# BY: GREGORY P. PRIAMOS DATE

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





FROM: Don Kent, Treasurer-Tax Collector

SUBMITTAL DATE:
APR 1 2 2016

**SUBJECT:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 199, Item 271. Last assessed to: MG Banning, LLC, a California Limited Liability Company. District 5 [\$548]. Fund 65595 Excess Proceeds from Tax Sale.

**RECOMMENDED MOTION:** That the Board of Supervisors:

 Approve the claim from Found Extra Money, LLC agent for MG Banning, LLC for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcel 540220009-6; (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 February 4, 2014 public auction sale. The deed conveying title to the purchasers at the auction was recorded March 21, 2014. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on April 22, 2014 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

| FINANCIAL DATA  | Current Fiscal Year:  | Next Fiscal Year:  | Total Cost: | Ongoing Cost:   | POLICY/CONSENT<br>(per Exec. Office) |  |
|-----------------|-----------------------|--------------------|-------------|-----------------|--------------------------------------|--|
| COST            | \$ 548                | \$ 0               | \$ 548      | \$ 0            | Consent □ Policy ⊠                   |  |
| NET COUNTY COST | \$ 0                  | \$ 0               | \$ 0        | \$ 0            |                                      |  |
| SOURCE OF FUN   | <b>DS:</b> Fund 65595 | Excess Proceeds fr | om Tax Sale | Budget Adjustr  | ment: N/A                            |  |
|                 |                       |                    |             | For Fiscal Year | : 15/16                              |  |
| C.E.O. RECOMME  | NDATION:              | APPROVE            | _           |                 |                                      |  |
|                 |                       | 1 1                | Do          |                 |                                      |  |

County Executive Office Signature

### MINUTES OF THE BOARD OF SUPERVISORS

| On motion of Supervisor Tavaglione, seconded by Supervisor Benoit and duly     |
|--------------------------------------------------------------------------------|
| carried by unanimous vote, IT WAS ORDERED that the above matter is approved as |
| recommended.                                                                   |

Ayes:

Jeffries, Tavaglione, Washington, Benoit and Ashley

Navs:

None

Absent:

None

Date:

May 24, 2016

XC:

Treasurer

A-30 4/5 Vote

Positions Added

Change Order

□ Prev. Agn. Ref.:

District: 5

Agenda Number:

9-16

Kecia Harper-Ihem

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

**FORM 11:** Recommendation for Distribution of Excess Proceeds for Tax Sale No. 199, Item 271. Last assessed to: MG Banning, LLC, a California Limited Liability Company. District 5 [\$548]. Fund 65595 Excess Proceeds from Tax Sale.

DATE: APR 1 2 2016 PAGE: Page 2 of 2

### **RECOMMENDED MOTION:**

2. Authorize and direct the Auditor-Controller to issue a warrant to Found Extra Money, LLC agent for MG Banning, LLC in the amount of \$548.30, 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:

 Claim from Found Extra Money, LLC agent for MG Banning, LLC based on an Authorization for Agent to Collect Excess Proceeds dated February 5, 2015 and a Grant Deed recorded March 31, 2005 as Instrument No. 2005-0253837.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Found Extra Money, LLC agent for MG Banning, LLC be awarded excess proceeds in the amount of \$548.30. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimant by certified mail.

### Impact on Citizens and Businesses

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

### ATTACHMENTS (if needed, in this order):

A copy of the Excess Proceeds Claim form and supporting documentation is attached.

### **FOUND EXTRA MONEY, LLC**

UNCLAIMED MONEY CONSULTANTS

<u>WWW.FoundExtraMoney.com</u> Email: <u>Richard@foundextramoney.com</u>

LAS VEGAS OFFICE:

8022 S. Rainbow Blvd. #362 Las Vegas, NV 89139 Toll Free: (888) 867-4785 Fax No: (702) 331-4992 LOS ANGELES OFFICE

9420 Reseda Blvd. #830 Northridge, CA 91324 Toll Free: (888) 867-4785 Fax No.: (818) 701-7184

### PLEASE REPLY TO LOS ANGELES OFFICE

February 11, 2015

Mr. Don Kent Riverside County Treasurer-Tax Collector P.O. Box 12005 Riverside, CA 92502

RE: Excess Proceeds Claim: Parcel Number 540-220-009-6 (649 W. Lincoln St., Banning, CA 92220)

Sale Date: 02/04/2014

Recorded Date: 03/21/2014

Total Amount of Excess Proceeds: approximately \$185,000.00 Claimant: MG BANNING, LLC 75% of \$185,000.00 = \$138,750.00

Claimant: FOUND EXTRA MONEY, LLC ("FEM, LLC")-25% of \$185,000.00 =

\$46,250.00

Dear Mr. Kent:

Enclosed for your reference, please find the following documents in support of our claim(s) for the excess proceeds resulting from the tax sale of the above-referenced property at the ax Collector's Public Tax Auction held on February 4, 2014:

- Copy of the GRANT Deed recorded on 3/31/2005 showing MG BANNING, LLC as having been granted the property for the above referenced APN (3 pages);
- County of Riverside, Office of the Treasurer-Tax Collector Sale of Tax-Defaulted Property (Sale #TC199) on January 30, 2014 thru February 4, 2014, showing the above referenced parcel to be Item#271 on the sale list (1 page);

- Property Report showing the legal description of the property, and showing MG BANNING, LLC as having been the seller of the property at the time of the Public Auction which was recorded on 03/21/2014 (3 pages);
- Cover letter from the Law Offices of Ealy, Hemphill, Blasdel & Oleson, LLC dated March 18, 2005 that accompanied the Endorsed-Filed Articles of Organization for MG BANNING, LLC, and which was addressed to Mike OMAN (1 page);
- Riverside County Claim for Excess Proceeds from the Sale of Tax-Defaulted Property signed by MICHAEL OMAN on behalf of MG BANNING, LLC and dated February 5, 2015 (1 page);
- 6. Authorization, Assignment, and Fee Agreement signed by MICHAEL OMAN on behalf of MG BANNING, LLC (Assignor) on 2/05/2015 and DENNIS A. MURKEY, Manager for FEM, LLC (Assignee) signed on 2/06/2015 to pay 25% of the amount to FEM, LLC (1 page);
- 7. Notarized Assignment of Right to Collect Excess Proceeds to Found Extra Money, LLC, signed by MICHAEL OMAN on behalf of MG BANNING, LLC on February 5, 2015, and by DENNIS A. MURKEY, Manager for Found Extra Money, LLC on 02/11/2015 (3 pages);

Pursuant to California Courts of Appeals case law and statutory authority you must recognize that our rights, as an assignee, must be protected in any distribution of proceeds by issuing of a separate draft in the name of Found Extra Money, LLC. (*Marion Drive, LLC v. Saladino* (2006) 136 Cal.App.4<sup>th</sup> 1432, 1437; *Fjaeran v. Board of Supervisors* (1989) 210 Cal.App.3d 434,442; CA Rev. & Tax Code Sec. 4675, subd (e) (2). Assignments are permitted (Section 4675, subd. (b));

- 8. Riverside County Claim for Excess Proceeds from the Sale of Tax Defaulted Property signed by DENNIS A. MURKEY, Manager for FEM, LLC on February 6, 2015 (1 page);
- 9. A valid Photo ID for MICHAEL OMAN (1 page);
- 10.A completed W-9 Form for completed and signed by MICHAEL OMAN on behalf of MG BANNING, LLC and dated 02/05/2015 (1 page);

- 11.A completed W-9 form signed by DENNIS A. MURKEY, Manager for FEM, LLC and dated 02/06/2015 (1 page);
- 12. Notarized Limited Power of Attorney authorizing Found Extra Money, LLC to represent MICHAEL OMAN on behalf of MG BANNING, LLC as true and lawful attorney to do all things with regard to the collection of excess proceeds, and signed by MICHAEL OMAN on February 5, 2015 (2 pages).

Please issue separate checks as follow:

MG BANNING, LLC-75% = \$138,750.00 FOUND EXTRA MONEY, LLC-25% = \$46,250.00

Mail to:

Found Extra Money, LLC 9420 Reseda Blvd., #830 Northridge, CA 91324

If you have any questions regarding the above, please do not hesitate to contact me at 888-867-4785.

Thank you.

Sincerely,

Dennis A. Murke

FEM, LLC



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

| lo: Don Kent, Treasurer-Tax Collector                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Re: Claim for Excess Proceeds                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |
| TC 199 Item 271 Assessment No.: 540220009-6                                                                                                                                                                             | 5                                                                                                                                                                                                                                                                                                                                                   |
| Assessee: MG BANNING                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                     |
| Situs: 649 W LINCOLN ST BANNING 92220                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                     |
| Date Sold: February 4, 2014                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                     |
| Date Deed to Purchaser Recorded: March 21, 2014                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |
| Final Date to Submit Claim: March 23, 2015                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |
| property owner(s) [check in one box] at the t<br>Recorder's Document No.214.0104730; recorder                                                                                                                           | Section 4675, hereby claim excess proceeds in the amount of coned real property. I/We were the limit lienholder(s), ASSIGNEE time of the sale of the property as is evidenced by Riverside County ed on lienholder(s). A copy of this document is attached hereto, ached assignment of interest. I/We have listed below and attached aim submitted. |
| ASSIGNMENT of RIGHT TO COLLECT EXCE                                                                                                                                                                                     | D UNLESS THE DOCUMENTATION IS ATTACHED.                                                                                                                                                                                                                                                                                                             |
| If the property is held in Joint Tenancy, the taxsale have to sign the claim unless the claimant submits claimant may only receive his or her respective portio I/We affirm under penalty of perjury that the foregoing |                                                                                                                                                                                                                                                                                                                                                     |
| Autority day of FEBRUARY                                                                                                                                                                                                | , 2015 at Los ANGELES, CA County, State                                                                                                                                                                                                                                                                                                             |
| Signature of Claimark DENNIS A. MURKEY, MANNER FOUND EXTRA MONEY, LLC Print Name                                                                                                                                        | Signature of Claimant                                                                                                                                                                                                                                                                                                                               |
| Print Name                                                                                                                                                                                                              | Print Name                                                                                                                                                                                                                                                                                                                                          |
| 9420 RESENA BLVD.,# 830 Street Address                                                                                                                                                                                  | Chroat Address                                                                                                                                                                                                                                                                                                                                      |
| NORTHRIDGE, CA 91324                                                                                                                                                                                                    | Street Address                                                                                                                                                                                                                                                                                                                                      |
| City, State, Zip                                                                                                                                                                                                        | City, State, Zip                                                                                                                                                                                                                                                                                                                                    |
| (888)867-4785<br>Phone Number                                                                                                                                                                                           | Phono Number                                                                                                                                                                                                                                                                                                                                        |
| T TOUR MUNICE                                                                                                                                                                                                           | Phone Number<br>SCO 8-21 (1-99)                                                                                                                                                                                                                                                                                                                     |

## CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY (SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS) Don Kent, Treasurer-Tax Collector Re: Claim for Excess Proceeds TC 199 Item 271 Assessment No.: 540220009-6 Assessee: MG BANNING Situs: 649 W LINCOLN ST BANNING 92220 Date Sold: February 4, 2014 Date Deed to Purchaser Recorded: March 21, 2014 Final Date to Submit Claim: March 23, 2015 I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$185,000.00(A?201.) 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 No2014-0104130; recorded on 03211307. A copy of this document is attached hereto. 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. GRANT DEED If the property is held in Joint Tenancy, the taxsale process has severed this Joint Tenancy, and all Joint Tenants 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? Signature of Claimant Signature of Claimant MICHAEL OMAN **Print Name Print Name** 5356 CLAYTON KD Street Address Street Address HAIRFIELD, UA

City, State, Zip

Phone Number

SCO 8-21 (1-99)

(760) 409.6409



### AUTHORIZATION FOR AGENT TO COLLECT EXCESS PROCEEDS

To expedite processing of this claim, we would strongly suggest you use this form. For this form to be valid it must be completed in its entirety and documentation establishing the assignor's claim as a "party of interest" must be provided at the time this document is filed with the Treasurer-Tax Collector. PLEASE SEE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INSTRUCTIONS.

| from the sale of assessment number 540 · 220 · 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | alifornia Revenue and Taxation Code), I, the undersigned, do hereby make ollect the excess proceeds which you are holding and to which I am entitled sold at public auction on ORIOY ROLL.                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| understand that I AM NOT SELLING MY RIGHT TO convenience.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | THE REFUND, but merely naming an agent for collection purposes for my                                                                                                                                                                                   |
| I also understand that the total of excess proceeds ava<br>for this refund on my own, without the refund an agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ilable for refund is \$ 185,000.00(()()()()) and that I have a right to file a claim For valuable consideration received my agent is appointed to act on my behalf.                                                                                     |
| ¥                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Michael Oman<br>Mg Banning, LlC                                                                                                                                                                                                                         |
| (Signature of Party of Interest)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Name Printed)                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5354 CLATTON RD.                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Address)                                                                                                                                                                                                                                               |
| STATE OF CALIFORNIA )ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FAIRFIELD, CA 94534                                                                                                                                                                                                                                     |
| COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (City/State/Zip)                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (76) 409.6409                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Area Code/Telephone Number)                                                                                                                                                                                                                            |
| On                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | before me personally                                                                                                                                                                                                                                    |
| person(s) whose name(s) is/are subscribed to the within                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , before me,, personally, who proved to me on the basis of satisfactory evidence to be the n instrument and acknowledged to me that he/she/they executed the same in r/their signature(s) on the instrument the person(s), or the entity upon behalf of |
| DE TOICHIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of the State of California that the forgoing paragraph is true and correct.                                                                                                                                                                             |
| WITNESS my hand and official seal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (-3h)                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                         |
| (Signature of Notary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (This area for official seal)                                                                                                                                                                                                                           |
| California Revenue and Taxation Code, the full amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | at I have disclosed to the party of interest, pursuant to Section 4675 of the concess proceeds available and ADVISED HIM OF HIS RIGHT TO FILE A                                                                                                         |
| Daniel Otto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DENNIS A MURKEY MANAGER<br>FOUND EXTRA MONEY, LLO                                                                                                                                                                                                       |
| (Signature of Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FOUND EXTRA MONEY, LLO                                                                                                                                                                                                                                  |
| CLAIM ON FITS OWN, WITHOUT THE HELP OF AN A CHIMMS IN THE HELP OF AN A CHIMS IN THE HELP OF AN A CHIMMS IN THE HELP OF A CHIMMS IN THE HELP OF AN A CHIMMS IN THE HELP OF A CHIMMS IN T | (Name Printed)                                                                                                                                                                                                                                          |
| See Attachment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9420 RESEDA BLVD., # 830                                                                                                                                                                                                                                |
| STATE OF CALIFORNIA )ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Address)                                                                                                                                                                                                                                               |
| COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NORMRIDGE, CA 91324                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (City/State/Zip)                                                                                                                                                                                                                                        |
| On befo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ore me, the undersigned, a Notary Public in and for said State, personally                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , who proved to me on the basis of satisfactory evidence to be the n instrument and acknowledged to me that he/she/they executed the same in                                                                                                            |
| his/her/their authorized capacity/ies), and that by his/he which the person(s) acted executed the instrument.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r/their signature(s) on the instrument the person(s), or the entity upon behalf of                                                                                                                                                                      |
| WITNESS my hand and official seal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (This area for official seal)                                                                                                                                                                                                                           |

(Signature of Notary)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate CALIFORNIA ALL-PURPOSE is attached, and not the truthfulness, accuracy, or validity of that document. **CERTIFICATE OF** ACKNOWLEDGMENT State of California County of \_\_\_\_\_\_Salawa On Feb 05, 2015 before me, M.K. Christiansen Notare (here insert name and little of the office personally appeared Michael Oms.) who proved to me on the basis of satisfactory evidence to be the person(s) whose name (s)(s)/are subscribed to the within instrument and acknowledged to me that ke/she/they executed the same in kts/her/their authorized capacity(hes), 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. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. M. K. CHRISTIANSEN Commission # 2047059 Notary Public - California WITNESS my hand and official seal. Solano County My Comm. Expires Nov 23, 2017 Signature (Seal) **OPTIONAL INFORMATION** Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document. **Description of Attached Document** Additional Information The preceding Certificate of Acknowledgment is attached to a document Method of Signer Identification titled/for the purpose of Authorization for Agent Proved to me on the basis of satisfactory evidence: form(s) of identification of credible witness(es) to collect &cess Proceeds Notarial event is detailed in notary journal on: containing \_\_\_\_\_ pages, and dated \_\_\_\_\_\_. The signer(s) capacity or authority is/are as: Notary contact: 707-32/-32 48 Individual(s) Attorney-in-Fact Corporate Officer(s)

Title(s) Additional Signer(s) Signer(s) Thumbprint(s) ☐ Guardian/Conservator Partner - Limited/General Trustee(s) Other: representing: Name(s) of Person(s) or Entity(les) Signer is Representing

# California All-Purpose Certificate of Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of Los Angeles                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S.S.                                                                                                                                                                                                                                                                                                                                                                                                                        |
| On 02/11/2015 before me, Indexbir                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Singh Shullar, Notary Public                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Murkey emo of Signer (1)                                                                                                                                                                                                                                                                                                                                                                                                    |
| Name of Signer (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| who proved to me on the basis of satisfactory eviden s/are subscribed to the within instrument and acknown the same in his/her/their authorized capacity(ies), an instrument the person(s), or the entity upon behalf of instrument.                                                                                                                                                                                                                                               | wledged to me that he/she/they execute<br>d that by his/ <del>her/the</del> ir signature(s) on th                                                                                                                                                                                                                                                                                                                           |
| certify under PENALTY OF PERJURY under the law<br>of the State of California that the foregoing paragraph<br>rue and correct.                                                                                                                                                                                                                                                                                                                                                      | INDERBIR SINGH BHULLAR Commission # 2063076                                                                                                                                                                                                                                                                                                                                                                                 |
| WITNESS my hand and official seal.                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Notary Public - California<br>Los Angeles County                                                                                                                                                                                                                                                                                                                                                                            |
| 1211111                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | My Comm. Expires Mar 31, 2018                                                                                                                                                                                                                                                                                                                                                                                               |
| 1 Salana -                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Signeture of Nolary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Seal                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Signature of Notary Public OPTIONAL INFORMA                                                                                                                                                                                                                                                                                                                                                                                                                                        | TION —                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature of Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TION                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Signature of Notary Public  — OPTIONAL INFORMA  Although the information in this section is not required by law, it coul                                                                                                                                                                                                                                                                                                                                                           | TION  d prevent fraudulent removal and reattachment of seful to persons relying on the attached document.                                                                                                                                                                                                                                                                                                                   |
| Signature of Notary Public  — OPTIONAL INFORMA  Although the information in this section is not required by law, it coul this acknowledgment to an unauthorized document and may prove u                                                                                                                                                                                                                                                                                           | TION                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Signature of Notary Public  OPTIONAL INFORMA  Although the information in this section is not required by law, it coul this acknowledgment to an unauthorized document and may prove u  escription of Attached Document  be preceding Certificate of Acknowledgment is attached to a                                                                                                                                                                                               | TION  d prevent fraudulent removal and reattachment of seful to persons relying on the attached document.  Additional Information.  Method of Signer Identification                                                                                                                                                                                                                                                         |
| Signature of Notary Public  OPTIONAL INFORMA  Although the information in this section is not required by law, it coult this acknowledgment to an unauthorized document and may prove usescription of Attached Document  see preceding Certificate of Acknowledgment is attached to a secument titled/for the purpose of Attached Tocarization for                                                                                                                                 | TION  d prevent fraudulent removal and reattachment of seful to persons relying on the attached document.  Additional information                                                                                                                                                                                                                                                                                           |
| OPTIONAL INFORMA Although the information in this section is not required by law, it coult this acknowledgment to an unauthorized document and may prove usescription of Attached Document  see preceding Certificate of Acknowledgment is attached to a secument titled/for the purpose of Authorization for Gentle to Callect excess proceeds,                                                                                                                                   | TION  d prevent fraudulent removal and reattachment of seful to persons relying on the attached document.  Additional information  Method of Signer Identification  Proved to me on the basis of satisfactory evidence:                                                                                                                                                                                                     |
| OPTIONAL INFORMA Although the information in this section is not required by law, it coul this acknowledgment to an unauthorized document and may prove u escription of Attached Document be preceding Certificate of Acknowledgment is attached to a focument titled/for the purpose of                                                                                                                                                                                           | TION  d prevent fraudulent removal and reattachment of seful to persons relying on the attached document.  Additional information  Method of Signer Identification  Proved to me on the basis of satisfactory evidence:  ★ form(s) of identification ☐ credible witness(es)                                                                                                                                                 |
| OPTIONAL INFORMA Although the information in this section is not required by law, it coult this acknowledgment to an unauthorized document and may prove usescription of Attached Document  see preceding Certificate of Acknowledgment is attached to a secument titled/for the purpose of Atherization for Acknowledgment to called excess proceeds, intaining 1 pages, and dated 02/11/2015  see signer(s) capacity or authority is/are as:  Individual(s)                      | TION  d prevent fraudulent removal and reattachment of seful to persons relying on the attached document.  Additional Information  Method of Signer Identification  Proved to me on the basis of satisfactory evidence:  ☐ form(s) of identification ☐ credible witness(es)  Notarial event is detailed in notary journal on:                                                                                               |
| OPTIONAL INFORMA Although the information in this section is not required by law, it coult this acknowledgment to an unauthorized document and may prove usescription of Attached Document  see preceding Certificate of Acknowledgment is attached to a secument titled/for the purpose of Arthorization for the callect excess proceeds, intaining 1 pages, and dated 02/11/2015  see signer(s) capacity or authority is/are as:  Individual(s)  Attorney-in-fact                | TION  d prevent fraudulent removal and reattachment of reeful to persons relying on the attached document.  Additional information  Method of Signer Identification  Proved to me on the basis of satisfactory evidence:  ☐ form(s) of identification ☐ credible witness(es)  Notarial event is detailed in notary journal on:  Page # //3 Entry # _ &                                                                      |
| OPTIONAL INFORMA Although the information in this section is not required by law, it coult this acknowledgment to an unauthorized document and may prove usescription of Attached Document  see preceding Certificate of Acknowledgment is attached to a secument titled/for the purpose of Atherization for Acknowledgment to called excess proceeds, intaining 1 pages, and dated 02/11/2015  see signer(s) capacity or authority is/are as:  Individual(s)                      | TION  d prevent fraudulent removal and reattachment of reful to persons relying on the attached document.  Additional information  Method of Signer Identification  Proved to me on the basis of satisfactory evidence:  ☐ form(s) of identification ☐ credible witness(es)  Notarial event is detailed in notary journal on:  Page # _//3 Entry #8_                                                                        |
| OPTIONAL INFORMA Although the information in this section is not required by law, it coult this acknowledgment to an unauthorized document and may prove usescription of Attached Document  see preceding Certificate of Acknowledgment is attached to a secument titled/for the purpose of                                                                                                                                                                                        | TION  d prevent fraudulent removal and reattachment of seful to persons relying on the attached document.  Additional information.  Method of Signer Identification  Proved to me on the basis of satisfactory evidence:  ☐ form(s) of identification ☐ credible witness(es)  Notarial event is detailed in notary journal on:  Page # //3 Entry # _8  Notary contact:  Other                                               |
| OPTIONAL INFORMA  Although the information in this section is not required by law, it coult this acknowledgment to an unauthorized document and may prove usescription of Attached Document  be preceding Certificate of Acknowledgment is attached to a secument titled/for the purpose of Atherization for Acknowledgment to called excess proceeds, intaining                                                                                                                   | TION  d prevent fraudulent removal and reattachment of reful to persons relying on the attached document.  Additional information  Method of Signer Identification  Proved to me on the basis of satisfactory evidence:  ★ form(s) of identification ☐ credible witness(es)  Notarial event is detailed in notary journal on:  Page # //3 Entry # _ 8  Notary contact:  Other  Additional Signer ☐ Signer(s) Thumbprints(s) |
| OPTIONAL INFORMA  Although the information in this section is not required by law, it coult this acknowledgment to an unauthorized document and may prove usescription of Attached Document  see preceding Certificate of Acknowledgment is attached to a secument titled/for the purpose of Artherization for Actual Excess proceeds, intaining pages, and dated 02/11/2015  see signer(s) capacity or authority is/are as:  Individual(s)  Attorney-in-fact Corporate Officer(s) | TION  d prevent fraudulent removal and reattachment of reful to persons relying on the attached document.  Additional information  Method of Signer Identification  Proved to me on the basis of satisfactory evidence:  ★ form(s) of identification ☐ credible witness(es)  Notarial event is detailed in notary journal on:  Page # //3 Entry # _ 8  Notary contact:  Other  Additional Signer ☐ Signer(s) Thumbprints(s) |

| RECORDING REQUESTED BY CHICAGO TITLE COMPANY AND WHEN RECORDED MAIL TO                                                                                                                                                                                                                                                                                                                                                                                                             | DOC # 2005-0253837 03/31/2005 08:00A Fee:23.00 Page 1 of 3 Doc 7 Tax Paid Recorded in Official Records County of Riverside                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MG BANNING, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Larry W. Ward<br>Assessor, County Clerk & Recorder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1111 E. THAquitzeyn                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PALM Springs, CA 92262                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M S U PAGE SIZE DA PCOR/ NOCOR SMF MISC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Escrow No. 57005189 - F24                                                                                                                                                                                                                                                                                                                                                                                                                                                          | The state of the s |
| Order No. 57005189 -<br>CHICAGO TITLE CO. ORDER#                                                                                                                                                                                                                                                                                                                                                                                                                                   | A R L COPY LONG REFUND NCHG EXAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| GRANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEED Assessor's Parcel No: 540-017-3;540-220-008-5;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| THE UNDERSIGNED GRANTOR(S) DECLARE(S)  DOCUMENTARY TRANSFER TAX IS \$ 3/8/5.  unincorporated area                                                                                                                                                                                                                                                                                                                                                                                  | onveyed, or is umbrances remaining at time of sale, and of which is hereby acknowledged.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dated March 25, 2005  STATE OF CALIFORNIA COUNTY OF RIVERSIDE ON MUCK 25, 2005  before me ANN LONNIE a Notary Public in and for said County and State, personally appeared GEOFF GILBERT                                                                                                                                                                                                                                                                                           | ANN LONNE Commission # 1405867                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| personally known to me (or proved to me on the basis of satisfact evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed to same in his/her/their authorized capacity(iee), and that by his/her/their authorized capacity(iee), and that by his/her/their instrument the person(s), or the entity upon behalf which the person(s) acted, executed the instrument.  WITNESS my hand and official seal. | the My Comm. Expires Mar 15, 2007 the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Jun Houne 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | - 15-07<br>Commission Expires for notary seal or stamp<br>NE: IF NO PARTY SO SHOWN, MAIL AS DIRECTED ABOVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Escrow No. 57005189 - F24

### LEGAL DESCRIPTION EXHIBIT

### PARCEL 1:

BLOCK 248 AND BLOCK 249 AS SHOWN BY AMENDED MAP OF BANNING LAND COMPANY, RECORDED IN BOOK 9 PAGE 44 OF MAPS RECORDS OF SAN BERNARDINO COUNTY, CALIFORNIA, AS SHOWN BY MAP OF SUBDIVISION OF LAND ADJOINING BANNING ON THE SOUTHWEST, RECORDED IN BOOK 14 PAGE 662 OF MAPS, RECORDS OF SAN DIEGO COUNTY, CALIFORNIA;

EXCEPT FROM SAID BLOCK 249, THE WEST HALF THEREOF;

ALSO EXCEPT FROM BLOCKS 248 AND 249, ANY PORTION THEREOF INCLUDED WITHIN THE SOUTHERN PACIFIC RAILWAY RIGHT-OF-WAY.

### PARCEL 2:

BLOCK 236 AS SHOWN BY AMENDED MAP OF BANNING LAND COMPANY, RECORDED IN BOOK 9 PAGE 44 OF MAPS, RECORDS OF SAN BERNARDINO COUNTY, CALIFORNIA, AS SHOWN BY MAP OF THE SUBDIVISION OF LAND ADJOINING BANNING ON THE SOUTHWEST, RECORDED IN BOOK 14 PAGE 662 OF MAPS, RECORDS OF SAN DIEGO COUNTY, CALIFORNIA;

EXCEPT ANY PORTION THEREOF INCLUDED WITHIN THE SOUTHERN PACIFIC RAILWAY RIGHT-OF-WAY;

ALSO EXCEPT THAT PORTION DEEDED TO THE CITY OF BANNING BY DEED RECORDED MARCH 13, 1974 IN BOOK 1974 PAGE 28894 OF OFFICIAL RECORDS OF RIVERSIDE COUNTY, CALIFORNIA;

ALSO EXCEPT THAT PORTION DESCRIBED AS PARCEL 5170-107 IN DEED TO RIVERSIDE COUNTY FLOOD CONTROL AND WATER CONSERVATION DISTRICT RECORDED FEBRUARY 23, 1977 AS INSTRUMENT NO. 29398 OF OFFICIAL RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.

### PARCEL 3:

THAT PORTION OF FOURTH STREET AS SHOWN BY AMENDED MAP OF BANNING LAND COMPANY, RECORDED IN BOOK 9 PAGE 44 OF MAPS, RECORDS OF SAN BERNARDINO COUNTY, CALIFORNIA, AS SHOWN BY MAP OF SUBDIVISION OF LAND ADJOINING BANNING ON THE SOUTHWEST, RECORDED IN BOOK 14 PAGE 662 OF MAPS, RECORDS OF SAN DIEGO COUNTY, ALONG, LYING BETWEEN THE SOUTHERN PACIFIC RAILROAD RIGHT-OF-WAY AND THE NORTH LINE OF LINCOLN STREET BEGINNING AT A POINT ON THE SOUTH LINE OF THE SOUTHERN PACIFIC RAILROAD RIGHT-OF-WAY AND THE WEST LINE OF FOURTH STREET;

THENCE EAST ON SAID SOUTH LINE OF SAID RAILROAD RIGHT-OF-WAY, A DISTANCE OF 8 FEET TO THE WEST LINE OF THE STORM DRAIN;

THENCE SOUTHEASTERLY IN A STRAIGHT LINE TO A POINT ON THE NORTH LINE OF LINCOLN STREET 34 FEET EAST OF THE WEST LINE OF FOURTH STREET;

THENCE WEST ON SAID NORTH LINE OF LINCOLN STREET, 34 FEET TO THE WEST OF FOURTH STREET;

THENCE NORTH ON THE PRESENT WEST LINE OF FOURTH STREET, 565 FEET TO THE POINT OF BEGINNING;

DEEDLEGL-08/09/94bx

Page 2 Escrow No. 57005189 -F24

### LEGAL DESCRIPTION EXHIBIT

SAID PROPERTY BEING THAT PART OF FOURTH STREET LYING WEST OF THE STORM DRAIN AND BETWEEN THE SOUTH LINE OF THE SOUTHERN PACIFIC RAILROAD RIGHT-OF-WAY AND THE NORTH LINE OF LINCOLN STREET;

EXCEPT THAT PORTION LYING NORTHEASTERLY OF THE SOUTHEASTERLY EXTENSION OF THE SOUTHWESTERLY LINE OF THAT PORTION DEED TO THE CITY OF BANNING BY DEED RECORDED MARCH 13, 1974 IN BOOK 1974 PAGE 28894 OF OFFICIAL RECORDS OF RIVERSIDE COUNTY, CALIFORNIA.



### **FOUND EXTRA MONEY, LLC**

UNCLAIMED MONEY CONSULTANTS

### WWW.FoundExtraMoney.com

Email: Richard@foundextramonev.com

### LAS VEGAS OFFICE:

8022 S. Rainbow Blvd. #362 Las Vegas, NV 89139 Toll Free: (888) 867-4785 Fax No: (702) 331-4992

### LOS ANGELES OFFICE

9420 Reseda Blvd. #830 Northridge, CA 91324 Toll Free: (888) 867-4785 Fax No.: (818) 701-7184

### PLEASE REPLY TO LOS ANGELES OFFICE: CLAIM RC 14 #5; CLAIM AMOUNT; \$185,000.00(approx.)

### AUTHORIZATION, ASSIGNMENT AND FEE AGREEMENT

By executing this Agreement/Assignment, the undersigned hereby authorizes Found Extra Money, LLC, ("FEM, LLC") by its agents and its representatives, as Claimant(s)' exclusive agent and, as its assignee, to locate, prepare, and process all documents and receive and disburse all funds owed to Claimant, according to the terms of this Agreement/Assignment either as an individual, trustee, agent for a business entity, or as a personal representative or heir of an estate.

In consideration and for the time and expense to locate Claimant(s) and in preparing and in submitting the claims for these funds, that FEM, LLC has located for Claimant(s)' benefit, Claimant(s) agree that FEM, LLC shall receive 25% (twenty-five percent) of the total funds recovered. FEM, LLC is solely responsible for all processing costs including research costs, document preparation, filing fees and other costs associated with the processing of this claim, or claims. Claimant(s) have been informed of his or her right to file a claim for these funds on his/her own behalf pursuant to CA R & T Sec. 4675. **No fee will be charged to Claimant if there is no recovery of funds.** 

Claimant agrees to sign and return all documents necessary to process this claim, within 3 business days of FEM, LLC's request for such. In the event that the claim is not paid by the entity holding these funds, both parties are released of their duties and obligations under this Agreement and Claimant(s) will have no obligation to pay FEM, LLC for any expenses it has incurred.

This Agreement/Assignment may be signed in counterparts and a signed copy received electronically, or by fax, shall be deemed an original and shall be governed by the laws of the State of California. In the event a dispute arises, the prevailing party shall be entitled to attorney's fees, costs and other relief by the Court. Venue shall be in Los Angeles County, California.

I agree to the above:

MG BANNNING, LLC BY MICHAEL OMAN

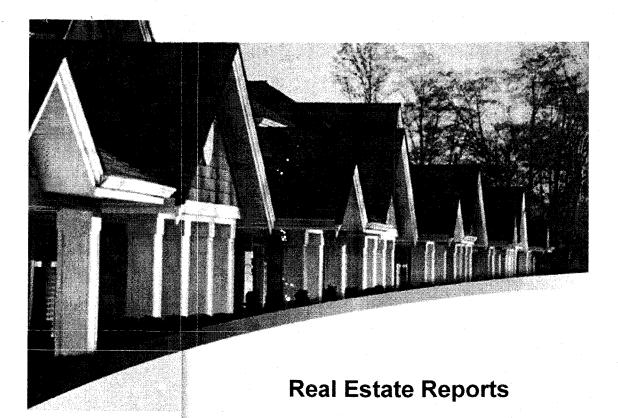
Dennik. Dowley 2/6/2015

| Michael Omen                                       | Ву:                                           |
|----------------------------------------------------|-----------------------------------------------|
| APPLICANT/CLAIMANT (PLEASE PRINT): (SIGNATURE)     | Title: * Office MG Branis LLC  Date: * 2-5-15 |
| DENNIS A. MURKEY, MANGER<br>FOUND EXTRA MONEY, LLC |                                               |



# COUNTY OF RIVERSIDE OFFICE OF THE TREASURER-TAX COLLECTOR SALE OF TAX DEFAULTED PROPERTY - TC199 JANUARY 30, 2014 - FEBRUARY 4, 2014

| ITEM# | ASSESSMENT# | <u>STATUS</u> | SALE PRICE   |
|-------|-------------|---------------|--------------|
| 271   | 540220009-6 | SOLD          | \$522,600.00 |
| 272   | 540220017-3 | SOLD          | \$400,100.00 |
| 273   | 541101009-5 | REDEEMED      |              |
| 274   | 541121022-8 | OFF SALE      |              |
| 275   | 541191013-7 | REDEEMED      |              |
| 276   | 541191017-1 | REDEEMED      |              |
| 277   | 541191018-2 | REDEEMED      |              |
| 278   | 563204016-9 | REDEEMED      |              |
| 279   | 572030017-9 | REDEEMED      |              |
| 280   | 572080055-8 | SOLD          | \$10,000.00  |
| 281   | 572230018-8 | SOLD          | \$27,948.00  |
| 282   | 573080067-6 | NO BID        |              |
| 283   | 577240006-3 | SOLD          | \$13,800.00  |
| 284   | 577240007-4 | REDEEMED      |              |
| 285   | 577240011-7 | SOLD          | \$7,200.00   |
| 286   | 577240012-8 | SOLD          | \$13,600.00  |
| 287   | 577240013-9 | SOLD          | \$4,400.00   |
| 288   | 577240014-0 | SOLD          | \$13,400.00  |
| 289   | 577240015-1 | SOLD          | \$4,500.00   |
| 290   | 577240016-2 | SOLD          | \$10,100.00  |
| 291   | 577240018-4 | SOLD          | \$12,900.00  |
| 292   | 584240026-3 | NO BID        |              |
| 293   | 584240027-4 | NO BID        |              |
| 294   | 602550057-2 | REDEEMED      |              |
| 295   | 603061012-7 | REDEEMED      |              |
| 296   | 603072006-6 | SOLD          | \$25,200.00  |
| 297   | 603281016-1 | SOLD          | \$75,100.00  |
| 298   | 606123011-8 | SOLD          | \$39,500.00  |
| 299   | 606281012-8 | REDEEMED      |              |
| 300   | 606580002-3 | REDEEMED      |              |
| 301   | 608183003-1 | REDEEMED      |              |
| 302   | 611026003-9 | REDEEMED      |              |
| 303   | 611141020-0 | SOLD          | \$61,000.00  |
| 304   | 611341013-2 | REDEEMED      |              |
| 305   | 611362025-8 | REDEEMED      |              |
| 306   | 614130013-1 | REDEEMED      |              |
| 307   | 614180002-6 | REDEEMED      |              |
| 308   | 616360064-2 | REDEEMED      |              |
| 309   | 624141003-9 | REDEEMED      |              |
| 310   | 626201038-0 | OFF SALE      |              |
| 311   | 626450023-6 | REDEEMED      |              |
| 312   | 633043005-4 | SOLD          | \$450,100.00 |
| 313   | 636182006-6 | SOLD          | \$4,651.00   |
| 314   | 637211003.9 | REDEEMED      |              |
| 315   | 638132006-5 | SOLD          | \$153,000.00 |
|       |             |               | •            |



Property: 649 W Lincoln St Banning, CA 92220 APN: 540-220-009

Data deemed reliable, but not guaranteed. LPS Data Services 2009. Copyright 2009 AgentPro247.com LoanPro247.com TitlePro247.com



40 Bruin Lancaster Llc, 649 W Lincoln St, Banning, CA 92220 APN: 540-220-009 Riverside County

### Owner Information

Primary Owner: 40 BRUIN LANCASTER LLC,

Mail Address: 12671 HIGH BLUFF DR STE

SAN DIEGO CA 92130

Secondary Owner:

Site Address: 649 W LINCOLN ST BANNING CA 92220

Assessor Parcel Number: 540-220-009

Census Tract: 0443.00

Housing Tract Number:

Lot Number: 248

Legal description: Lot: 248 Abbreviated Description: LOT:248 SUBD:AMENDED MAP OF BANNING LAND COMPANY 3.94 ACRES M/L IN POR BLK 248 MB 009/044 SB AMENDED MAP OF THE BANNING LAND CO City/Muni/Twp: BANNING

### Sale Information

Sale Date: 03/21/2014

Document #: 2014-0104730

Sale Amount: \$522,600

Seller: MG BANNING,

Sale Type:

Cost/SF:

### **Assessment & Tax Information**

Assessed Value: \$3,823,622

Land Value: \$1,065,565

Imp. Value: \$2,758,057

Homeowner

Exemption:

% Improvement: 72.13%

•

Tax Amount: \$54,179.10

Tax Status: Delinquent: 2007

Tax Year: 2014

Tax Rate Area: 1-020

Tax Account ID: 540220009

### **Property Characteristics**

Bedrooms:

Year Built:

Pool:

Bathrooms:

Square Feet:

Lot Size: 3.94 AC

Partial Baths:

Number of Units: 0

No of Stories:

Total Rooms:

Garage:

Fire Place:

Property Type: Commercial

Use Code: Commercial (General)

Building Style:

Zoning: M1



40 Bruin Lancaster Llc, 649 W Lincoln St, Banning, CA 92220 APN: 540-220-009 **Riverside County** 

### **Prior Transfer**

Recording Date: 03/21/2014

Price: \$522,600

First TD: N/A

Mortgage Doc #:

Lender Name:

Buyer Name: 40 BRUIN LANCASTER LLC,

Buyer Vesting: N/A

Seller Name: MG BANNING,

Legal description: Block: 248 Map Ref: MB9 PG44

City/Muni/Twp: BANNING

Document #: 2014-0104730 BK-PG -

Document #: 2005-0253837 BK-PG -

Type of Sale: Price Unconfirmed

Document Type: Public Action

Type of Sale: Sold For Taxes

Interest Rate:

Document Type: N/A

Interest Rate:

### **Prior Transfer**

Recording Date: 03/00/2005

Price: \$2,150,000

First TD: N/A

Mortgage Doc#:

Lender Name: N/A

Buyer Name: MG BANNING

Buyer Vesting: N/A

Seller Name: N/A

Legal description: Lot: 248

Abbreviated Description: 3.94 ACRES M/L IN POR BLK 248 MB 009/044 SB AMENDED MAP OF THE BANNING LAND

CO

City/Muni/Twp: BANNING

### **Prior Transfer**

Recording Date: 07/15/1998

Price: N/A

Multiple Parcels Involved In

This Transaction

First TD: N/A

Document #: 292696 BK-PG -

**Document Type: Corporation Deed** 

Interest Rate:

Type of Sale: This Sale Only Conveys A

Partial Interest

Mortgage Doc#: Lender Name:

Buyer Name: MARTIN ARCE PROPERTIES INC,

Buyer Vesting: N/A

Seller Name: , ARCE BROS

Legal description: Lot: 249

Abbreviated Description: 3.94 ACRES M/L IN POR BLK 248 MB 009/044 SB AMENDED MAP OF THE BANNING LAND

CO

City/Muni/Twp: BANNING



# LAW OFFICES OF EALY, HEMPHILL, BLASDEL & OLESON, LLP A CALIFORNIA LIMITED LIABILITY PARTNERSHIP

Emily Pern Hemphill Diane C. Blasdel Gregory R. Oleson

777 E. Tahquitz Canyon Way, Suite 328 Palm Springs, California 92262 Telephone: (760) 320-5977 Facsimile: (760) 320-9507

March 18, 2005

# VIA FIRST CLASS MAIL

Mr. Mike Oman MG Banning, LLC 525 South Calle Santa Rosa Palm Springs, CA 92264

Re:

MG Banning, LLC Our File No.: 7207

Dear Mr. Oman:

Enclosed herein please find an original of the Endorsed-Filed Articles of Organization (filed March 11, 2005) along with an original Certificate, for your file. As you previously received via facsimile, the EIN for MG Banning, LLC is 16-1719189.

Additionally, I am enclosing herein the Limited Liability Company Tax Voucher, Form 3522, I received from the Secretary of State's office. Although I am sure your accountant has this document, I thought I would provide it to you for your convenience. I will file the Statement of Information for the LLC within ninety (90) days. After the initial Statement of Information filing, you then will be responsible for any and all filings

As always, upon receipt of this correspondence, if you should have any questions regarding this or any other matter please feel free to give me a call.

Very truly yours,

EALY, HEMPHILL, BLASDEL & OLESON LLP

GRO/ldr

**Enclosures** 



(Rev. December 2014)
Department of the Treasury

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| Internal                                                                                                                                                                                                                                                   | Hevenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
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|                                                                                                                                                                                                                                                            | 1 Name (as shown on your income tax return). Name is required on this line; do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | not leave this line blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |
|                                                                                                                                                                                                                                                            | MG Banning, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| ~                                                                                                                                                                                                                                                          | 2 Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| <u>e</u>                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| page                                                                                                                                                                                                                                                       | O Charles and the first state of the charles and the charles and the charles are the charles and the charles are the charles and the charles are the charles a |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 Exemptions (codes apply only to                                                 |
| Ę                                                                                                                                                                                                                                                          | 3 Check appropriate box for federal tax classification; check only one of the following the second of the second of the following the second of the second o |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | certain entities, not individuals; see                                            |
| ~ S                                                                                                                                                                                                                                                        | Individual/sole proprietor or C Corporation S Corporation single-member LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n Partnership Trust/estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | instructions on page 3):                                                          |
| ğ                                                                                                                                                                                                                                                          | ✓ Limited liability company. Enter the tax classification (C=C corporation, S=S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | corporation, P=partnership)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Exempt payee code (if any)                                                        |
| 들벌                                                                                                                                                                                                                                                         | Note. For a single-member LLC that is disregarded, do not check LLC; che                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Exemption from FATCA reporting                                                    |
| at c                                                                                                                                                                                                                                                       | the tax classification of the single-member owner.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CK the appropriate box in the line above to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | code (if any)                                                                     |
| Print or type<br>c Instructions                                                                                                                                                                                                                            | ☐ Other (see instructions) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Applies to accounts maintained outside the U.S.)                                 |
| Print or type<br>Specific Instructions on                                                                                                                                                                                                                  | 5 Address (number, street, and apt. or suite no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Requester's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and address (optional)                                                            |
| ည္                                                                                                                                                                                                                                                         | 5356 Clayton Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| Ş                                                                                                                                                                                                                                                          | 6 City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| See                                                                                                                                                                                                                                                        | Fairfield, CA 94534                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | l l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |
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|                                                                                                                                                                                                                                                            | 7 List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
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| Par                                                                                                                                                                                                                                                        | Taxpayer Identification Number (TIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
|                                                                                                                                                                                                                                                            | your TIN in the appropriate box. The TIN provided must match the name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | given on the crota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | curity number                                                                     |
|                                                                                                                                                                                                                                                            | p withholding. For individuals, this is generally your social security number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
|                                                                                                                                                                                                                                                            | nt alien, sole proprietor, or disregarded entity, see the Part i instructions<br>is, it is your employer identification number (EIN), if you do not have a nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -       -                                                                         |
|                                                                                                                                                                                                                                                            | n page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
|                                                                                                                                                                                                                                                            | If the account is in more than one name, see the instructions for line 1 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The second secon | ridentification number                                                            |
|                                                                                                                                                                                                                                                            | lines on whose number to enter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the chart on page 4 ioi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| <b>3</b>                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| Par                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
|                                                                                                                                                                                                                                                            | penalties of perjury, I certify that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| 1. Th                                                                                                                                                                                                                                                      | e number shown on this form is my correct taxpayer identification numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | er (or I am waiting for a number to be is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ssued to me); and                                                                 |
| 2. la                                                                                                                                                                                                                                                      | m not subject to backup withholding because: (a) I am exempt from bac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | kup withholding, or (b) I have not been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | notified by the Internal Revenue                                                  |
| Se                                                                                                                                                                                                                                                         | rvice (IRS) that I am subject to backup withholding as a result of a failure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e to report all interest or dividends, or (c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the IRS has notified me that I am                                                 |
| no                                                                                                                                                                                                                                                         | longer subject to backup withholding; and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| 3. La                                                                                                                                                                                                                                                      | m a U.S. citizen or other U.S. person (defined below); and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
|                                                                                                                                                                                                                                                            | FATCA code(s) entered on this form (if any) indicating that I am exempt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t from EATCA reporting is correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |
|                                                                                                                                                                                                                                                            | ication instructions. You must cross out item 2 above if you have beer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tiv subject to backup withholding                                                 |
| becau                                                                                                                                                                                                                                                      | use you have failed to report all interest and dividends on your tax return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | For real estate transactions, item 2 do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | es not apply. For mortgage                                                        |
| intere                                                                                                                                                                                                                                                     | st paid, acquisition or abandonment of secured property, cancellation o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | f debt, contributions to an individual ret                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | irement arrangement (IRA), and                                                    |
| gener                                                                                                                                                                                                                                                      | ally, payments other than interest and dividends, you are not required to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sign the certification, but you must pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ovide your correct TIN. See the                                                   |
|                                                                                                                                                                                                                                                            | ctions on page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |
| Sign                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 65-1-                                                                             |
| Here                                                                                                                                                                                                                                                       | U.S. person ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date►X 2-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 03-13                                                                             |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • Form 1098 (home mortgage interest), 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AS-E (student loan interest) 1098-T                                               |
| Ger                                                                                                                                                                                                                                                        | neral Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (tuition)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | o E loradore four and do 4, 1000 1                                                |
| Sectio                                                                                                                                                                                                                                                     | n references are to the Internal Revenue Code unless otherwise noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Form 1099-C (canceled debt)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
|                                                                                                                                                                                                                                                            | developments. Information about developments affecting Form W-9 (such                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | • Form 1099-A (acquisition or abandonmen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nt of secured property)                                                           |
| as legi                                                                                                                                                                                                                                                    | slation enacted after we release it) is at www.irs.gov/fw9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Use Form W-9 only if you are a U.S. pers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |
| Purp                                                                                                                                                                                                                                                       | oose of Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | provide your correct TIN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |
| An ind                                                                                                                                                                                                                                                     | ividual or entity (Form W-9 requester) who is required to file an information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | If you do not return Form W-9 to the requ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | uester with a TIN, you might be subject                                           |
| return                                                                                                                                                                                                                                                     | with the IRS must obtain your correct taxpayer identification number (TIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to backup withholding. See What is backup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | withinologing r on page 2.                                                        |
| which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer  1. Coeffet that the TIN your are divide is correct for you are waiting for a number (ITIN). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |
|                                                                                                                                                                                                                                                            | cation number (EIN), to report on an information return the amount paid to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Certify that the TIN you are giving is on the issued.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | orrect (or you are waiting for a number                                           |
| you, or other amount reportable on an information return. Examples of information                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | kun withholdina, ar                                                               |
|                                                                                                                                                                                                                                                            | s include, but are not limited to, the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| • Form 1099-INT (interest earned or paid)  3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | U.S. person, your allocable share of                                              |
| Troin 1039-DIV (dividends, including those from stocks of mutual funds)  any partnership income from a U.S. trade or business is not subject to the                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
|                                                                                                                                                                                                                                                            | 1 1099-MISC (various types of income, prizes, awards, or gross proceeds)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | withholding tax on foreign partners' share                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |
| • Forn                                                                                                                                                                                                                                                     | n 1099-B (stock or mutual fund sales and certain other transactions by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ol> <li>Certify that FATCA code(s) entered or<br/>exempt from the FATCA reporting, is corre</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tris form (if any) indicating that you are<br>ct. See What is FATCA reporting? on |
|                                                                                                                                                                                                                                                            | n 1099-S (proceeds from real estate transactions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | page 2 for further information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |

Form **W-9** (Rev. August 2013)

(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

|                                                | Name (as shown on your income tax return)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                       |  |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|--|
|                                                | Found Extra Money, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                       |  |
|                                                | Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                       |  |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |  |
| Print or type<br>Specific Instructions on page | Charles and the first of the state of the st |                                            | Fti                                   |  |
| 5                                              | Check appropriate box for federal tax classification:  Individual/sole proprietor  C Corporation  S Corporation  Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                          | Exemptions (see instructions):        |  |
| e<br>Z                                         | Individual/sole proprietor C Corporation S Corporation Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Trust/estate                               |                                       |  |
| 충                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Exempt payee code (if any)            |  |
| 2 2                                            | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rship) ► <u>C</u>                          | Exemption from FATCA reporting        |  |
| Print or type<br>Instruction                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | code (if any)                         |  |
| ت ي                                            | Uther (see instructions) ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                       |  |
| čį                                             | Address (number, street, and apt. or suite no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Requester's name a                         | and address (optional)                |  |
| Š                                              | 9420 Reseda Blvd., #830                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                          |                                       |  |
| See                                            | City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                       |  |
| S                                              | Northridge, CA 91324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | . 1 -                                      |                                       |  |
|                                                | List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                       |  |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |  |
| Par                                            | Taxpayer Identification Number (TIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                       |  |
| Enter                                          | our TIN in the appropriate box. The TIN provided must match the name given on the "Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | " line Social sec                          | curity number                         |  |
| to avo                                         | id backup withholding. For individuals, this is your social security number (SSN). However, for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ora T                                      |                                       |  |
| entitie                                        | nt alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For others, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t a                                        | -     -                               |  |
| TIN or                                         | page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ia <u> </u>                                |                                       |  |
| Note.                                          | If the account is in more than one name, see the chart on page 4 for guidelines on whose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Employer                                   | identification number                 |  |
| numbe                                          | number to enter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                       |  |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |  |
| Par                                            | II Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                       |  |
| Under                                          | penalties of perjury, I certify that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | · · · · · · · · · · · · · · · · · · · |  |
|                                                | number shown on this form is my correct taxpayer identification number (or I am waiting for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | a number to be is                          | sued to me), and                      |  |
|                                                | n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                       |  |
| Ser                                            | vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | or dividends, or (c)                       | ) the IRS has notified me that I am   |  |
| no                                             | onger subject to backup withholding, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | ,                                     |  |
| 3. Lar                                         | n a U.S. citizen or other U.S. person (defined below), and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                       |  |
|                                                | FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | a la corroct                               |                                       |  |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                       |  |
| becau                                          | cation instructions. You must cross out item 2 above if you have been notified by the IRS ti<br>se you have failed to report all interest and dividends on your tax return. For real estate trans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nat you are current<br>actions, item 2 doe | es not apply. For mortgage            |  |
| interes                                        | t paid, acquisition or abandonment of secured property, cancellation of debt, contributions t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | o an individual reti                       | rement arrangement (IRA), and         |  |
| genera                                         | illy, payments other than interest and dividends, you are not required to sign the certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , but you must pro                         | vide your correct TIN. See the        |  |
|                                                | tions on page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                       |  |
| Sign<br>Here                                   | Signature of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ala: I                                     | /22                                   |  |
|                                                | U.S. person ► (VUMANA), I (VVMANA) / I (FINISE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ate > 2/04/                                | J015                                  |  |
| _                                              | ' / '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                       |  |

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### **Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



### **FOUND EXTRA MONEY, LLC**

UNCLAIMED MONEY CONSULTANTS

<u>WWW.FoundExtraMoney.com</u>

Email: <u>Richard@foundextramoney.com</u>

### LAS VEGAS OFFICE:

8022 S. Rainbow Blvd. #362 Las Vegas, NV 89139 Toll Free: (888) 867-4785 Fax No: (702) 331-4992

### LOS ANGELES OFFICE

9420 Reseda Blvd. #830 Northridge, CA 91324 Toll Free: (888) 867-4785 Fax No.: (818) 701-7184

### LIMITED POWER OF ATTORNEY

BE IT KNOWN that MG Banning, LLC/Michael Oman has made and appointed and by these presents does hereby make and appoint Found Extra Money, LLC in his/her name, place and stead, for the following and limited purposes only: TO DO ALL THINGS NECESSARY TO THE FILING, COLLECTION AND RECOVERY OF ANY AND ALL UNCLAIMED PROPERTY AND/OR EXCESS PROCEEDS FUNDS FROM ANY/ALL FINANCIAL INSTITUTIONS AND/OR GOVERNMENT AGENCIES, giving and granting said attorney full power and Authority to do and perform all and every act and thing whatsoever necessary to be done in And about the specific and limited premises (set out herein) as fully, to all intents and purposes as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawful do or cause to be done by virtue hereof.

| IN WITHESS W                                    | HEREOF, I have hereunto                                                                                                                | set my hand and se                                     | al on this <u>5</u>                                           | day of                      |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------|-----------------------------|
| (Signature)                                     |                                                                                                                                        | Mic<br>(Please Pl                                      | hael Om<br>rint)                                              | ~~                          |
| State of Californi                              | a                                                                                                                                      | **************************************                 | <u>,</u>                                                      |                             |
| County of                                       |                                                                                                                                        | C.                                                     | /<br>••                                                       |                             |
| On                                              | , before me,                                                                                                                           |                                                        | ersonally appeared                                            | *                           |
| same in his/her/their<br>person(s), or the enti | re subscribed to the within instruction authorized capacity(ies), a sity upon behalf of which the persury OF PERJURY under the laws of | at by his hely their signatus of shacted, executed the | o me that he/she/th<br>ure(s) on the instrum<br>e instrument. | ey executed the<br>nent the |
| Notary Public                                   |                                                                                                                                        |                                                        |                                                               |                             |
| My Commission i                                 | Expires on:                                                                                                                            | · · · · · · · · · · · · · · · · · · ·                  |                                                               |                             |

(Place Notary Seal above)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. CALIFORNIA ALL-PURPOSE **CERTIFICATE OF** ACKNOWLEDGMENT State of California County of \_\_\_\_\_\_ Soland ) On Feb 05 2015 before me, MK Chaistra Very Morany 4 (here insert name and title of the officer personally appeared Michael Oman who proved to me on the basis of satisfactory evidence to be the person(s) whose name was are subscribed to the within instrument and acknowledged to me that hexshe/they executed the same in his/her/their authorized capacity(jes), 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. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. M. K. CHRISTIANSEN Commission # 2047059 Notary Public - California Solano County WITNESS my hand and official seal. My Comm. Expires Nov 23, 2017 Signature (Seal) OPTIONAL INFORMATION Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document. Description of Attached Document Additional Information The preceding Certificate of Acknowledgment is attached to a document Method of Signer Identification titled/for the purpose of Line Led P. O.A. Proved to me on the basis of satisfactory evidence: form(s) of identification. O credible witness(es) Notarial event is detailed in notary journal on: containing 1 pages, and dated 02-05. 9015. Page # / Entry # Notary contact: 707-321-3218 The signer(s) capacity or authority is/are as: Individual(s) Attorney-in-Fact Additional Signer(s) Signer(s) Thumbprint(s) Corporate Officer(s)

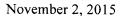
Title(s) Guardian/Conservator Partner - Limited/General Trustee(s) Other: representing: Name(s) of Person(s) or Entity(les) Signer is Representing

| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                      | SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                            | <ul> <li>Complete ftems 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature  X  Agent Aderesse  B. Received by (Printed Name)  C. Date of Deliver                                                                                                                                 |  |  |  |
| September 22, 2015                                                                                                                                                                                                                                                                                                         | 1. Article Addressed to:  Found Extra Money, LLC C/O Dennis A. Murkey 9420 Reseda Blvd., #830                                                                                                                                                                                                | D. Is delivery address different from item 1? Yes  If YES, enter denter & BHIPANU: No 9420 RESEDA BLVD. #3  NORTHRIDGE, CA 91324  818-349-2252                                                                     |  |  |  |
| Found Extra Money, LLC<br>C/O Dennis A. Murkey<br>9420 Reseda Blvd., #830<br>Northridge, CA 91324                                                                                                                                                                                                                          | Northridge, CA 91324  EP 199-271  2. Article Number                                                                                                                                                                                                                                          | 3. Service Type   Certified Mail                                                                                                                                                                                   |  |  |  |
| Re: APN: 540220009-6 TC 199 Item 271 Date of Sale: February 4, 2014  7003 2260 0004 1558 9183  7003 2260 0004 1558 9183  7003 2260 0004 1558 9183                                                                                                                                                                          |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                    |  |  |  |
| To Whom It May Concern:  This office is in receipt of your of documentation you have provide                                                                                                                                                                                                                               | claim for excess proceeds from the above-red is insufficient to establish your claim.                                                                                                                                                                                                        | mentioned tax sale. The                                                                                                                                                                                            |  |  |  |
| Please submit the necessary pr                                                                                                                                                                                                                                                                                             | oof to establish your right to claim the cassist the Tax Collector in making the d                                                                                                                                                                                                           |                                                                                                                                                                                                                    |  |  |  |
| <ul> <li>Notarized Affidavit for Col Personal Property under Ca Probate Code 13100</li> <li>Notarized Statement of different/misspelled</li> <li>Notarized Statement Giving claim on behalf of</li> <li>Certified Death Certificate</li> <li>Copy of Birth Certificates f</li> <li>Copy of Marriage Certificate</li> </ul> | Updated S (as of date  X Articles of Court Order  Authorization to  for  Secretary of St in good standing                                                                                                                                                                                    | ote/Payment Book tatement of Monies Owed of tax sale) f Organization er Appointing Administrator tclaim/Grant etc) urrent status with the California tate is SOS Suspended. Must be ngs in order to approve claim. |  |  |  |
| Please send in all documents wit contact me at the number listed by                                                                                                                                                                                                                                                        | hin 30 days ( <u>October 22, 2015</u> ). If you sh<br>below.                                                                                                                                                                                                                                 | ould have any questions, please                                                                                                                                                                                    |  |  |  |
| Sincerely,                                                                                                                                                                                                                                                                                                                 | •                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                    |  |  |  |

Jennifer Pazicni
Tax Sale Operations Unit
(951) 955-3336
(951) 955-3990 Fax
jpazicni@co.riverside.ca.us

|                                                                                                                                                                                                                                                                                                                                                                         | SENDER: COMPLETE THE                                                                                                                                                                                                                                                                         | S SECTION                                                                                                                              | COMPLETE THIS SECTION ON DELIVE                                                                        | RY               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                         | <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits:</li> </ul> |                                                                                                                                        | A. Signature  X                                                                                        |                  |  |
| November 2, 2015                                                                                                                                                                                                                                                                                                                                                        | 1. Article Addressed to:  Found Extra Money, LLC C/O Dennis A. Murkey, Manager 9420 Reseda Blvd., #830 Northridge, CA 91324                                                                                                                                                                  |                                                                                                                                        | D. Is delivery address different from Item 1     If YES, enter delivery address below:                 | A No             |  |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                              |                                                                                                                                        | 3. Service Type  M Certified Mail □ Express Mail □ Registered □ Return Receip                          | t for Merchandis |  |
| Found Extra Money, LLC<br>C/O Dennis A. Murkey, Manag<br>9420 Reseda Blvd., #830                                                                                                                                                                                                                                                                                        | 56 <i>EP 199-271</i><br>2. Article Number                                                                                                                                                                                                                                                    | 7015 DL                                                                                                                                | ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee)  4. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | ☐ Yes            |  |
| Northridge, CA 91324                                                                                                                                                                                                                                                                                                                                                    | (Transfer from service label)                                                                                                                                                                                                                                                                | (1                                                                                                                                     | 70 0000 2000 7012                                                                                      |                  |  |
| PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1 Re: APN: 540220009-6 TC 199 Item 271 Date of Sale: February 4, 2014                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                              |                                                                                                                                        |                                                                                                        |                  |  |
| To Whom It May Concern:                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                              |                                                                                                                                        |                                                                                                        |                  |  |
| This office is in receipt of your documentation you have provide Please submit the necessary production document(s) listed below may                                                                                                                                                                                                                                    | led is insufficient to estable roof to establish your ri                                                                                                                                                                                                                                     | lish your claim.  ght to claim the ex                                                                                                  | ccess proceeds. The                                                                                    |                  |  |
| <ul> <li>Notarized Affidavit for Collection of Personal Property under California Probate Code 13100</li> <li>Notarized Statement of different/misspelled</li> <li>Notarized Statement Giving Authorization to claim on behalf of</li> <li>Certified Death Certificate for</li> <li>Copy of Birth Certificates for</li> <li>Copy of Marriage Certificate for</li> </ul> |                                                                                                                                                                                                                                                                                              | Updated Sta  (as of date o  X Articles of Court Order                                                                                  | •                                                                                                      |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                              | X Other - Current status with the California Secretary of State is SOS Suspended. Must be in good standings in order to approve claim. |                                                                                                        |                  |  |
| If your documentation is not                                                                                                                                                                                                                                                                                                                                            | received within 15 days                                                                                                                                                                                                                                                                      | (November 17, 20                                                                                                                       | 15), your claim will be denied.                                                                        |                  |  |
| If you should have any question                                                                                                                                                                                                                                                                                                                                         | is, please contact me at the                                                                                                                                                                                                                                                                 | e number listed bel                                                                                                                    | ow.                                                                                                    |                  |  |
| Sincerely,                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                              |                                                                                                                                        |                                                                                                        |                  |  |

Jennifer Pazicni Tax Sale Operations Unit (951) 955-3336 (951) 955-3990 Fax jpazicni@RivCoTTC.org



# Final Notice

Found Extra Money, LLC C/O Dennis A. Murkey, Manager 9420 Reseda Blvd., #830 Northridge, CA 91324

Re:

APN: 540220009-6

TC 199 Item 271

Date of Sale: February 4, 2014

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Tax Collector in making the determination.

| Notarized Affidavit for Collection of       | Original Note/Payment Book                   |  |  |
|---------------------------------------------|----------------------------------------------|--|--|
| Personal Property under California          | Updated Statement of Monies Owed             |  |  |
| Probate Code 13100                          | (as of date of tax sale)                     |  |  |
| Notarized Statement of                      | X Articles of Organization                   |  |  |
| different/misspelled                        | Court Order Appointing Administrator         |  |  |
| Notarized Statement Giving Authorization to | Deed (Quitclaim/Grant etc)                   |  |  |
| claim on behalf of                          | X Other -Current status with the California  |  |  |
| Certified Death Certificate for             | Secretary of State is SOS Suspended. Must be |  |  |
| Copy of Birth Certificates for              | in good standings in order to approve claim. |  |  |
| Copy of Marriage Certificate for            |                                              |  |  |
|                                             |                                              |  |  |

If your documentation is not received within 15 days (November 17, 2015), your claim will be denied.

If you should have any questions, please contact me at the number listed below.

Sincerely,

Jennifer Pazicni Tax Sale Operations Unit (951) 955-3336 (951) 955-3990 Fax jpazicni@RivCoTTC.org

### **FOUND EXTRA MONEY, LLC**

**UNCLAIMED MONEY CONSULTANTS** 

### WWW.FoundExtraMoney.com

Email: <u>Richard@foundextramoney.com</u>

### LAS VEGAS OFFICE

8022 S. Rainbow Blvd. #362 Las Vegas, NV 89139 Toll Free: (888) 867-4785 Fax No: (702) 906-1219

Thursday, November 12, 2015

Ms. Jennifer Pazicni Riverside County Treasurer P. O. Box 12005 Riverside, CA 92502-2205

Re: EP 199-271 (APN 540220009-6)

Dear Jennifer Pazicni,

Enclosed please find MG Banning, LLC's "Articles of Organization" as per your request.

I have been assured that our client's Certificate of Good Standing should be sent to you within the next few weeks as all efforts are finalized, with the Secretary of State's office, to re-instate the suspension.

Thank you very much for your courtesy and cooperation in this matter.

Sincerely,

Richard Murkey

FEM, LLC

LOS ANGELES OFFICE

9420 Reseda Blvd. #830 Northridge, CA 91324 Toll Free: (888) 867-4785

Fax No.: (702) 906-1219



# State of California **Kevin Shelley** Secretary of State

### LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

A \$70.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

File \* 200507110021

ENDORSED - FILED in the office of the Secretary of State of the State of California

MAR 1 1 2005

This Space For Filing Use Only

STATE

March 11, 2005

DATE

CITY

ENTITY NAME (End the name with the words "Limited Lightlifty Company," "Ltd. Lightlifty Co.," or the abbreviations "LLC" or "L.L.C.") 1. NAME OF LIMITED LIABILITY COMPANY MG Banning, LLC PURPOSE (The following statement is required by statute and may not be altered.) THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE SEVERLY-KILLER LIMITED LIABILITY COMPANY ACT. INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and item 3 must be completed (leave item 4 blank).

| Gragory TV. Ottoson, 2017                                                                               | PROCESS IN CALIFORNIA CITY             | STATE          | ZIP CODE        |
|---------------------------------------------------------------------------------------------------------|----------------------------------------|----------------|-----------------|
| 4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF<br>777 East Tahquitz Canyon Way, Suite 328 | Palm Springs                           | CA             | 92262           |
| MANAGEMENT (Check only one)                                                                             |                                        |                |                 |
| 5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:                                                    |                                        |                |                 |
| ONE MANAGER                                                                                             |                                        |                |                 |
| MORE THAN ONE MANAGER                                                                                   |                                        | •              |                 |
| ALL LIMITED LIABILITY COMPANY MEMBER(S)                                                                 |                                        |                |                 |
| ADDITIONAL INFORMATION                                                                                  | THE WASHINGTON HEREIN BY               | THIS REFERENCE | AND MADE A PART |
| ADDITIONAL INFORMATION  5. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAG<br>OF THIS CERTIFICATE. | ZES, IF ANY, IS INCORPORATED           |                |                 |
| EXECUTION                                                                                               | TO AND DEE                             |                |                 |
| 7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUME!                                                | NT, WHICH EXECUTION IS MY ACT AND DELL | <b>-</b> .     |                 |

SIGNATURE OF

Gregory R. Oleson, Esq. TYPE OR PRINT NAME OF ORGANIZER

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

Gregory R. Oleson, Esq.

RETURN TO (Enter the trams and the address of the person or firm to whom a copy of the filed document should be returned to the person of the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the person of the filed document should be returned to the filed docume

[Gregory R. Oleson, Esq. B. NAME EALY, HEMPHILL, BLASDEL & OLESON, LLP

777 East Tahquitz Canyon Way, Suite 328

CITY/STATE/ZIP L Palm Springs, CA 92262

APPROVED BY SECRETARY OF STATE

ZIP CODE

LLC-1 (REV 12/2004)

JON CHRISTENSEN

DEBBIE BASHE INFORMATION TECHNOLOGY OFFICER

> GIOVANE PIZANO INVESTMENT MANAGER

> > KIEU NGO



TREASURER

MATT JENNINGS

**MELISSA JOHNSON** CHIEF DEPUTY TREASURER-TAX COLLECTOR

ADRIANNA GOMEZ ADMINISTRATIVE SERVICES MANAGER I

November 2, 2015

# **Final Notice**

Found Extra Money, LLC C/O Dennis A. Murkey, Manager 9420 Reseda Blvd., #830 Northridge, CA 91324

Re:

APN: 540220009-6

TC 199 Item 271

Date of Sale: February 4, 2014

To Whom It May Concern:

This office is in receipt of your claim for excess proceeds from the above-mentioned tax sale. The documentation you have provided is insufficient to establish your claim.

Please submit the necessary proof to establish your right to claim the excess proceeds. The document(s) listed below may assist the Tax Collector in making the determination.

| Notarized Affidavit for Collection of       | Original Note/Payment Book                   |  |  |
|---------------------------------------------|----------------------------------------------|--|--|
| Personal Property under California          | Updated Statement of Monies Owed             |  |  |
| Probate Code 13100                          | (as of date of tax sale)                     |  |  |
| Notarized Statement of                      | X Articles of Organization                   |  |  |
| different/misspelled                        | Court Order Appointing Administrator         |  |  |
| Notarized Statement Giving Authorization to | Deed (Quitclaim/Grant etc)                   |  |  |
| claim on behalf of                          | X Other - Current status with the California |  |  |
| Certified Death Certificate for             | Secretary of State is SOS Suspended. Must be |  |  |
| Copy of Birth Certificates for              | in good standings in order to approve claim. |  |  |
| Copy of Marriage Certificate for            |                                              |  |  |

If your documentation is not received within 15 days (November 17, 2015), your claim will be denied.

If you should have any questions, please contact me at the number listed below.

Sincerely,

Jennifer Pazicni

Tax Sale Operations Unit

(951) 955-3336

(951) 955-3990 Fax

jpazicni@RivCoTTC.org

EP 199-271

### **FOUND EXTRA MONEY, LLC**

UNCLAIMED MONEY CONSULTANTS

WWW.FoundExtraMoney.com

Email: Richard@foundextramoney.com

### LAS VEGAS OFFICE:

8022 S. Rainbow Blvd. #362 Las Vegas, NV 89139 Toll Free: (888) 867-4785 Fax No: (702) 906-1219

### LOS ANGELES OFFICE

9420 Reseda Blvd. #830 Northridge, CA 91324 Toll Free: (888)867-4785 Fax No: (702)906-1219

January 19, 2016

Riverside County Treasurer Attn. Jennifer Pazicni PO Box 12005 Riverside, CA 92502-2205

Re: MG Banning, LLC

Jennifer,

Attached, please find the Business Entity Detail from the California Secretary of State showing the status of MG Banning, LLC as active and in good standing. If anything else is needed, please let me know. Thank you again for your time and help.

If you have any questions, please call me at (888) 867-4785.

Thank you.

Richard Murkey Jr.
Found Extra Money, LLC

### Business Entity Detail

Data is updated to the California Business Search on Wednesday and Saturday mornings. Results reflect work processed through Friday, January 15, 2016. Please refer to <a href="Processing Times">Processing Times</a> for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity.

Entity Name: MG BANNING, LLC Entity Number: 200507110021 Date Filed: 03/11/2005 Status: ACTIVE Jurisdiction: CALIFORNIA Entity Address: 319 DIABLO RD Entity City, State, Zip: DANVILLE CA 94526 Agent for Service of Process: JEFFREY J ROONEY Agent Address: 319 DIABLO RD Agent City, State, Zip: DANVILLE CA 94526

- $^{\star}$  Indicates the information is not contained in the California Secretary of State's database.
- $\star$  **Note:** If the agent for service of process is a corporation, the address of the agent may be requested by ordering a status report.
  - For information on checking or reserving a name, refer to Name Availability.
  - For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search, refer to <a href="Information Requests">Information Requests</a>.
  - For help with searching an entity name, refer to Search Tips.
  - For descriptions of the various fields and status types, refer to Field Descriptions and Status Definitions.

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