENTITY (other than DBA) (typed or printed)	FEDERAL EMPLOYER ID NUMBER	
Corporation				
Other		PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER	TITLE