

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

288 A



FROM: Don Kent, Treasurer/Tax Collector

SUBMITTAL DATE:

SEP 30 2013

SUBJECT: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 287.

Last assessed To: T L Realestate Holdings, LLC, District 3/3 [\$53,482.51]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claim from T L Realestate Holdings, LLC, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 443161003-8;

(continued on page two)

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, The Tax Collector conducted the March 15, 2011 public auction sale. The deed conveying title to the purchasers at the auction was recorded May 18, 2011. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on June 2, 2011, to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of lot book reports as well as Assessor's and Recorder's records, and various research methods were used to obtain current mailing addresses for these parties of interest.

(continued on page two)

Don Kent
Treasurer-Tax Collector

FORM APPROVED COUNTY COUNSEL
BY
DALE A. GARDNER 9/30/13
DATE
Departmental Concurrence

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 53,482.51	\$ 0.00	\$ 53,482.51	\$ 0.00	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale
Budget Adjustment: NO
For Fiscal Year: 13/14

C.E.O. RECOMMENDATION:

APPROVE

BY:
Karen L. Johnson

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

- A-30
- 4/5 Vote
- Positions Added
- Change Order

Prev. Agn. Ref.:

District: 3/3

Agenda Number:

OCT 12 6 43:12
RECEIVED CLERK OF SUPERVISORS
COUNTY OF RIVERSIDE

9-10

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FORM 11: Recommendation for Distribution of Excess Proceeds for Tax Sale No. 189, Item 287.

Last Assessed To: T L Realestate Holdings, LLC.

DATE: SEP 30 2013

PAGE: Page 2 of 2

RECOMMENDED MOTION:

2. Authorize and direct the Auditor-Controller to issue a warrant to T L Realestate Holdings, LLC in the amount of \$53,482.51, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

BACKGROUND:

Summary (continued)

The Treasurer-Tax Collector has received one claim for excess proceeds:

1. Claim from T L Realestate Holdings, LLC based on a Quitclaim Deed recorded July 31, 2007 as Instrument No. 2007-0492891.

Pursuant to Section 4675 (a) of the California Revenue and Taxation Code, it is the recommendation of this office that T L Realestate Holdings, LLC be awarded excess proceeds in the amount of \$52,482.51. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion.

Impact on Citizens and Businesses

Excess proceeds are being released to the last assessee of the property.

ATTACHMENTS (if needed, in this order):

Copies of the Excess Proceeds Claim form and supporting documentation are attached.

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY
(SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

To: Don Kent, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 189 Item 287 Assessment No.: 443161003-8

Assessee: T L REALESTATE HOLDINGS

Situs: 348 N BUENA VISTA ST HEMET 92543

Date Sold: March 15, 2011

Date Deed to Purchaser Recorded: May 18, 2011

Final Date to Submit Claim: May 21, 2012

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 53,482.51 from the sale of the above mentioned real property. I/We were the lienholder(s), property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. 2007-04592-93, recorded on 7/16/2007. A copy of this document is attached here to. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tentants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 14 day of June, 2011 at Riverside City, Ca.
County, State

[Signature] Signature of Claimant [Signature] Signature of Claimant

T-L Realstate Holdings LLC Print Name
502 N. Division St. Street Address
Carson City, Nd. 89706 City, State, Zip
951-543-6466 Phone Number

DOC # 2007-0492891
07/31/2007 08:00A Fee:13.00
Page 1 of 3

PLEASE COMPLETE THIS INFORMATION
RECORDING REQUESTED BY:

Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



AND WHEN RECORDED MAIL TO:

*TZ Real Estate Holdings LLC
1502 N. Division St,
Carson City, NV. 89206*

S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
1			3						5
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
									702

18
C

Space above this line for recorder's use only

TRA:
DTT:

Quitclaim Deed

Title of Document

*Reason for Re-recording Caption should be
Real Estate Management LLC and signature point*

**THIS AREA FOR
RECORDER'S
USE ONLY**

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION
(\$3:00 Additional Recording Fee Applies)

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT AND TAX STATEMENT TO:

NAME T L Realestate Holdings, LLC
STREET ADDRESS 502 N. Division St.
CITY, STATE & ZIP CODE Carson City, Nv. 89706

TITLE ORDER NO. ESCROW NO.



Table with columns: S, R, U, PAGE, SIZE, DA, MISC, LONG, RFD, COPY. Contains handwritten entries: 1, 1, 465, 426, PCOR, NCOR, SMF, NCHG, EXAM, 703.

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUITCLAIM DEED

TRA:
APN: 443-161-003

The undersigned grantor(s) declare(s)

DOCUMENTARY TRANSFER TAX \$

- checkboxes for: computed on full value of property conveyed, or; computed on full value less liens and encumbrances remaining at time of sale; Unincorporated Area

C 703

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I (We) RealEstate Management LLC

(NAME OF GRANTOR(S))

hereby remise, release and quitclaim to T L Realestate Holdings, LLC

(NAME OF GRANTEE(S))

the following described real property in the City of Hemet, County of Riverside
State of California

(Insert Legal Description)

Lot 3 BLK 4 MB 007/065 Revised Map of High school Track

RealEstate Management LLC
Managing Member
[Signature]

DATED: 7/13/07

THOMAS WAYNE VAN DORLEN

STATE OF CA

COUNTY OF Riverside

On 7/13/07 before me, PJ Treat Duffy, Notary Public personally appeared

Thomas Wayne Vandorien personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature [Signature]



MAIL TAX STATEMENT AS DIRECTED ABOVE



California
Civil Code 1189

(a) Any certificate of acknowledgment taken within this state shall be in the following form:

State of California

County of RIVERSIDE

On JULY 30, 2007 before me, TROY D. THOMPSON, NOTARY PUBLIC, personally
(here insert name and title of the officer)

appeared THOMAS WAYNE VAN DORIEN personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Signature

A handwritten signature in black ink, appearing to read 'Troy D. Thompson', written over a horizontal line.

(Seal)



 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

006812.404321.0020.001 1 MB 0.360 530




T L REALESTATE HOLDINGS LLC
THOMAS VAN DORIEN
204 WEST SPEAR STREET
CARSON CITY NV 89703

Date of this notice: 07-20-2007

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED]. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2008

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that **T L REALESTATE HOLDINGS, LLC** did on July 13, 2007, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 13, 2007.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER
Secretary of State

By

A handwritten signature in black ink, appearing to read "J. Mc Carley".
Certification Clerk

STATE OF NEVADA

ROSS MILLER
Secretary of State



SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Certified Copy

July 13, 2007

Job Number: C20070713-1424
Reference Number: 00001434337-65
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20070480648-49	Articles of Organization	4 Pages/1 Copies



Respectfully,

Handwritten signature of Ross Miller in black ink.

ROSS MILLER
Secretary of State

By

Handwritten signature of the Certification Clerk in black ink.

Certification Clerk

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138



ROSS MILLER
 Secretary of State
 206 North Carson Street
 Carson City, Nevada 89701-4299
 (775) 684 5708
 Website: secretaryofstate.biz

**Articles of Organization
 Limited-Liability Company**
 (PURSUANT TO NRS 86)

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20070480648-49
	Filing Date and Time 07/13/2007 1:15 PM
	Entity Number E0493892007-1

ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK IN ONLY - DO NOT HIGHLIGHT

1. <u>Name of Limited-Liability Company:</u> <i>(must contain approved limited-liability company wording; see instructions)</i>	T L REALESTATE HOLDINGS, LLC	Check box if a Series Limited-Liability Company <input type="checkbox"/>
2. <u>Resident Agent Name and Street Address:</u> <i>(must be a Nevada address where process may be served)</i>	CORPORATE SERVICES OF NEVADA Name 502 NORTH DIVISION STREET (MANDATORY) Physical Street Address (OPTIONAL) Mailing Address	R/A#40693 CARSON CITY Nevada 89703 City State Zip Code City State Zip Code
3. <u>Dissolution Date:</u> <i>(OPTIONAL: see instructions)</i>	Latest date upon which the company is to dissolve (if existence is not perpetual):	PERPETUAL
4. <u>Management:</u>	Company shall be managed by <input checked="" type="checkbox"/> Manager(s) OR <input type="checkbox"/> Members <i>(check only one box)</i>	
5. <u>Name and Address of each Manager or Managing Member:</u> <i>(attach additional page if more than 3)</i>	THOMAS VAN DORIEN Name C/O 204 WEST SPEAR STREET Address	CARSON CITY NV 89703 City State Zip Code City State Zip Code City State Zip Code
6. <u>Name, Address and Signature of Organizer:</u> <i>(attach additional page if more than 1)</i>	KARI RHODES Name 502 NORTH DIVISION STREET Address	 Signature CARSON CITY NV 89703 City State Zip Code
7. <u>Certificate of Acceptance of Appointment of Resident Agent:</u>	I hereby accept appointment as Resident Agent for the above named limited-liability company. Authorized Signature of R.A. or On Behalf of R.A. Company	7/13/2007 Date

This form must be accompanied by appropriate fees.

ARTICLES OF ORGANIZATION

OF

T L REALESTATE HOLDINGS, LLC

A NEVADA LIMITED-LIABILITY COMPANY

KNOW ALL MEN BY THESE PRESENTS:

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A LIMITED-LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF NEVADA, PURSUANT TO NRS 86:

DO HEREBY CERTIFY THAT:

FIRST: THE NAME OF THE LIMITED-LIABILITY COMPANY IS:

T L REALESTATE HOLDINGS, LLC

SECOND: THE PERIOD OF EXISTENCE OF THIS LIMITED LIABILITY COMPANY SHALL BE PERPETUAL, UNLESS THE LIMITED-LIABILITY COMPANY IS DISSOLVED IN ACCORDANCE WITH THE PROVISIONS AS SET FORTH IN THE OPERATING AGREEMENT.

THIRD: THE ADDRESS OF THE REGISTERED OFFICE OF THE COMPANY IS 204 WEST SPEAR STREET, CARSON CITY, NEVADA 89703. THE RESIDENT AGENT OF THE COMPANY IS TO BE *CORPORATE SERVICES OF NEVADA*, LOCATED AT 502 NORTH DIVISION STREET, CARSON CITY, NEVADA 89703.

FOURTH: UPON THE DEATH, INSANITY, RETIREMENT, RESIGNATION, EXPULSION, BANKRUPTCY OR DISSOLUTION OF A MEMBER OR OCCURRENCE OF ANY OTHER EVENT WHICH TERMINATES A MEMBERS CONTINUED MEMBERSHIP IN THE LIMITED-LIABILITY COMPANY, THE BUSINESS OF THE LIMITED-LIABILITY COMPANY MAY BE CONTINUED AT THE INTERMEDIACY OF THE REMAINING MEMBERS BY A MAJORITY VOTE OF ALL REMAINING MEMBERS WITHIN NINETY DAYS OF THE HAPPENING OF THAT EVENT, OR AS SET FORTH IN THE OPERATING AGREEMENT.

FIFTH: ADDITION OF, TRANSFER OF, ASSIGNMENT OF AND/OR PLEDGE OF ANY MEMBERSHIP INTERESTS IN THE LIMITED-LIABILITY COMPANY ARE SUBJECT TO RESTRICTIONS, IN ACCORDANCE WITH THE PROVISIONS AS SET FORTH IN THE OPERATING AGREEMENT.

SIXTH: MANAGERS SHALL MANAGE THE LIMITED-LIABILITY COMPANY AND THEIR NUMBER SHALL BE NOT LESS THAN ONE (1). THE NUMBER OF MANAGERS OF THE LIMITED-LIABILITY COMPANY MAY BE FIXED FROM TIME TO TIME IN ACCORDANCE WITH OPERATING AGREEMENT OF THE LIMITED-LIABILITY COMPANY. THE INITIAL MANAGER IS TO SERVE UNTIL THE FIRST ANNUAL MEETING OF MEMBERS OR UNTIL THEIR SUCCESSOR IS ELECTED AND SHALL QUALIFY. THE NAME AND ADDRESS OF THE INITIAL MANAGER IS:

THOMAS VAN DORIEN
C/O 204 WEST SPEAR STREET
CARSON CITY, NV. 89703

SEVENTH: NO MANAGER OF THE LIMITED-LIABILITY COMPANY SHALL HAVE PERSONAL LIABILITY FOR DAMAGES FOR BREACH OF ANY FIDUCIARY DUTY AS A MANAGER OF THE LIMITED-LIABILITY COMPANY BY ITS MEMBERS OR ANY OTHER PERSON EXCEPT FOR: ACTS OR OMISSIONS WHICH INVOLVE INTENTIONAL MISCONDUCT, FRAUD OR A KNOWING VIOLATION OF LAW.

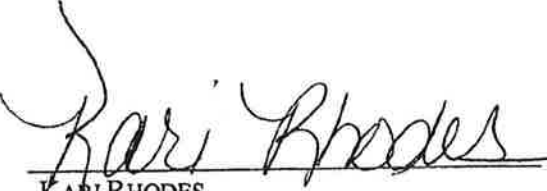
EIGHTH: THE PURPOSE OF THE COMPANY SHALL BE TO ACQUIRE, OWN, BUY, SELL, INVEST IN, TRADE, MANAGE, FINANCE, REFINANCE, EXCHANGE OR OTHERWISE DISPOSE OF STOCKS, SECURITIES, PARTNERSHIP INTERESTS, CD'S, MUTUAL FUNDS, COMMODITIES AND ANY OR ALL INVESTMENTS WHATSOEVER. ADDITIONALLY, THE LIMITED-LIABILITY COMPANY IS AUTHORIZED TO CARRY ON ANY LAWFUL BUSINESS OR ENTERPRISE FOR WHICH LIMITED LIABILITY COMPANIES MAY BE ORGANIZED UNDER THE LAWS OF THE STATE OF NEVADA. THE LIMITED-LIABILITY COMPANY SHALL HAVE THE SAME POWERS AS AN INDIVIDUAL TO DO ALL THINGS NECESSARY OR CONVENIENT TO CARRY OUT ITS BUSINESS AND AFFAIRS. THIS LIMITED LIABILITY COMPANY MAY CONDUCT ALL OR ANY PART OF ITS BUSINESS, AND MAY HOLD, PURCHASE, MORTGAGE, LEASE AND CONVEY REAL AND/OR PERSONAL PROPERTY, ANYWHERE IN THE WORLD.

NINETH:

THE NAME AND ADDRESS OF THE ORGANIZER IS AS FOLLOWS:


KARI RHODES
502 N. DIVISION STREET
CARSON CITY, NV. 89703

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A LIMITED-LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF NEVADA, DO MAKE, FILE AND RECORD THIS CERTIFICATE, AND DO CERTIFY THAT THE FACTS HEREIN STATED ARE TRUE AND I HAVE ACCORDINGLY HEREUNTO SET MY HAND AND SEAL THIS DAY: FRIDAY, JULY 13, 2007.


KARI RHODES

STATE OF NEVADA }
 : ss.
CARSON CITY }

ON THIS 13TH DAY OF JULY, 2007 PERSONALLY APPEARED BEFORE ME, A NOTARY PUBLIC, KARI RHODES WHO ACKNOWLEDGED THAT HE EXECUTED THE ABOVE INSTRUMENT.

 APRIL LOGAN
NOTARY PUBLIC - NEVADA
Appt. Recorded in Douglas County
My Appt. Exp. March 16, 2011
No: 07-2184-5


NOTARY PUBLIC

ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

T L REALESTATE HOLDINGS, LLC

E0493892007-1

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF

JULY 2012

TO

JULY 2013



110405

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

CORPORATE SERVICES OF NEVADA
502 NORTH DIVISION STREET
CARSON CITY, NEVADA 89703

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20120821083-67 Filing Date and Time 12/05/2012 12:30 PM Entity Number E0493892007-1
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ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Return completed form with the fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

NRS 76.020 Exemption Codes

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME: LAURA B. SLATER (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)

MANAGER MANAGING MEMBER

ADDRESS: C/O 204 WEST SPEAR STREET #2217 CITY: CARSON CITY STATE: NV ZIP CODE: 89703

NAME: THOMAS VAN DORIEN (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)

MANAGER MANAGING MEMBER

ADDRESS: C/O 204 WEST SPEAR STREET #2217 CITY: CARSON CITY STATE: NV ZIP CODE: 89703

NAME: _____ (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)

MANAGER MANAGING MEMBER

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

NAME: _____ (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)

MANAGER MANAGING MEMBER

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X _____
Signature of Manager or Managing Member

Title: _____ Date: 5 DECEMBER 2012

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

T L REALESTATE HOLDINGS, LLC
Nevada Business Identification # NV20071217283


Expiration Date: July 31, 2013

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 11, 2012




ROSS MILLER
Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

Please Post in a Conspicuous Location

**You may verify this Nevada State Business License
online at www.nvsos.gov under the Nevada Business Search.**

JON CHRISTENSEN
ASSISTANT TREASURER-TAX COLLECTOR
SUE BAUER
SR. CHIEF DEPUTY TREASURER-TAX COLLECTOR
DEBBIE BASHE
INFORMATION TECHNOLOGY OFFICER II
GIOVANE PIZANO
INVESTMENT MANAGER



DON KENT
TREASURER

GARY COTTERILL
CHIEF DEPUTY TREASURER-TAX COLLECTOR
MATT JENNINGS
CHIEF DEPUTY TREASURER-TAX COLLECTOR
MELISSA JOHNSON
CHIEF DEPUTY TREASURER-TAX COLLECTOR
ADRIANNA GOMEZ
ADMINISTRATIVE SERVICES MANAGER I

December 3, 2012

TL Realestate Holdings, LLC
204 W. Spear Street, Suite 2217
Carson City, NV 89703

RE: TC 189, Item # 287, Assessment # 443161003-8

To Whom it May Concern:

Our office is in receipt of your claim for the Excess Proceeds for the item and assessment number(s) specified above. However, the documentation that was provided along with your claim is insufficient to establish your claim. Thus, the necessary proof to establish your right to claim the Excess Proceeds will be required. **Please submit the document(s) listed below, which may assist the Tax Collector in making the determination.**

- **Articles of Incorporation (& Statement of Domestic Stock)**

Please forward the requested documentation within 30 days, (January 3, 2013) using the enclosed envelope. If your documentation is not postmarked by the date specified above, your claim will be denied.

If we can be of further assistance, please contact our office.

Sincerely,

Adrian Potenciano
Tax Sale Operations/Excess Proceeds

FROM

502 N. Division St
Corson City, NV

ZIP CODE

89206

ATTN: SUSAN LOERA - TAX SALE OPERATIONS

DATE: FINAL DATE TO SUBMIT: MAY 21, 2012

ASSESSMENT NUMBER

443161003-8

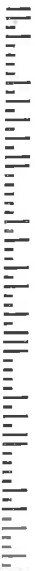
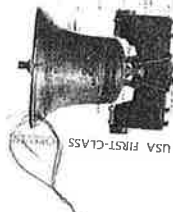
EXCESS PROCEEDS
TC 189 ITEM 287

RIVERSIDE COUNTY TREASURER
P.O. BOX 12005
RIVERSIDE, CA 92502-2205

TREASURER-TAX COLLECTOR

JUN 15 2011

RECEIVED



Visit us on-line!
www.riversidetaxinfo.com