

IN THE SUPREME COURT OF THE STATE OF NEVADA

Supreme Court Case No. 82014

IN RE: D.O.T. LITIGATION

Electronically Filed
Sep 29 2022 08:07 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

TGIG, LLC; NEVADA HOLISTIC MEDICINE, LLC; GBS NEVADA PARTNERS, LLC; FIDELIS HOLDINGS, LLC; GRAVITAS NEVADA, LLC; NEVADA PURE, LLC; MEDIFARM, LLC; MEDIFARM IV LLC; THC NEVADA, LLC; HERBAL CHOICE, INC.; RED EARTH LLC; NEVCANN LLC, GREEN THERAPEUTICS LLC; AND GREEN LEAF FARMS HOLDINGS LLC,

Appellants,

v.

THE STATE OF NEVADA DEPARTMENT OF TAXATION; INTEGRAL ASSOCIATES, LLC D/B/A ESSENCE CANNABIS DISPENSARIES; ESSENCE TROPICANA, LLC; AND ESSENCE HENDERSON, LLC

Respondents.

**THE ESSENCE ENTITIES' SUPPLEMENTAL APPENDIX
VOLUME 13 OF 16**

On appeal from the Eighth Judicial District Court, Clark County
The Honorable Elizabeth Gonzalez, Department XI
District Court Case No. A-19-787004-B and Consolidated Cases.

Todd L. Bice, Esq., Bar No. 4534
Jordan T. Smith, Esq., Bar No. 12097
PISANELLI BICE PLLC
400 South 7th Street, Suite 300
Las Vegas, Nevada 89101
Telephone: 702.214.2100

Attorneys for Respondent Essence Entities

ALPHABETICAL INDEX TO THE ESSENCE ENTITIES'
SUPPLEMENTAL APPENDIX

<u>Document</u>	<u>Date</u>	<u>Vol.</u>	<u>Page Nos.</u>
Applications (Redacted)	09/2018	1-16	SA000001-3829
Business Court Order Scheduling a Supplemental Rule 16 Conference	09/21/2020	16	SA003924-3928
Business Court Scheduling and Trial Order	10/27/2020	16	SA003929-3933
Court Minute Order regarding All Pending Motions	03/19/2020	16	SA003871-3874
Court Minute Order regarding Motion for Summary Judgment	05/15/2020	16	SA003888-3891
Essence Entities' Brief in Support of Judgment on Partial Findings	08/10/2020	16	SA003892-3896
Essence Entities' Motion for Summary Judgment	03/27/2020	16	SA003875-3887
Essence Entities' Closing Power Point Presentation	08/17/2020	16	SA003897-3923
Order Granting Integral's Motion to Intervene	04/22/2019	16	SA003852-3857
Order Granting Joint Motion to Consolidate	12/06/2019	16	SA003858-3869
Order Granting Motion to Certify	08/04/2022	16	SA003934-3954
Order Granting Plaintiffs Leave to File Amended Complaints	12/31/2019	16	SA003870
Plaintiff's Trial Exhibit 1142 – Applications Spreadsheet	09/2018	16	SA003830-3851

**CHRONOLOGICAL INDEX TO THE ESSENCE
ENTITIES' SUPPLEMENTAL APPENDIX**

<u>No.</u>	<u>Document</u>	<u>Date</u>	<u>Vol.</u>	<u>Page Nos.</u>
1.	Applications (Redacted)	09/2018	1-16	SA000001-3829
2.	Plaintiff's Trial Exhibit 1142 – Applications Spreadsheet	09/2018	16	SA003830-3851
3.	Order Granting Integral's Motion to Intervene	04/22/2019	16	SA003852-3857
4.	Order Granting Joint Motion to Consolidate	12/06/2019	16	SA003858-3869
5.	Order Granting Plaintiffs Leave to File Amended Complaints	12/31/2019	16	SA003870
6.	Court Minute Order regarding All Pending Motions	03/19/2020	16	SA003871-3874
7.	Essence Entities' Motion for Summary Judgment	03/27/2020	16	SA003875-3887
8.	Court Minute Order regarding Motion for Summary Judgment	05/15/2020	16	SA003888-3891
9.	Essence Entities' Brief in Support of Judgment on Partial Findings	08/10/2020	16	SA003892-3896
10.	Essence Entities' Closing Power Point Presentation	08/17/2020	16	SA003897-3923
11.	Business Court Order Scheduling a Supplemental Rule 16 Conference	09/21/2020	16	SA003924-3928
12.	Business Court Scheduling and Trial Order	10/27/2020	16	SA003929-3933
13.	Order Granting Motion to Certify	08/04/2022	16	SA003934-3954

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I am an employee of Pisanelli Bice PLLC, and pursuant to NRAP 25(b) and NEFR 9(d), that on this 29th day of September, 2022, I electronically filed and served the foregoing **THE ESSENCE ENTITIES' SUPPLEMENTAL APPENDIX** with the Clerk of the Court for the Nevada Supreme Court by using the Nevada Supreme Courts E-Filing system (Eflex), to all participants in the case who are registered with Eflex system.

/s/ Shannon Dinkel
An employee of PISANELLI BICE PLLC

5.2.8.2 Tab VIII - Source of Liquid Assets

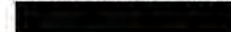
J.P.Morgan

Statement Period
August 01 - August 31, 2018
 Last Statement: July 31, 2018



Account Value With Accruals: **\$227,133.05**

RUBY MOUNTAIN HOLDING CO., LLC



Account Activity Summary

LTD LIABILITY CO

Privileged Access Platinum Account

Description	This Period	Year-to-Date
ENDING ACCOUNT VALUE	\$227,100.36	\$227,100.36
Net Accrued Income	32.69	32.69
Account Value With Accruals	\$227,133.05	\$227,133.05

Account fees, management fees, and debit interest are included. Trade related fees charged by brokers and commissions impact the total cost or proceeds of your trades and are not included here.

Month End Closing Method: First In, First Out (FIFO)

Your Broker/Dealer is J.P. MORGAN SECURITIES LLC, 4 Chase Metrotech Center, Brooklyn, New York 11245-0001

INVESTMENT AND INSURANCE PRODUCTS ARE: • NOT FDIC INSURED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY
 • NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, JPMORGAN CHASE BANK, N.A. OR ANY OF ITS AFFILIATES
 • SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED

Page 3 of 20

JPMorgan Chase Bank, N.A. and its affiliates (collectively "JPMCB") offer investment products, which may include bank managed accounts and custody, as part of its trust and fiduciary services. Other investment products and services, such as brokerage and advisory accounts, are offered through J.P. Morgan Securities LLC (JPMS), a member of FINRA and SIPC. For information about your account, please refer to your official JPMS account statement which should not be used for tax reporting purposes. Please read the important disclosures at the end of the statement. For questions, please call (347) 643 9953

STATEMENT SUMMARY	BROKERAGE	IMPORTANT INFORMATION
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DOT-THCNV000127

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00127
 SA003001

5.2.8.2 Tab VIII - Source of Liquid Assets

J.P.Morgan



Please read the important disclosures at the end of the statement. For questions, please contact us using the information provided on the front of this statement.

STATEMENT SUMMARY	BROKERAGE	IMPORTANT INFORMATION
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DOT-HCNV000128

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00128
SA003002

5.2.8.2 Tab VIII - Source of Liquid Assets

J.P.Morgan



STATEMENT SUMMARY

BROKERAGE

IMPORTANT INFORMATION

DOT-HCNV000129

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00129
SA003003

5.2.8.2 Tab VIII - Source of Liquid Assets

J.P.Morgan



STATEMENT SUMMARY

BROKERAGE

IMPORTANT INFORMATION

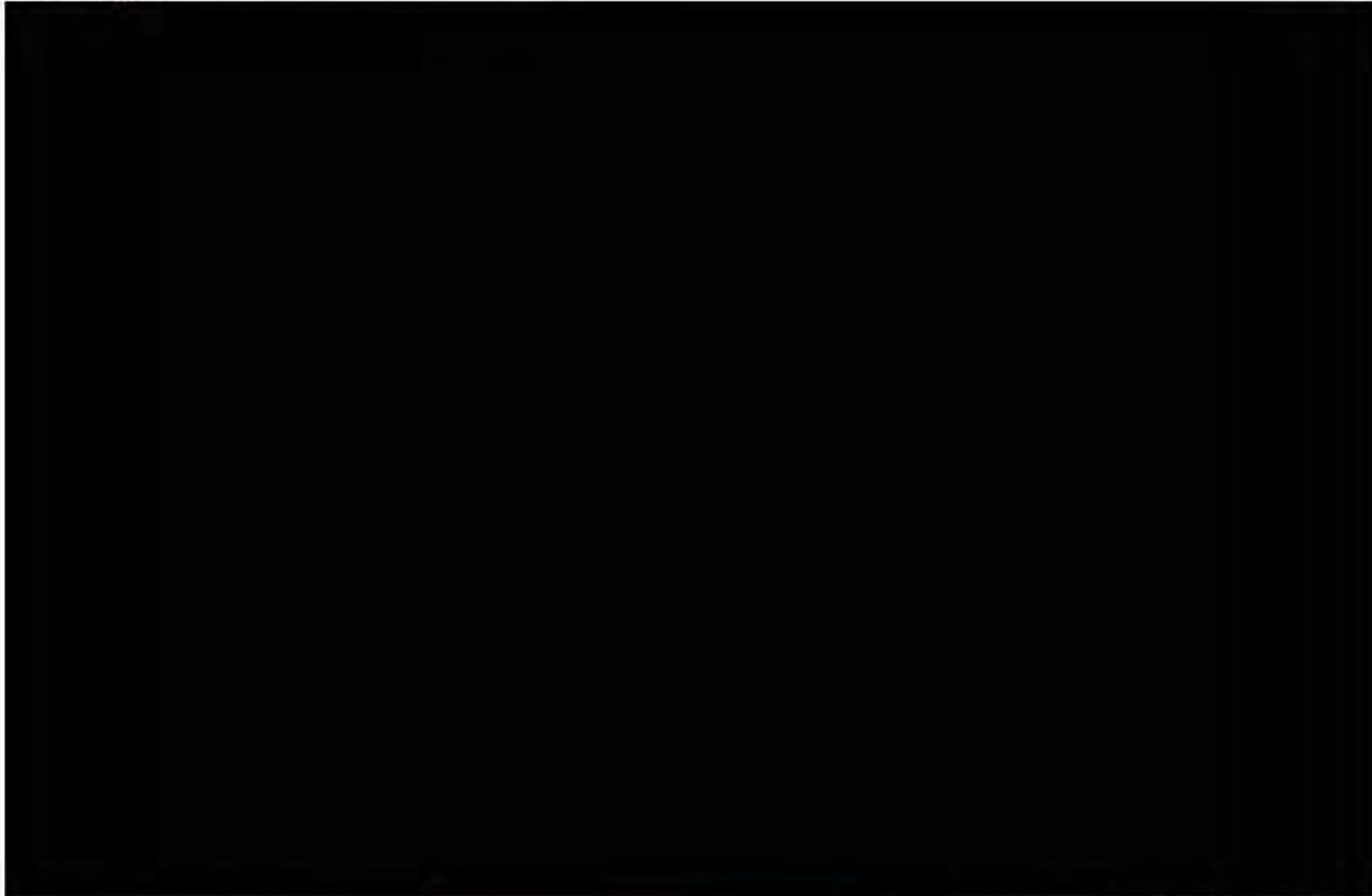
DOT-HCNV000130

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00130
SA003004

5.2.8.2 Tab VIII - Source of Liquid Assets

J.P.Morgan



STATEMENT SUMMARY

BROKERAGE

IMPORTANT INFORMATION

DOT-HCNV000131

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

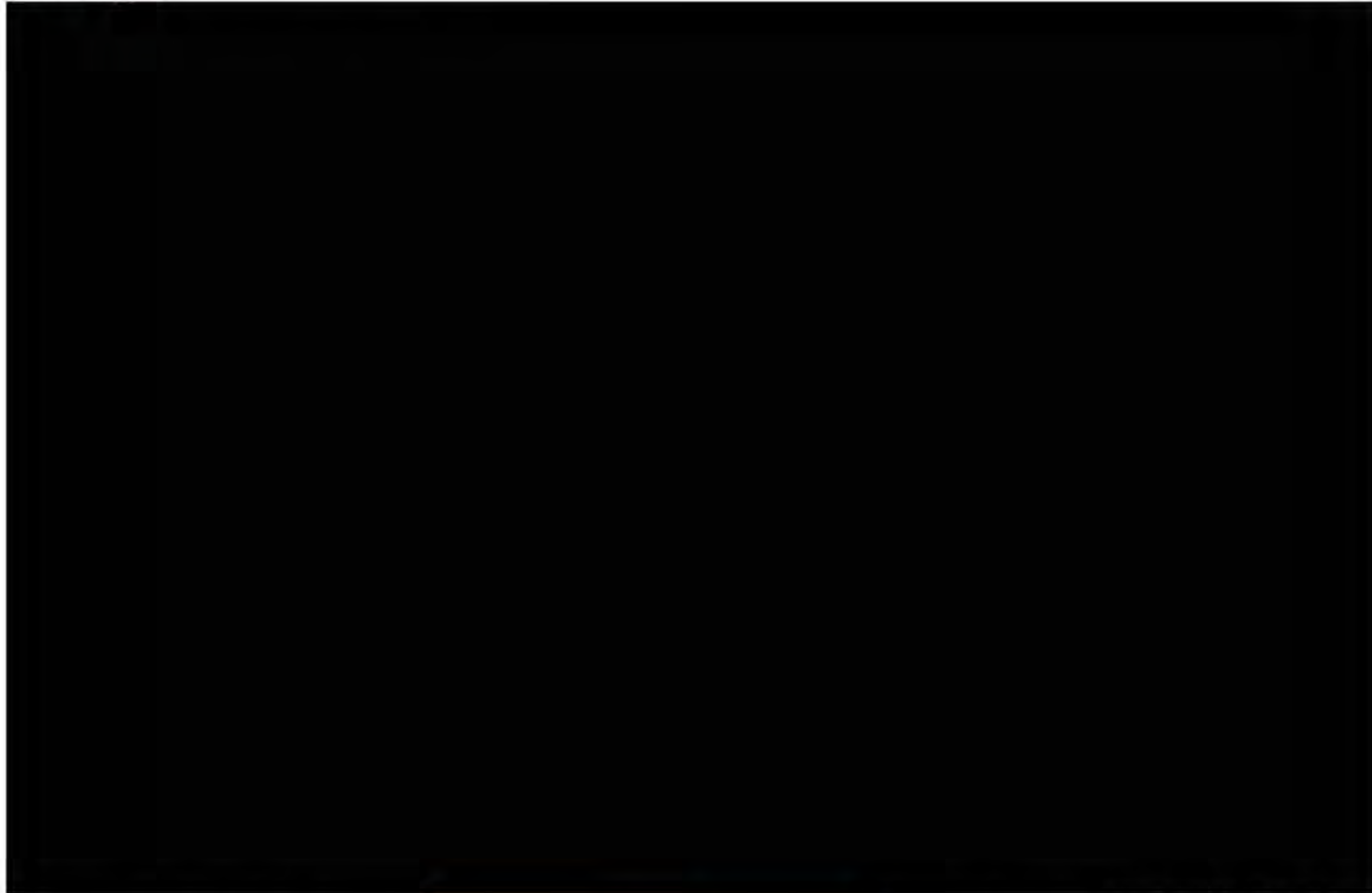
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5.2.8.2 Tab VIII - Source of Liquid Assets

J.P.Morgan



STATEMENT SUMMARY

BROKERAGE

IMPORTANT INFORMATION

DOT-HCNV000133

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00133
SA003007

5.2.8.2 Tab VIII - Source of Liquid Assets

J.P.Morgan



STATEMENT SUMMARY

BROKERAGE

IMPORTANT INFORMATION

DOT-HCNV000134

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00134
SA003008

5.2.8.2 Tab VIII - Source of Liquid Assets

J.P.Morgan



STATEMENT SUMMARY

BROKERAGE

IMPORTANT INFORMATION

DOT-HCNV000135

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00135
SA003009

5.2.8.2 Tab VIII - Source of Liquid Assets

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STATEMENT SUMMARY

BROKERAGE

IMPORTANT INFORMATION

DOT-HCNV000136

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00136
SA003010

5.2.8.2 Tab VIII - Source of Liquid Assets

J.P.Morgan



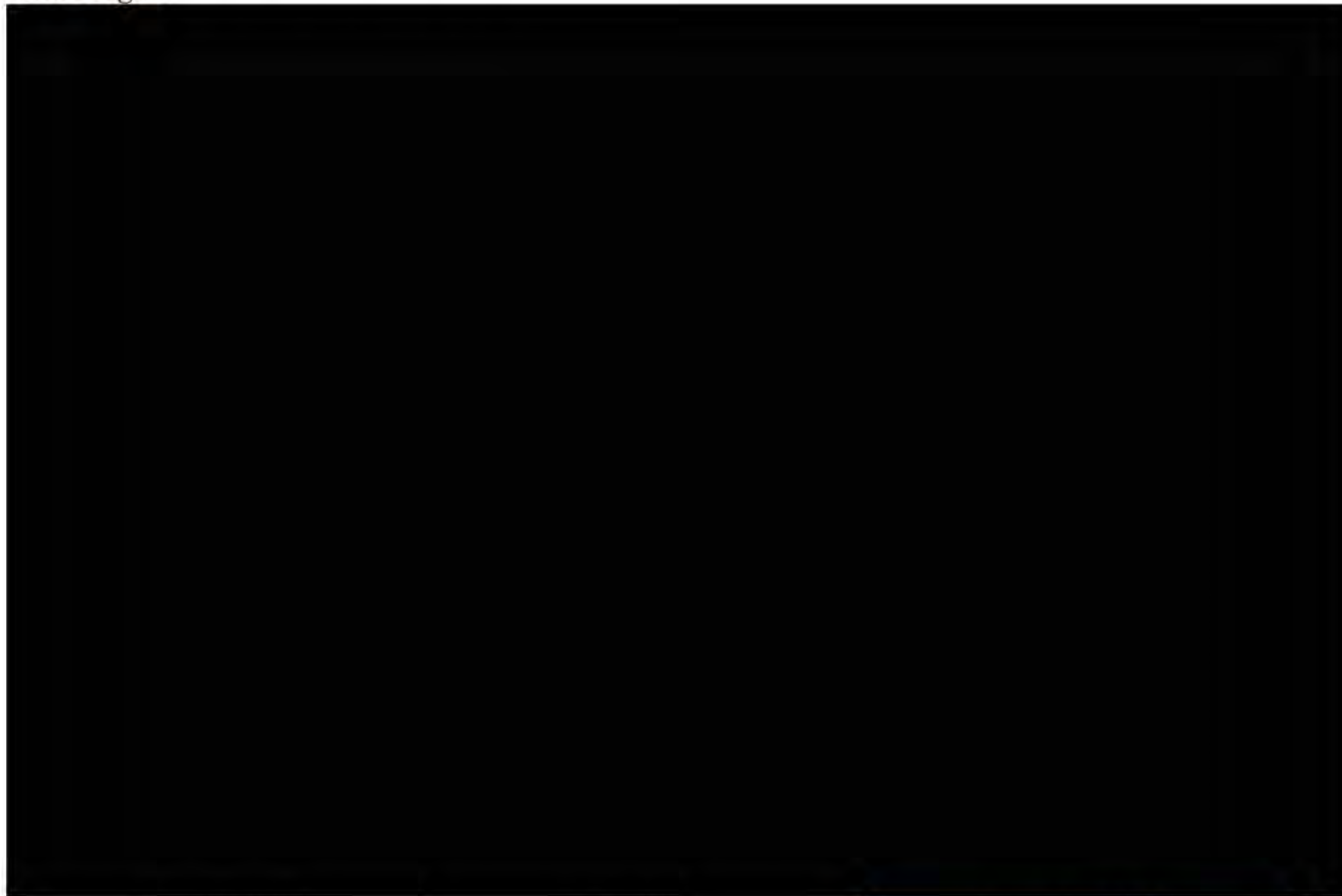
STATEMENT SUMMARY	BROKERAGE	IMPORTANT INFORMATION	37
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HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00137
SA003011

5.2.8.2 Tab VIII - Source of Liquid Assets

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STATEMENT SUMMARY	BROKERAGE	IMPORTANT INFORMATION	38
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HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00138
SA003012

5.2.8.2 Tab VIII - Source of Liquid Assets

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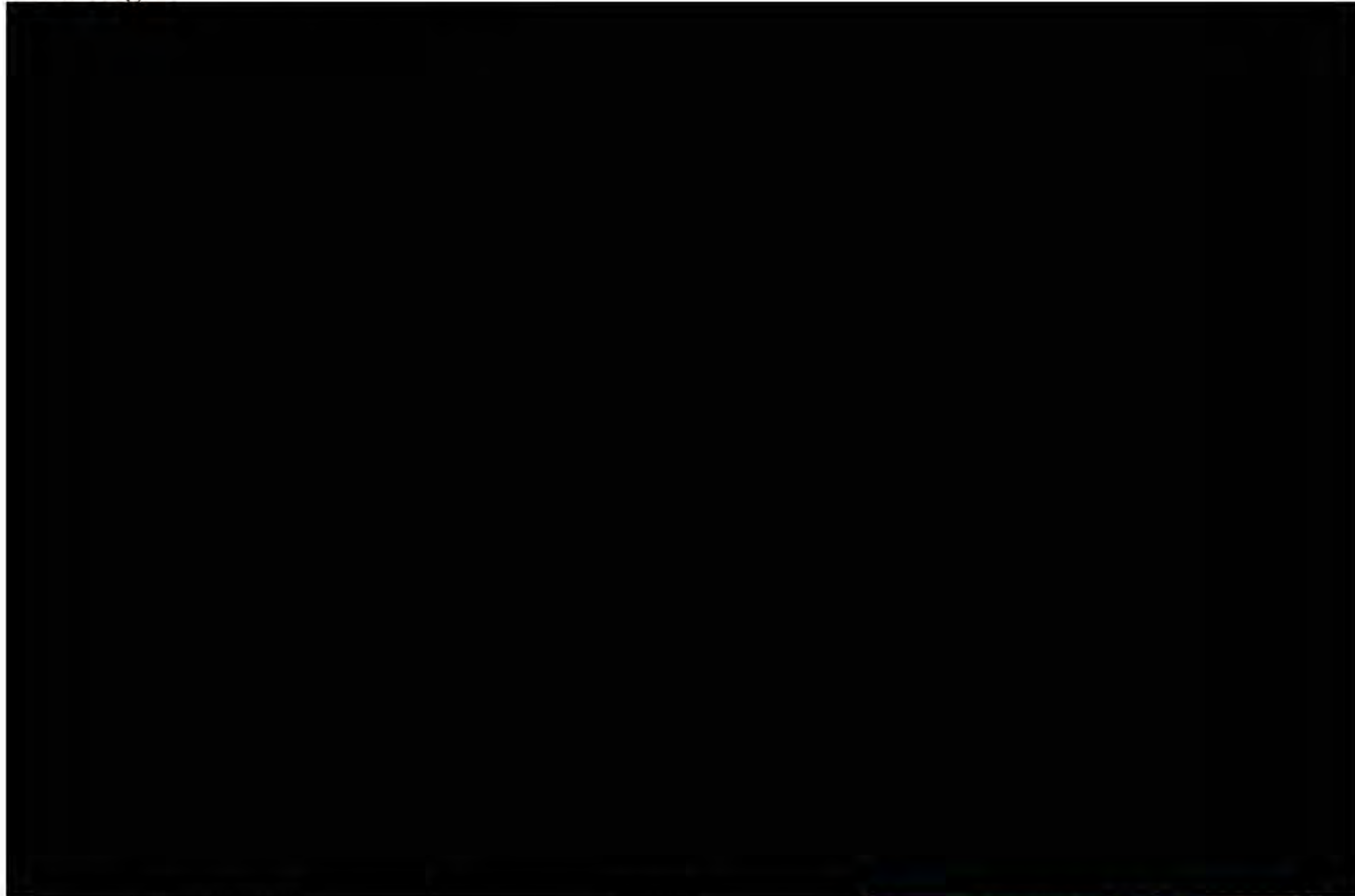
STATEMENT SUMMARY	BROKERAGE	IMPORTANT INFORMATION	39
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HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00139
SA003013

5.2.8.2 Tab VIII - Source of Liquid Assets

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STATEMENT SUMMARY	BROKERAGE	IMPORTANT INFORMATION	40
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HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00140
SA003014

5.2.8.2 Tab VIII - Source of Liquid Assets

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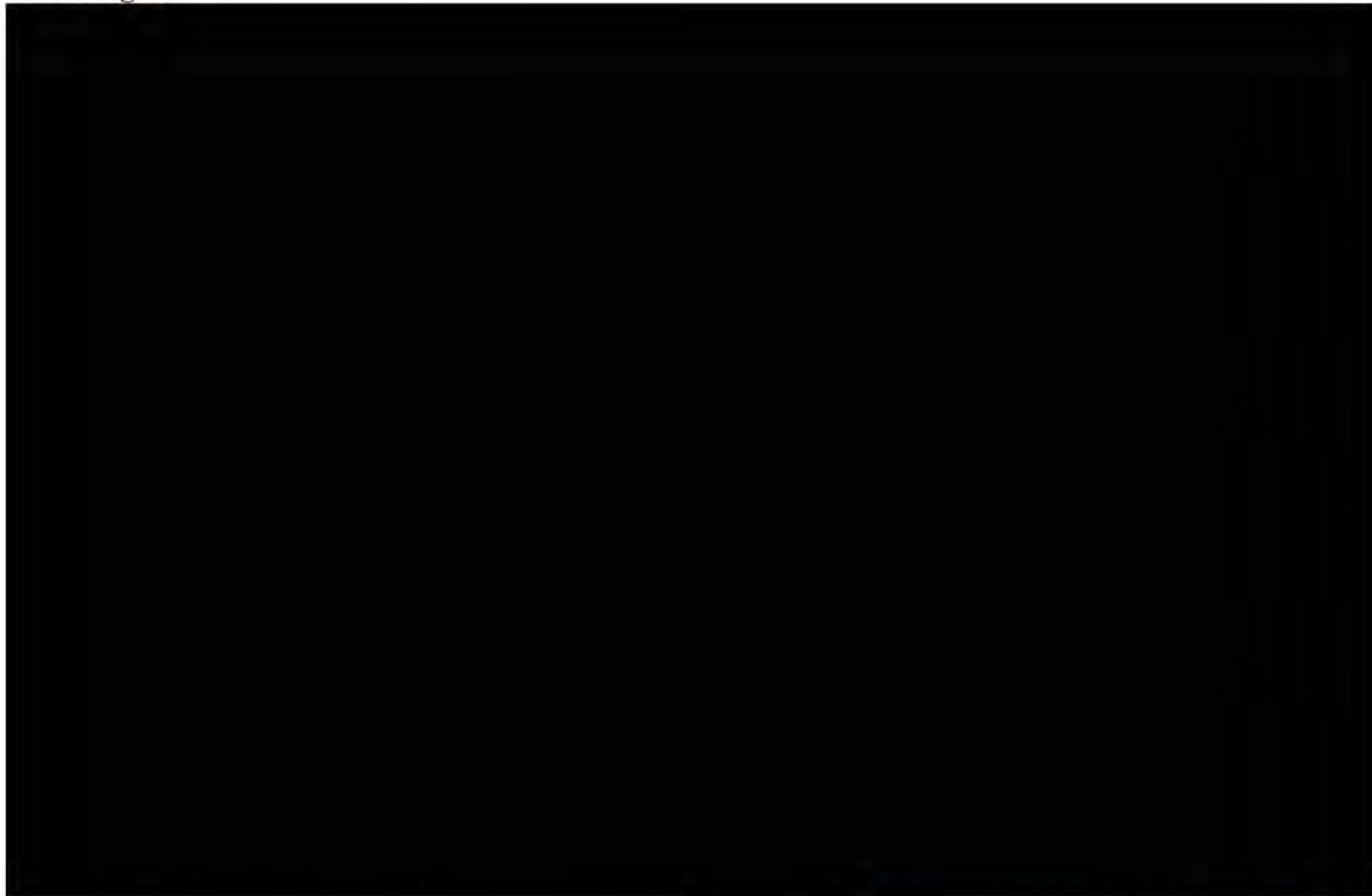
STATEMENT SUMMARY	BROKERAGE	IMPORTANT INFORMATION	41
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HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00141
SA003015

5.2.8.2 Tab VIII - Source of Liquid Assets

J.P.Morgan



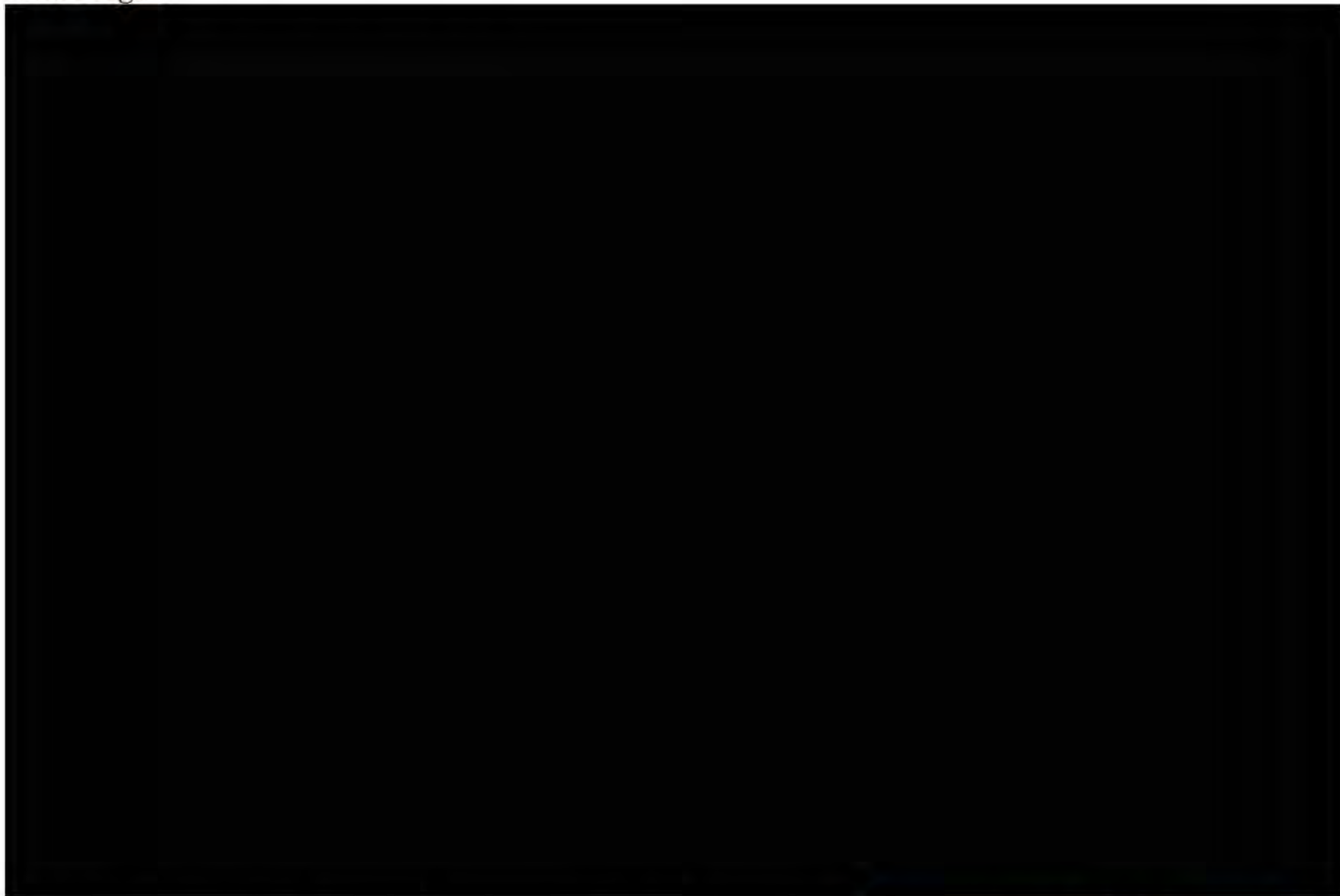
STATEMENT SUMMARY	BROKERAGE	IMPORTANT INFORMATION PENN000142
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HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00142
SA003016

5.2.8.2 Tab VIII - Source of Liquid Assets

J.P.Morgan



STATEMENT SUMMARY	BROKERAGE	IMPORTANT INFORMATION	43
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HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00143
SA003017

5.2.8.2 Tab VIII - Source of Liquid Assets

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8/7/2018

Account Summary - Wells Fargo

[Skip to main content](#)

Collapse all categories All Accounts

Account Summary



Assets	
Cash accounts	\$96,568.05
Investment accounts	
	\$2,496,806.60
Total assets	\$2,593,374.65

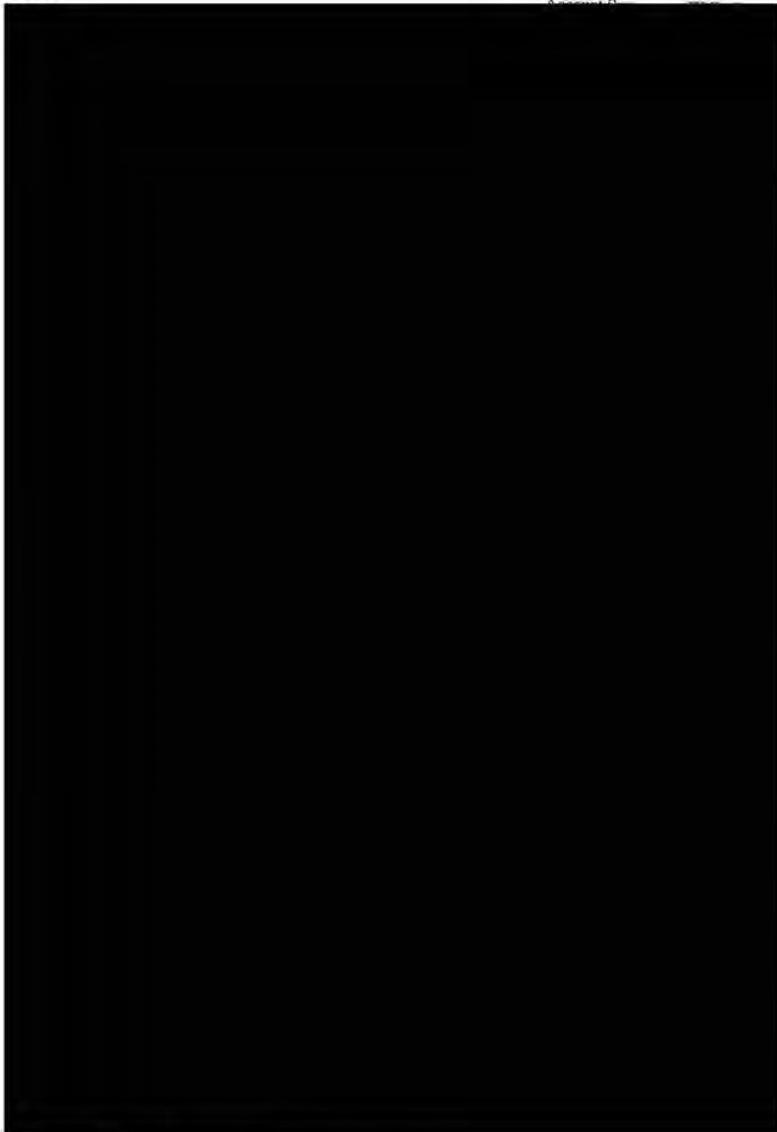


<https://connect.secure.wellsfargo.com/accounts/start?st=1533692163&WFAppld=&SAMLart=AAQBy%2BoEQCR14WDgSxaU4QNGCHpGeoS1ymUK2OYH2nH...> 1/3

DOT-THCNV000145

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00145
SA003019



¹⁰ Account Disclosures

Investment and Insurance Products:

Are Not insured by the FDIC or any other federal government agency
Are Not deposits of or guaranteed by a Bank
May Lose Value

Wells Fargo Advisors is a trade name used by Wells Fargo Clearing Services, LLC, Member SIPC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

Deposit products offered by Wells Fargo Bank, N.A. Member FDIC, a bank affiliate of Wells Fargo & Company.

Equal Housing Lender

https://connect.secure.wellsfargo.com/accounts/start?st=1533692163&WFAppId=&SAMLart=AAQBY%2BoEQCR14WDGxSxaU4QNGChpGeoS1ymUK2OYH2nH... 2/3

DOT-THCNV000146

2/3

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00146
SA003020

8/7/2018

Account Summary - Wells Fargo

FICO is a registered trademark of Fair Isaac Corporation in the United States and other countries.

<https://connect.secure.wellsfargo.com/accounts/start?st=1533692163&WFAppId=&SAMLart=AAQBy%2BoEQCR14WDgSsaI14QNGCHpGeoS1ymUK2OYH2nH...> 3/3

DOT-THCNV000147

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00147
SA003021

8/7/2018

Account Summary - Wells Fargo

[Skip to main content](#)

Collapse all categories [All Accounts](#)

Account Summary



Assets

Cash accounts	\$96,555.97
Investment accounts	
	\$2,496,806.60
Total assets	\$2,593,362.57

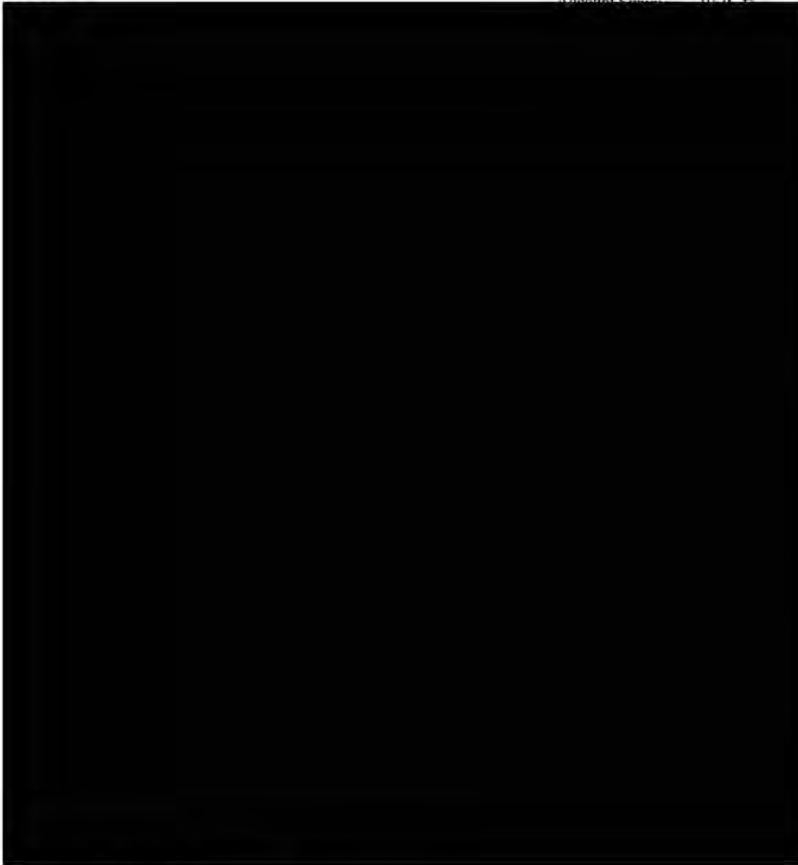


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DOT-THCNV000148

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00148
SA003022




*Account Disclosures

Investment and Insurance Products:

Are Not insured by the FDIC or any other federal government agency
Are Not deposits of or guaranteed by a Bank
May Lose Value

Wells Fargo Advisors is a trade name used by Wells Fargo Clearing Services, LLC, Member SIPC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

Deposit products offered by Wells Fargo Bank, N.A. Member FDIC, a bank affiliate of Wells Fargo & Company.

 Equal Housing Lender

FICO is a registered trademark of Fair Isaac Corporation in the United States and other countries.

Below is a recap of all taxes and other beneficial financial contributions paid to the State of Nevada subdivisions in the last 5 years by THC Nevada, and its Owners.

	TOTAL TAXES AND OTHER CONTRIBUTIONS PAID
	\$ 2,253,319.98
	\$ 121,486.29
	\$ 1,607,103.61
	\$ 3,514.31
	\$ 10,228.85
	\$ 3,353.44
	\$ 820,072.25
	\$ 66,585.62
	\$ 34,067.30
	\$ 1,924.00
	\$ 8,110.48
	\$ 38,847.19
	\$ 3,028.54
	\$ 8,250.18
	\$ 6,548.37
	\$ 2,757.67
	\$ 4,623.94
	\$ 7,365.30
TOTAL	\$ 5,001,187.32

vada and it political

Charitable Donations	
\$	181,343.24
\$	82,899.24
\$	62,391.00
\$	96,500.00
\$	423,133.48

NV Property Taxes Breakdown

	2018	2017	2016	2015	2014	TOTAL
	\$ 2,913.70	\$ 2,828.91	\$ 2,757.28	\$ 2,751.67	\$ 2,671.39	\$ 13,922.95
	\$ 1,529.34	\$ 1,984.97				\$ 3,514.31
	\$ 1,630.06	\$ 2,198.23	\$ 2,163.87	\$ 2,149.53	\$ 2,087.16	\$ 10,228.85
	\$ 3,353.44					\$ 3,353.44
	See Breakdown					\$ 820,072.25
	\$ 738.87	\$ 1,432.20				\$ 2,171.07
	\$ 3,238.52	\$ 7,846.86	\$ 7,722.18	\$ 7,695.35	\$ 7,564.39	\$ 34,067.30
	\$ 398.65	\$ 1,525.35				\$ 1,924.00
	\$ 3,529.19	\$ 4,581.29				\$ 8,110.48
	\$ 37,602.06	\$ 1,245.13				\$ 38,847.19
	\$ 1,545.37	\$ 1,483.17				\$ 3,028.54
	\$ 526.93	\$ 1,985.38	\$ 1,934.58	\$ 1,931.65	\$ 1,871.64	\$ 8,250.18
	\$ 2,266.32	\$ 4,282.05				\$ 6,548.37
	\$ 1,200.12	\$ 1,557.55				\$ 2,757.67
	\$ 2,670.40	\$ 1,953.54				\$ 4,623.94
	\$ 3,197.79	\$ 4,167.51				\$ 7,365.30
TOTAL						\$ 968,785.84

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

DOT-THCNV000152

0012-00152
SA003026

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



TGG Accounting
5940 S. Rainbow Blvd.
Las Vegas, NV 89118

September 7, 2018

State of Nevada
Department of Taxation
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937

REF: Recreational Marijuana Establishment License Application, Part I, 5.2.9. Tab IX – Evidence of taxes paid; other beneficial financial contributions

To whom it may concern,

Please see below a list of taxes paid per the applicant's, THC Production, LLC, accounting system.



HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

DOT-THCNV000153

0012-00153
SA003027

1. *Journal of the American Medical Association*, 2000; 283: 2689-2695.

\$ 121,486.29

0012-00154
SA003028

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Sincerely,

Melanie Costa

Melanie Costa
Senior Controller

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

DOT-THCNV000155

0012-00155
SA003029

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



TGG Accounting
5940 S. Rainbow Blvd.
Las Vegas, NV 89118

September 5, 2018

State of Nevada
Department of Taxation
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937

REF: Recreational Marijuana Establishment License Application, Part I, 5.2.9. Tab IX – Evidence of taxes paid; other beneficial financial contributions

To whom it may concern,

Please see below a list of taxes paid per the applicant's, THC Nevada, LLC, accounting system.

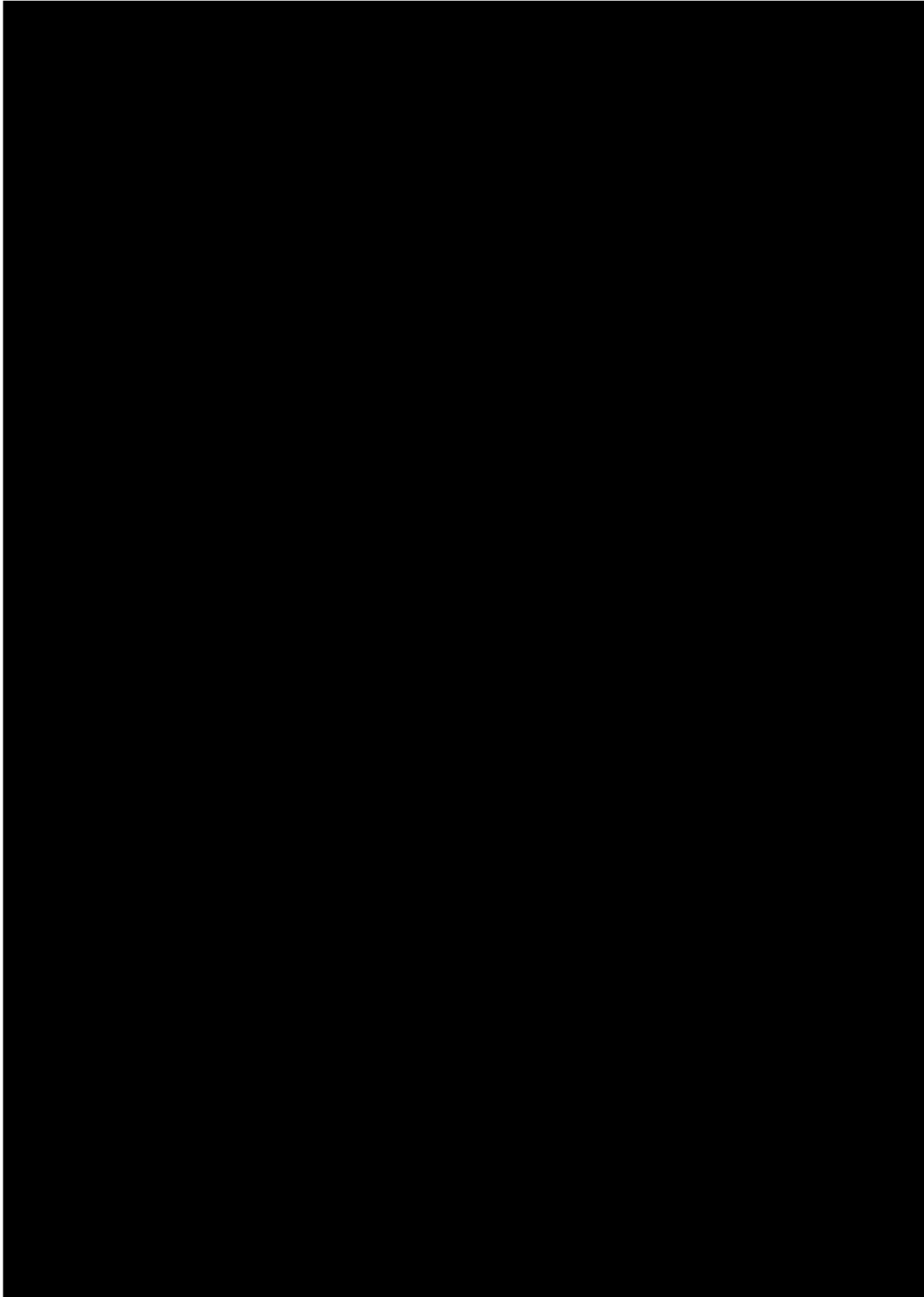
Date	Name	Split	Amount
[REDACTED]			
TOTAL			\$383,727.10

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

DOT-THCNV000156

0012-00156
SA003030

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

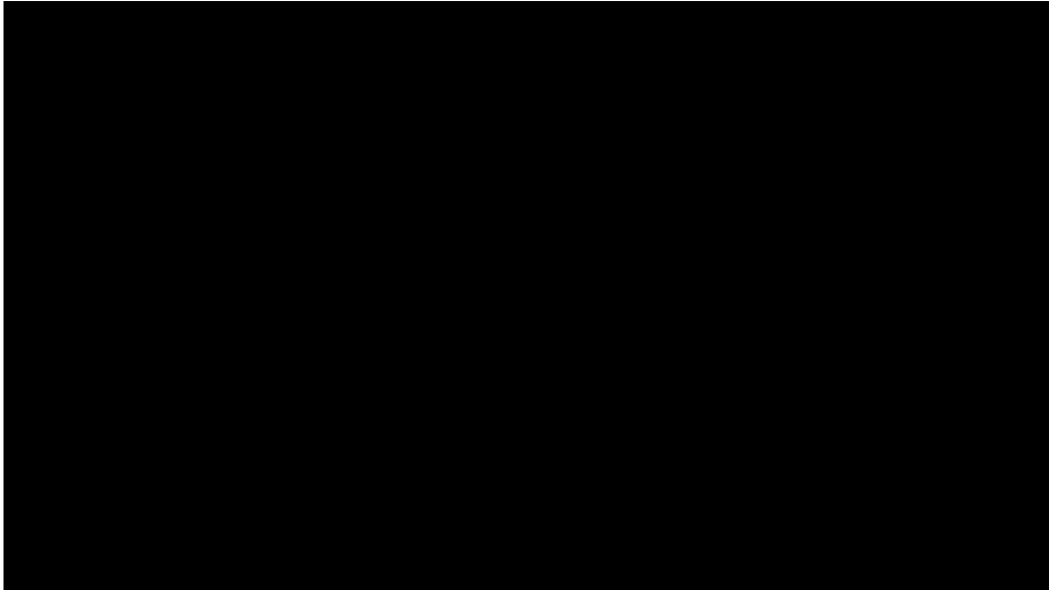


HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

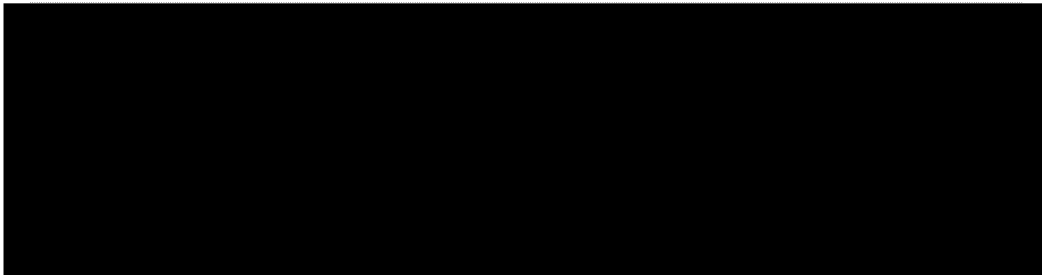
DOT-THCNV000157

0012-00157
SA003031

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



TOTAL	\$1,842,627.88
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TOTAL	\$26,965.00
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GRAND TOTAL	\$2,253,319.98
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Sincerely,

Melanie Costa

Melanie Costa
Senior Controller

DOT-THCNV000158

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00158
SA003032

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
Nevada Department of Taxation
Nevada Commerce Tax Return

Form TXR-030.01

Business Entity NAICS code category	0 1 1	Tax ID No	
For the taxable year	7/1/2017	through	6/30/2018
Business Entity legal name	THC NEVADA LLC		

☐ I declare that the Gross Revenue from engaging in business in Nevada of the above Business Entity did not exceed \$4,000,000.00 during the taxable year.

IF THE BOX ABOVE IS CHECKED, SKIP LINES 1 THROUGH 35			
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Alternative situsing method	<input type="checkbox"/> Estimates used
Situs to Nevada	Gross Revenue from engaging in business in Nevada		
	1	Sale of inventory	\$7,911,302.04
	2	Service performance	\$0.00
	3	Rents, royalties and leases	\$0.00
	4	Interest income from credit sales and loans	\$0.00
	5	Damages received from litigation for loss of business income	\$0.00
	6	Insurance proceeds for loss of business income	\$0.00
	7	Forgiven debt	\$0.00
	8	Other revenue	\$0.00
	9	Total Gross Revenue (Line 1 through Line 8)	\$7,911,302.04
	10	Less \$4,000,000.00 Threshold	(\$4,000,000.00)
11	Adjusted Gross Revenue (Line 9 less Line 10)	\$3,911,302.04	
IF LINE 11 IS ZERO OR LESS, GO TO LINE 29 AND INPUT ZERO			
To the extent included in revenue	General Business Deductions		
	12	Returns and refunds to customers	\$0.00
	13	Bad debt	\$0.00
	14	Distributions required by fiduciary duty or law	\$0.00
	15	Distributions under certain written contracts	\$0.00
	16	Reimbursement of certain expenses and advances from clients	\$0.00
	17	Taxes collected from 3 rd party and remitted to taxing authority	\$0.00
	18	Other deductions	\$0.00
	Industry Specific Deductions		
	19	Employee leasing deduction	\$0.00
	20	Gaming deduction	\$0.00
	21	Health care provider deduction	\$0.00
	22	Insurance deduction	\$0.00
	23	Liquor tax deduction	\$0.00
	24	Mining deduction	\$0.00
	25	US Armed Forces housing deduction	\$0.00
	26	Total Deductions (Line 12 through Line 25)	\$0.00
	27	Nevada Taxable Revenue (Line 11 less Line 26, but not less than \$0)	\$3,911,302.04
28	Tax rate per NAICS code category	0 . 0 0 0 6 3	
Tax liability	29	Commerce Tax due	\$2,464.12
	30	Plus penalty	\$0.00
	31	Plus interest	\$0.00
	32	Plus liability established by Department	\$0.00
	33	Less credit(s) approved by Department	\$0.00
	34	Total amount due and payable (Line 29 through Line 33)	\$2,464.12
	35	Amount remitted with the return	\$0.00

☒ Under penalty of perjury, I certify that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.

Business Entity authorized person that filed return:	Nicholas D Puliz	Phone number:	(702) 326-8774
Name and title:	Nicholas D Puliz	Date:	7/24/2018
Confirmation Number:	18Z0006031491	For Department use only	

DOT-THCNV000159

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00159
SA003033

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/16

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS** (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

TID NO:020-TX

FOR DEPARTMENT USE ONLY

THC NEVADA LLC

PERIOD ENDING: 6/30/2018

DUE BY: 5/1/2017

DATE PAID:

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If your business name or address has changed, please
contact the Call Center at (866) 962-3707 as soon as
possible to update your account with the Department.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER
(Same amount as on Line 3 of ESD Form NUCS 4072)
- 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH
BENEFITS PLAN
- 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES
(See Instructions)
3. Line 1 minus Line 2a and Line 2b
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,
if less than zero enter on Line 17)
7. ENTER THRESHOLD OF \$50,000.
8. TAXABLE WAGES (Line 5 minus Line 7, but no less than \$0)
9. CALCULATED TAX (Line 8 x .01475)
10. COMMERCE TAX CREDIT
11. CREDITS (Overpayments or other approved credits)
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14. INTEREST (See FAQs for current rate and calculation)
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16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15)
17. AMOUNT PAID
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1.	\$206,913.35
2a.	\$6,304.70
2b.	\$0.00
3.	\$200,608.65
4.	\$0.00
5.	\$200,608.65
6.	\$200,608.65
7.	\$0.00
8.	\$2,221.48
9.	\$2,221.48
10.	\$0.00
11.	\$0.00
12.	\$2,221.48
13.	\$177.72
14.	\$16.66
15.	\$0.00
16.	\$2,415.86
17.	\$0.00
18.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Person that filed return Nicholas D Puliz	Phone Number (702) 326-8774	Date 7/24/2018
Title	FEIN of Business Named Above	

I hereby certify that this return,
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my knowledge and belief is a true,
correct and complete return. **THIS
RETURN MUST BE SIGNED**

18Z0006031491

DOT-THCNV000160

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00160
SA003034

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/16

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS** (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

TID NO:020-TX

FOR DEPARTMENT USE ONLY

THC NEVADA LLC

PERIOD ENDING: 6/30/2018

DUE BY: 5/1/2017

DATE PAID:

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

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14.	\$16.66
15.	\$0.00
16.	\$2,415.86
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18.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

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18Z0006031491

DOT-THCNV000161

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00161
SA003035

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/16

NEVADA DEPARTMENT OF TAXATION

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GENERAL BUSINESS** (Effective July 1, 2016)

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PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

TID NO:020-TX

FOR DEPARTMENT USE ONLY

THC NEVADA LLC

PERIOD ENDING: 6/30/2018

DUE BY: 5/1/2017

DATE PAID:

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MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

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18Z0006031491

DOT-THCNV000162

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00162
SA003036

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/16

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS** (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

TID NO:020-TX

FOR DEPARTMENT USE ONLY

THC NEVADA LLC

PERIOD ENDING: 6/30/2018

DUE BY: 5/1/2017

DATE PAID:

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MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

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Title	FEIN of Business Named Above	

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18Z0006031491

DOT-THCNV000163

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00163
SA003037

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/16

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS** (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

TID NO:020-TX

FOR DEPARTMENT USE ONLY

THC NEVADA LLC

PERIOD ENDING: 6/30/2018

DUE BY: 5/1/2017

DATE PAID

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18Z0006031491

DOT-THCNV000164

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00164
SA003038

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/16

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS** (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

TID NO:020-TX

FOR DEPARTMENT USE ONLY

THC NEVADA LLC

PERIOD ENDING: 6/30/2018

DUE BY: 5/1/2017

DATE PAID:

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18Z0006031491

DOT-THCNV000165

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00165
SA003039

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/16

NEVADA DEPARTMENT OF TAXATION

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TID NO:020-TX

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THC NEVADA LLC

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18Z0006031491

DOT-THCNV000166

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00166
SA003040

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/16

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18Z0006031491

DOT-THCNV000167

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00167
SA003041

0012-00168
SA003042

1/27/2016

Gmail - Thank you for your order.

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



Thank you for your order.

1 message

ubcustomerservice@cityofnorthlasvegas.com
<ubcustomerservice@cityofnorthlasvegas.com>

Tue, Jan 26, 2016 at 6:59 PM

To:

City of North Las Vegas
2250 Las Vegas Blvd N
North Las Vegas, NV 89030

Receipt

Date: 01/26/2016
Order or Merchant Reference Number: 1453863549730
Transaction Type: Sale

Total: 143.00 USD

Payment Information

Name: NICHOLAS PULIZ



for CO2 permit

DOT-THCNV000169

<https://mail.google.com/mail/u/0/?ui=2&ik=20f8d468ae&view=pt&search=inbox&th=15281053e23b4c9e&siml=15281053e23b4c9e>

1/1

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00169
SA003043

1/27/2016

Check Payment Confirmation

Confirmation of Payment - Evidence of Taxes Paid - Other Beneficial Contributions

Thank you. Your payment has been successfully submitted to the Nevada Department of Employment, Training & Rehabilitation.

Your confirmation number is 4568733.

Account :	
Legal Name :	Thc Nevada Utc
Period/Year :	4/2015; 3/2015;
Payment Amount :	\$169.29
Convenience Fee :	\$0.00
Date/Time:	Wednesday, 27 January 2016, 08:01:23 AM

\$141.69 - 4th Qtr
\$ 27.00 - 3rd Qtr
\$0.60 Cents Bank Fees

\$ already accounted for
in Quick Books

Tab IX - Evidence of Taxes Paid - Other Beneficiaries

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

STATE OF NEVADA



CODY PHINNEY, MPH
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
MEDICAL MARIJUANA PROGRAM
4150 TECHNOLOGY WAY SUITE 106
CARSON CITY, NV 89706
PHONE 775-684-3487 FAX 775-684-3213

[REDACTED]

INVOICE #273

DATE: 1/29/2016

FOR:

FACILITIES CHANGE

DESCRIPTION	MILEAGE	HOURS	RATE	AMOUNT
MME Facilities Change Processing		3.0	\$40.00	\$120.00
TOTAL				\$120.00

Please remit to:
Division of Public and Behavioral Health
4150 Technology Way, Suite 106
Carson City, NV 89706

DOT-THCNV000171

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00171
SA003045

Sparks Office
2150 Frazer Avenue
Sparks, NV 89431
Phone: (775) 353-3782
Fax: (775) 353-3798

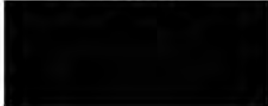
STATE OF NEVADA
2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



Las Vegas Office
2300 McLeod Street
Las Vegas, NV 89104-4214
Phone: (702) 668-4546
Fax: (702) 668-4567

DEPARTMENT OF AGRICULTURE
CONSUMER EQUITABILITY - WEIGHTS AND MEASURES

THC NEVADA LLC



Invoice Number: 21041
Customer Number: THCNEVA
Invoice Date: 2/11/2016
Total Amount Due By: 3/12/2016 **\$33.00**
Billing Code 4551-3701
Previous Payment: **\$0.00**

MAKE CHECK PAYABLE TO:
Department of Agriculture
PO Box 844477
Los Angeles, CA 90084-4477

RETURN TOP PORTION WITH PAYMENT
or please add Invoice Number 21041 onto the
Check Memo Field to ensure payment.

INVOICE SUMMARY

Location
Device
[Redacted]
Scale 500 lbs. and under

<u>Invoice Type</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
Annual Fee			
B - License	3	\$11.00	\$33.00
DEVICE TOTAL	3	AMOUNT	\$33.00

Customer Number:	THCNEVA	DEPARTMENT OF AGRICULTURE
Invoice Date:	2/11/2016	CONSUMER EQUITABILITY - WEIGHTS AND MEASURES
Amount Due:	\$33.00	Annual Fee
Invoice Number(s):	21041	

NAC 581.295 Failure to pay a fee required pursuant to this section within 30 days after receipt of the bill for the fee is a violation of this section, and the Division will, in addition to any other penalties provided for in this chapter, impose a late fee equal to 50 percent of the amount of the fee that is paid late.

DOT-THCNV000172

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00172
SA003046

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
Employment Security Division

Contributions Section
500 E. Third Street
Carson City, NV 89713-0030
<http://ui.nv.gov/ess>
(775) 684-6330

Quarter: 2015/4
Quarter Ending: 12/31/2015
Employer Account: [REDACTED]
Delinquent After: 2/1/2016
Federal ID Number: [REDACTED]

BOND FACTOR: 0.26% = 0.0026

*WELLEAF
[REDACTED]

*Paid - 2/25/16
1175*

Quarterly Bond Contributions Report

Quarterly bond contributions are due by law in addition to quarterly unemployment insurance (UI) taxes. Bond contributions will continue to be collected quarterly until the bonds issued to pay federal loans for unemployment benefits are fully repaid in late 2017 or early 2018.

Please complete this report to determine the **Bond Contributions Amount Due** for the quarter stated **above**.

1. ENTER TAXABLE WAGES PAID THIS QUARTER (Same as LINE 5 on Employer's Quarterly Report) If LINE 5 on Report is ZERO (no taxable wages) write "NONE" and return without payment.		4,723.10
2. MULTIPLY BY BOND FACTOR (Your assigned Bond Factor written as a decimal)	x	.0026
3. BOND CONTRIBUTIONS AMOUNT DUE	=	\$12.28
3a. SUBTRACT CREDIT AMOUNT SHOWN ON BOND BILLING STATEMENT (If applicable)	-	
4. ADD \$5.00 FOR ONE OR MORE DAYS LATE FILING THIS REPORT	+	\$5.00
5. ADD ADDITIONAL CHARGE AFTER 10 DAYS (LINE 1 X .001) FOR EACH MONTH/PART OF MONTH LATE+		\$4.72
6. ADD INTEREST ON AMOUNT DUE (LINE 3 X .01) FOR EACH MONTH/PART OF MONTH LATE	+	\$0.12
7. PAY TOTAL BOND CONTRIBUTIONS AMOUNT DUE (Total LINES 3 through 6)	=	\$22.12

- Return the completed report, along with a separate check for the Total Bond Contributions Amount Due. **Do not combine UI taxes and bond contributions in the same check. UI taxes and bond contributions must be kept separate.**
- Make check payable to Employment Security Division. Include your Employer Account Number and "Bond" on the check memo line. NOTE: Electronic payments are not available for bond contributions.
- Use the enclosed return envelope with blue markings. Otherwise, indicate BOND on the envelope.

Print Contact Name: [REDACTED]

Telephone Number: [REDACTED]

Date: 2-20-16

BR Rev 3-15

DOT-THCNV000173

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00173
SA003047

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
Employment Security Division

Contributions Section
500 E. Third Street
Carson City, NV 89713-0030
<http://ui.nv.gov/ess>
(775) 684-6330

Quarter: 2016/1
Quarter Ending: 03/31/2016
Employer Account: [REDACTED]
Delinquent After: 05/02/2016
Federal ID Number: [REDACTED]

BOND FACTOR: 0.29% = 0.0029

*THC NEVADA LLC
[REDACTED]

paid-4/5/16-H06

Quarterly Bond Contributions Report

Quarterly bond contributions are due by law in addition to quarterly unemployment insurance (UI) taxes. Bond contributions will continue to be collected quarterly until the bonds issued to pay federal loans for unemployment benefits are fully repaid in late 2017 or early 2018.

Please complete this report to determine the **Bond Contributions Amount Due** for the quarter stated above.

1. ENTER TAXABLE WAGES PAID THIS QUARTER (Same as LINE 5 on Employer's Quarterly Report) If LINE 5 on Report is ZERO (no taxable wages) write "NONE" and return without payment.		\$17,380.74
2. MULTIPLY BY BOND FACTOR (Your assigned Bond Factor written as a decimal)	x	.0029
3. BOND CONTRIBUTIONS AMOUNT DUE	=	\$50.40
3a. SUBTRACT CREDIT AMOUNT SHOWN ON BOND BILLING STATEMENT (If applicable)	-	0
4. ADD \$5.00 FOR ONE OR MORE DAYS LATE FILING THIS REPORT	+	0
5. ADD ADDITIONAL CHARGE AFTER 10 DAYS (LINE 1 X .001) FOR EACH MONTH/PART OF MONTH LATE	+	0
6. ADD INTEREST ON AMOUNT DUE (LINE 3 X .01) FOR EACH MONTH/PART OF MONTH LATE	+	0
7. PAY TOTAL BOND CONTRIBUTIONS AMOUNT DUE (Total LINES 3 through 6)	=	\$50.40

- Return the completed report, along with a separate check for the Total Bond Contributions Amount Due. **Do not combine UI taxes and bond contributions in the same check. UI taxes and bond contributions must be kept separate.**
- Make check payable to Employment Security Division. Include your Employer Account Number and "Bond" on the check memo line. NOTE: Electronic payments are not available for bond contributions.
- Use the enclosed return envelope with blue markings. Otherwise, indicate BOND on the envelope.

Print Contact Name: [REDACTED]

Telephone Number: [REDACTED]

Date: 4-5-2016

BR Rev 3-15

[Signature]

DOT-THCNV000174

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00174
SA003048

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
NEVADA DEPARTMENT OF TAXATION

TID No:001-TX-

001

MEDICAL MARIJUANA TAX RETURN
Cultivator, Producer, & Dispensary

MAIL ORIGINAL TO: NEVADA DEPARTMENT OF TAXATION
1550 COLLEGE PARKWAY
CARSON CITY, NV 89706

THC NEVADA, LLC

For Department Use Only

Return for month ending 03/31/16

Due on or before 05/02/16

Date paid 04/05/16

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

CULTIVATION FACILITY

1. TOTAL SALES MADE THIS PERIOD

1. 0.00

PRODUCTION FACILITY

2. TOTAL SALES MADE THIS PERIOD

2. 0.00

MEDICAL MARIJUANA DISPENSARY

3. TOTAL SALES MADE THIS PERIOD

3. 0.00

4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)

4. 0.00

5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]

5. 0.00

6. CREDITS (Overpayments as determined by the Department)

6. 0.00

7. NET TAX DUE (Line 5 minus Line 6)

7. 0.00

8. PENALTY IF LATE (See Instructions)

8. 0.00

9. INTEREST IF LATE (See Instructions)

9. 0.00

10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)

10. 0.00

11. TOTAL AMOUNT DUE AND PAYABLE (Line 7 + Line 8 + Line 9 + Line 10)

11. 0.00

12. AMOUNT PAID

12. 0.00

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

[Redacted Signature Area]

FEDERAL TAX ID NUMBER (EIN OR SSN)

DATE

**MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION**

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Medical Marijuana Tax Return'. Your email, including attachments, cannot exceed 10 MB.

MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000175

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00175
SA003049

4/5/2016

Payment Confirmation

Nevada Department of Taxation - Nevada Other Beneficial Contributions

Payment Confirmation

THC NEVADA LLC

Department of Taxation ID: [REDACTED] Primary Address: [REDACTED]

Thank You

Please [print this page](#) for your records.

Your payment request of **\$560.24** has been submitted to Nevada Tax. Your account(s) will be debited on **4/5/2016**; however, this transaction may take 10-15 business days to reflect on your bank account.

The confirmation number for the Taxes and Fees portion of your payment (totaling \$560.24) is: **16Z0003304757**

A detailed breakdown of this payment transaction is displayed, and will be applied as you specified below:

Account	Period	Period Balance	Payment	Remaining Due
Sales and Use Location: 001	01/01/2016 - 03/31/2016	\$560.24	\$560.24	\$0.00

If you have any questions concerning this transaction, please contact the Nevada Department of Taxation for assistance.

Nevada Department of Taxation
Taxpayer Service Center
Hours of Operation:
8:00 am - 5:00 pm
Monday - Friday

Taxpayer Information and Assistance
(866)962-3707

<https://www.nevadax.nv.gov/WEB/PaymentProcessing/PaymentConfirmation.aspx>

DOT-THCNV000176

1/1

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00176
SA003050

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
NEVADA DEPARTMENT OF TAXATION

TID No:001-TX-

MEDICAL MARIJUANA TAX RETURN
Cultivator, Producer, & Dispensary

MAIL ORIGINAL TO: NEVADA DEPARTMENT OF TAXATION
1550 COLLEGE PARKWAY
CARSON CITY, NV 89706

THC NEVADA, LLC

For Department Use Only

Return for month ending 05/31/16

Due on or before 06/30/16

Date paid 06/15/16

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

CULTIVATION FACILITY

1. TOTAL SALES MADE THIS PERIOD

PRODUCTION FACILITY

2. TOTAL SALES MADE THIS PERIOD

MEDICAL MARIJUANA DISPENSARY

3. TOTAL SALES MADE THIS PERIOD

4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)

5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]

6. CREDITS (Overpayments as determined by the Department)

7. NET TAX DUE (Line 5 minus Line 6)

8. PENALTY IF LATE (See Instructions)

9. INTEREST IF LATE (See Instructions)

10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)

11. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)

12. AMOUNT PAID

1. 21,360.70

2. 0.00

3. 0.00

4. 21,360.70

5. 427.21

6.

7. 427.21

8.

9.

10.

11. 427.21

12. 427.21

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

E

ST

G

TITLE

PHONE NUMBER (WITH AREA CODE)

06/15/2016

FEDERAL TAX ID NUMBER (EIN OR SSN)

DATE

**MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION**

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Medical Marijuana Tax Return'. Your email, including attachments, cannot exceed 10 MB.

MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000177

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00177
SA003051

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
MEDICAL MARIJUANA PROGRAM
4150 TECHNOLOGY WAY SUITE 106
CARSON CITY, NV 89706
PHONE 775-684-3487 FAX 775-684-3213

TO:
Nick Puliz

INVOICE #413

DATE: 6/24/2016

FOR:
TRANSFER OF INTEREST

DESCRIPTION	MILEAGE	HOURS	RATE	AMOUNT
MME Transfer of Interest Processing		6.5	\$40.00	\$260.00
TOTAL				\$260.00

Please remit to: "DPBH" at
Division of Public and Behavioral Health
Attention: M. Gray
4150 Technology Way, Suite 106
Carson City, NV 89706

DOT-THCNV000178

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00178
SA003052

7/11/2016

Check Payment Confirmation

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

[Print](#) [Close](#)

Thank you. Your payment has been successfully submitted to the Nevada Department of Employment, Training & Rehabilitation.
Your confirmation number is 5270289.

Account : XXXXXXXXXX
Legal Name : The Nevada LLC
Period/Year : 2/2016;
Payment Amount : \$641.03
Convenience Fee : \$0.00
Date/Time: Monday, 11 July 2016, 05:47:17 PM

DOT-THCNV000179

https://secure.ui.nv.gov/ESS/ESSCheckPayConfirmationPage.htm?action=print&_st=

1/1

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00179
SA003053

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

TID No:001-TX-

MEDICAL MARIJUANA TAX RETURN
Cultivator, Producer, & Dispensary

For Department Use Only

MAIL ORIGINAL TO: NEVADA DEPARTMENT OF TAXATION
1550 COLLEGE PARKWAY
CARSON CITY, NV 89706

THC NEVADA, LLC

*paid-7/15/16
1332*

Return for month ending 06/30/16

Due on or before 08/01/16

Date paid 07/15/16

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

CULTIVATION FACILITY

1. TOTAL SALES MADE THIS PERIOD

1. 13,541.00

PRODUCTION FACILITY

2. TOTAL SALES MADE THIS PERIOD

2. 0.00

MEDICAL MARIJUANA DISPENSARY

3. TOTAL SALES MADE THIS PERIOD

3. 0.00

4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)

4. 13,541.00

5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]

5. 270.82

6. CREDITS (Overpayments as determined by the Department)

6.

7. NET TAX DUE (Line 5 minus Line 6)

7. 270.82

8. PENALTY IF LATE (See Instructions)

8.

9. INTEREST IF LATE (See Instructions)

9.

10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)

10.

11. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)

11. 270.82

12. AMOUNT PAID

12. 270.82

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

ENTER NAME OF PERSON

[Redacted Signature]

FEDERAL TAX ID NUMBER (EIN OR SSN)

DATE

**MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION**

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Medical Marijuana Tax Return'. Your email, including attachments, cannot exceed 10 MB.



MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000180

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00180
SA003054

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Sparks Office
2150 Frazer Avenue
Sparks, NV 89431
Phone: (775) 353-3782
Fax: (775) 353-3798



Las Vegas Office
2300 McLeod Street
Las Vegas, NV 89104-4214
Phone: (702) 668-4546
Fax: (702) 668-4567

DEPARTMENT OF AGRICULTURE
CONSUMER EQUITABILITY - WEIGHTS AND MEASURES

THC NEVADA LLC



*paid - 7/21/16
1338*

Invoice Number: 23574
Customer Number: THCNEVA
Invoice Date: 7/1/2016
Total Amount Due By: 7/31/2016 \$66.00
Billing Code 4561-3701
Previous Payment: \$0.00

MAKE CHECK PAYABLE TO:
Department of Agriculture
PO Box 844477
Los Angeles, CA 90084-4477

RETURN TOP PORTION WITH PAYMENT
or please add Invoice Number 23574 onto the
Check Memo Field to ensure payment.

INVOICE SUMMARY

Location
Device

Scale 500 lbs. and under

Invoice Type	Qty	Unit Price	Amount
Annual Fee			
B - License	6	\$11.00	\$66.00
DEVICE TOTAL	6	AMOUNT	\$66.00

Customer Number:	THCNEVA	DEPARTMENT OF AGRICULTURE
Invoice Date:	7/1/2016	CONSUMER EQUITABILITY - WEIGHTS AND MEASURES
Amount Due:	\$66.00	Annual Fee
Invoice Number(s):	23574	

NAC 581.295: Failure to pay a fee required pursuant to this section within 30 days after receipt of the bill for the fee is a violation of this section, and the Division will, in addition to any civil penalty that may be imposed pursuant to NAC 581.260, impose a late fee equal to 50 percent of the amount of the fee that is paid late.

DOT-THCNV000181

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00181
SA003055

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

**CITY OF NORTH LAS VEGAS
BUSINESS LICENSE DIVISION**

2250 LAS VEGAS BOULEVARD NORTH, SUITE 110, NORTH LAS VEGAS, NV 89030

LICENSE NOTICE

License # : 105745

MM02 CULTIVATION - GS

Due Date : 07/31/2016

WELLEAF

Business Address :

[REDACTED]

paid - 7/28/16
1337

[REDACTED]

Owner(s) : THC NEVADA, LLC

The license fee covering the 3-month period beginning 8/1/2016 is now due. To renew the license, the License Notice must be returned even when the previous balance is equal to or greater than the total due. Please return completed notice along with a check payable to the City of North Las Vegas, 2250 N. Las Vegas Blvd., Ste. 110, North Las Vegas, NV 89030. Please make a copy for your records.

Gross Income For Previous 3 Months (Apr-Jun, 2016)

1 \$40,424.45

Fee Due - Multiply line 1 by 3%

2 \$1,212.73

Previous Balance

3 0

* Penalty

4 0

Total Due

5 \$1,212.73

*RENEWAL FEES MUST BE PAID BY THE DUE DATE OF 7/31/2016. FEES NOT PAID WITHIN 15 DAYS OF THE DUE DATE, ARE SUBJECT TO A PENALTY OF 15% OF LINE 2.

I hereby declare that all information provided herein is true, complete and accurate to the best of my knowledge.

Signed :

[REDACTED]

Date : 7-15-2016

Print :

Telephone Number :

[REDACTED]

Email Address

[REDACTED]

BUSINESS LICENSE HOURS:

Monday through Thursday
8:00 A.M. to 5:45 P.M.
(702) 633-1520

105745

DOT-THCNV000183

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00183
SA003057

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
NEVADA DEPARTMENT OF TAXATION

TID No:001-TX-

MEDICAL MARIJUANA TAX RETURN
Cultivator, Producer, & Dispensary

MAIL ORIGINAL TO: NEVADA DEPARTMENT OF TAXATION
1550 COLLEGE PARKWAY
CARSON CITY, NV 89705

THC NEVADA, LLC

For Department Use Only

Return for month ending 07/31/16

Due on or before 08/31/16

Date paid 08/11/16

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

CULTIVATION FACILITY

1. TOTAL SALES MADE THIS PERIOD

PRODUCTION FACILITY

2. TOTAL SALES MADE THIS PERIOD

MEDICAL MARIJUANA DISPENSARY

3. TOTAL SALES MADE THIS PERIOD

4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)

5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]

6. CREDITS (Overpayments as determined by the Department)

7. NET TAX DUE (Line 5 minus Line 6)

8. PENALTY IF LATE (See Instructions)

9. INTEREST IF LATE (See Instructions)

10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)

11. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)

12. AMOUNT PAID

1.	41,799.69
2.	0.00
3.	0.00
4.	41,799.69
5.	835.99
6.	
7.	835.99
8.	
9.	
10.	
11.	835.99
12.	835.99

★ Paid from petty cash 8-17-16

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

FEDERAL TAX ID NUMBER (EIN OR SSN)

DATE



**MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION**

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Medical Marijuana Tax Return'. Your email, including attachments, cannot exceed 10 MB.

MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000184

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00184
SA003058

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
NEVADA DEPARTMENT OF TAXATION

TID No:001-TX-

MEDICAL MARIJUANA TAX RETURN
Cultivator, Producer, & Dispensary

MAIL ORIGINAL TO: NEVADA DEPARTMENT OF TAXATION
1550 COLLEGE PARKWAY
CARSON CITY, NV 89706

THC NEVADA, LLC

For Department Use Only

Return for month ending 03/31/16

Due on or before 05/02/16

Date paid 04/05/16

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

CULTIVATION FACILITY

1. TOTAL SALES MADE THIS PERIOD

1. 0.00

PRODUCTION FACILITY

2. TOTAL SALES MADE THIS PERIOD

2. 0.00

MEDICAL MARIJUANA DISPENSARY

3. TOTAL SALES MADE THIS PERIOD

3. 0.00

4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)

4. 0.00

5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]

5. 0.00

6. CREDITS (Overpayments as determined by the Department)

6. 0.00

7. NET TAX DUE (Line 5 minus Line 6)

7. 0.00

8. PENALTY IF LATE (See Instructions)

8. 0.00

9. INTEREST IF LATE (See Instructions)

9. 0.00

10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)

10. 0.00

11. TOTAL AMOUNT DUE AND PAYABLE (Line 7 + Line 8 + Line 9 + Line 10)

11. 0.00

12. AMOUNT PAID

12. 0.00

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

ENTER NAME OF PERSON

FEDERAL TAX ID NUMBER (EIN OR SSN)

DATE

**MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION**

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Medical Marijuana Tax Return'. Your email, including attachments, cannot exceed 10 MB.



MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000185

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00185
SA003059

4/5/2016

Payment Confirmation

Nevada Department of Taxation - Nevada Other Beneficial Contributions

Payment Confirmation

THC NEVADA LLC

Department of Taxation ID: [REDACTED]

Primary Address: [REDACTED]

Thank You

Please [print this page](#) for your records.

Your payment request of **\$560.24** has been submitted to Nevada Tax. Your account(s) will be debited on **4/5/2016**; however, this transaction may take 10-15 business days to reflect on your bank account.

The confirmation number for the Taxes and Fees portion of your payment (totaling \$560.24) is: **16Z0003304757**

A detailed breakdown of this payment transaction is displayed, and will be applied as you specified below:

Account	Period	Period Balance	Payment	Remaining Due
Sales and Use Location: 001	01/01/2016 - 03/31/2016	\$560.24	\$560.24	\$0.00

If you have any questions concerning this transaction, please contact the Nevada Department of Taxation for assistance.

Nevada Department of Taxation
Taxpayer Service Center
Hours of Operation:
8:00 am - 5:00 pm
Monday - Friday

Taxpayer Information and Assistance
(866)962-3707

DOT-THCNV000186

<https://www.nevadax.nv.gov/WEB/PaymentProcessing/PaymentConfirmation.aspx>

1/1

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00186
SA003060

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
NEVADA DEPARTMENT OF TAXATION

TID No:001-TX-

MEDICAL MARIJUANA TAX RETURN
Cultivator, Producer, & Dispensary

MAIL ORIGINAL TO: NEVADA DEPARTMENT OF TAXATION
1550 COLLEGE PARKWAY
CARSON CITY, NV 89706

THC NEVADA, LLC

For Department Use Only

Return for month ending 05/31/16

Due on or before 06/30/16

Date paid 06/15/16

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

CULTIVATION FACILITY

1. TOTAL SALES MADE THIS PERIOD

PRODUCTION FACILITY

2. TOTAL SALES MADE THIS PERIOD

MEDICAL MARIJUANA DISPENSARY

3. TOTAL SALES MADE THIS PERIOD

4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)

5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]

6. CREDITS (Overpayments as determined by the Department)

7. NET TAX DUE (Line 5 minus Line 6)

8. PENALTY IF LATE (See Instructions)

9. INTEREST IF LATE (See Instructions)

10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)

11. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)

12. AMOUNT PAID

1. 21,360.70

2. 0.00

3. 0.00

4. 21,360.70

5. 427.21

6.

7. 427.21

8.

9.

10.

11. 427.21

12. 427.21

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

**MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION**

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of "Medical Marijuana Tax Return". Your email, including attachments, cannot exceed 10 MB.

MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000187

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00187
SA003061

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
MEDICAL MARIJUANA PROGRAM
4150 TECHNOLOGY WAY SUITE 106
CARSON CITY, NV 89706
PHONE 775-684-3487 FAX 775-684-3213

TO:
Nick Puliz

INVOICE #413

DATE: 6/24/2016

FOR:
TRANSFER OF INTEREST

DESCRIPTION	MILEAGE	HOURS	RATE	AMOUNT
MME Transfer of Interest Processing		6.5	\$40.00	\$260.00
			TOTAL	\$260.00

Please remit to: "DPBH" at
Division of Public and Behavioral Health
Attention: M. Gray
4150 Technology Way, Suite 106
Carson City, NV 89706

DOT-THCNV000188

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00188
SA003062

7/11/2016

Check Payment Confirmation

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

[Print](#) [Close](#)

Thank you. Your payment has been successfully submitted to the Nevada Department of Employment, Training & Rehabilitation.
Your confirmation number is 5270289.

Account : [REDACTED]
Legal Name : The Nevada Llc
Period/Year : 2/2016;
Payment Amount : \$641.03
Convenience Fee : \$0.00
Date/Time: Monday, 11 July 2016, 05:47:17 PM

DOT-THCNV000189

https://secure.ui.nv.gov/ESS/ESSCheckPayConfirmationPage.htm?action=print&_st=

1/1

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00189
SA003063

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

TID No:001-TX-

MEDICAL MARIJUANA TAX RETURN
Cultivator, Producer, & Dispensary

For Department Use Only

MAIL ORIGINAL TO: NEVADA DEPARTMENT OF TAXATION
1550 COLLEGE PARKWAY
CARSON CITY, NV 89706

THC NEVADA, LLC

*paid - 7/15/16
1332*

Return for month ending 06/30/16

Due on or before 08/01/16

Date paid 07/15/16

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

CULTIVATION FACILITY

1. TOTAL SALES MADE THIS PERIOD

1. 13,541.00

PRODUCTION FACILITY

2. TOTAL SALES MADE THIS PERIOD

2. 0.00

MEDICAL MARIJUANA DISPENSARY

3. TOTAL SALES MADE THIS PERIOD

3. 0.00

4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)

4. 13,541.00

5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]

5. 270.82

6. CREDITS (Overpayments as determined by the Department)

6.

7. NET TAX DUE (Line 5 minus Line 6)

7. 270.82

8. PENALTY IF LATE (See Instructions)

8.

9. INTEREST IF LATE (See Instructions)

9.

10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)

10.

11. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)

11. 270.82

12. AMOUNT PAID

12. 270.82

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

[Redacted Signature Area]

FEDERAL TAX ID NUMBER (EIN OR SSN)

DATE

**MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION**

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Medical Marijuana Tax Return'. Your email, including attachments, cannot exceed 10 MB.



MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000190

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00190
SA003064

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Sparks Office
2150 Frazer Avenue
Sparks, NV 89431
Phone: (775) 353-3782
Fax: (775) 353-3798



Las Vegas Office
2300 McLeod Street
Las Vegas, NV 89104-4214
Phone: (702) 668-4546
Fax: (702) 668-4567

DEPARTMENT OF AGRICULTURE
CONSUMER EQUITABILITY - WEIGHTS AND MEASURES

THC NEVADA LLC



*paid - 7/21/16
1338*

Invoice Number: 23574
Customer Number: THCNEVA
Invoice Date: 7/1/2016
Total Amount Due By: 7/31/2016 \$66.00
Billing Code 4561-3701
Previous Payment: \$0.00

MAKE CHECK PAYABLE TO:
Department of Agriculture
PO Box 844477
Los Angeles, CA 90084-4477

RETURN TOP PORTION WITH PAYMENT
or please add Invoice Number 23574 onto the
Check Memo Field to ensure payment.

INVOICE SUMMARY

Location
Device
[Redacted]
Scale 500 lbs. and under

Invoice Type	Qty	Unit Price	Amount
Annual Fee			
B - License	6	\$11.00	\$66.00
DEVICE TOTAL	6	AMOUNT	\$66.00

Customer Number:	THCNEVA	DEPARTMENT OF AGRICULTURE
Invoice Date:	7/1/2016	CONSUMER EQUITABILITY - WEIGHTS AND MEASURES
Amount Due:	\$66.00	Annual Fee
Invoice Number(s):	23574	

NAC 581.295: Failure to pay a fee required pursuant to this section within 30 days after receipt of the bill for the fee is a violation of this section, and the Division will, in addition to any civil penalty that may be imposed pursuant to NAC 581.260, impose a late fee equal to 50 percent of the amount of the fee that is paid late.

DOT-THCNV000191

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00191
SA003065

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

CITY OF NORTH LAS VEGAS
BUSINESS LICENSE DIVISION
2250 LAS VEGAS BOULEVARD NORTH, SUITE 110, NORTH LAS VEGAS, NV 89030

LICENSE NOTICE

License #: 105745

MM02 CULTIVATION - GS

Due Date : 07/31/2016

WELLEAF

Business Address :
[REDACTED]

Owner(s) : THC NEVADA, LLC

The license fee covering the 3-month period beginning 8/1/2016 is now due. To renew the license, the License Notice must be returned even when the previous balance is equal to or greater than the total due. Please return completed notice along with a check payable to the City of North Las Vegas, 2250 N. Las Vegas Blvd., Ste. 110, North Las Vegas, NV 89030. Please make a copy for your records.

Gross Income For Previous 3 Months (Apr-Jun, 2016)

1 \$40,424.45

Fee Due - Multiply line 1 by 3%

2 \$1,212.73

Previous Balance

3 0

* Penalty

4 0

Total Due

5 \$1,212.73

*RENEWAL FEES MUST BE PAID BY THE DUE DATE OF 7/31/2016. FEES NOT PAID WITHIN 15 DAYS OF THE DUE DATE, ARE SUBJECT TO A PENALTY OF 15% OF LINE 2.

I hereby declare that all information provided herein is true, complete and accurate to the best of my knowledge.

Signed : [REDACTED]

Date : [REDACTED]

Print : [REDACTED]

Telephone Number : [REDACTED]

Email Address : [REDACTED]

BUSINESS LICENSE HOURS:

Monday through Thursday
8:00 A.M. to 5:45 P.M.
(702) 633-1520

105745

DOT-THCNV000193

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00193
SA003067

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
NEVADA DEPARTMENT OF TAXATION

TID No:001-TX-

MEDICAL MARIJUANA TAX RETURN
Cultivator, Producer, & Dispensary

MAIL ORIGINAL TO: NEVADA DEPARTMENT OF TAXATION
1550 COLLEGE PARKWAY
CARSON CITY, NV 89705

THC NEVADA, LLC

For Department Use Only

Return for month ending 07/31/16

Due on or before 08/31/16

Date paid 08/11/16

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

CULTIVATION FACILITY

1. TOTAL SALES MADE THIS PERIOD

PRODUCTION FACILITY

2. TOTAL SALES MADE THIS PERIOD

MEDICAL MARIJUANA DISPENSARY

3. TOTAL SALES MADE THIS PERIOD

4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)

5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]

6. CREDITS (Overpayments as determined by the Department)

7. NET TAX DUE (Line 5 minus Line 6)

8. PENALTY IF LATE (See Instructions)

9. INTEREST IF LATE (See Instructions)

10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)

11. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)

12. AMOUNT PAID

1. 41,799.69

2. 0.00

3. 0.00

4. 41,799.69

5. 835.99

6.

7. 835.99

8.

9.

10.

11. 835.99

12. 835.99

** Paid for petty cash 8-17-16*

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

**MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION**

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Medical Marijuana Tax Return'. Your email, including attachments, cannot exceed 10 MB.

MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000194

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00194
SA003068

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



FEE SUMMARY REPORT

City of North Las Vegas
Development Service Center
Ph: (702) 633-xxxx
Fax: (702) 649-xxxx

BUSINESS LICENSE

Instructions to Customer :

Disclaimer: This is a listing of fees for payment only. This is not a receipt and does not authorize permission to conduct business or engage in permit activity.

City of North Las Vegas Central Cashier Hours: Monday – Thursday 8:00 AM to 5:45 PM

The City accepts the following types of payment: Cash, Credit Card (American Express, Discover, Master Card and Visa), Money Order or Check. Please make Money Orders and Checks payable to CNLV.

Application Information:

Application Type: BUSINESS LICENSE - GROSS SALES

Application #: 105745

Application Name: WELLEAF

Address:



License #

Fees to be paid:

Status	Fee Description	Quantity	Fee	Amount Due
1) U	GROSS REVENUE FEE MME	1	\$12,878.23	\$12,878.23
2) U	GROSS REVENUE FEE MME-CYCLE	1	\$1.00	\$1.00
Minimum Due:				\$12,879.23

Reports fr



City of North Las Vegas

01/31/2017 10:00 AM - 11:00 AM
Taxpayer ID: 105745

City of North Las Vegas

Subtotal \$12,879.23

Total \$12,879.23

Amount Due \$12,879.23

Change \$0.00

Thank you for your payment!

City of North Las Vegas

01/31/2017

1 of 1

DOT-THCNV000195

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00195
SA003069

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Register ID: KREAD
 Cashier: 988814
 Tran Date: 1/9/2017 3:19:55 PM
 Tran # 613948
 Payer: Welleaf

DESCRIPTION	AMT DUE	AMT PAID
LIC# M64-00004		
Fee: Renewal (Renewal - Flat Gross)	\$5,000.00	\$5,000.00
CASH		\$5,000.00
Subtotal:		\$5,000.00
Tax:		\$0.00
Total:		\$5,000.00
Payment:		\$5,000.00
Change:		\$0.00



Business License Renewal

Cultivation

M64-00004
 WELLEAF
 8818 E GRAND BLVD

License Number: M64-00004	Date Billed: 12/07/2016
Fees must be paid within 15 days of due date to avoid 15% penalty.	Date Due: 01/01/2017

The license fees now due are based on your gross revenue/sales for the period beginning 7/1/2016 and ending 12/31/2016.

- Enter gross revenue/sales here: 336,551.88 (1)
- Multiple line 1 x .01 and enter the result here: 3365.51 (2)
- Minimum Payment Amount \$5,000 (3)

Enter the **larger** of line 2 or line 3 : \$5,000.00 (4)

PAY THIS AMOUNT

For mailed in payments allow 10 days for processing to avoid late penalties

Renew your license online at www.LasVegasNevada.gov DOT-THCNV000196

I acknowledge that by paying these fees I agree with all of the conditions stated on the license.

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00196
 SA003070

MARIJUANA TAX RETURN
Medical Marijuana Dispensary

Nevada Department of Taxation
Las Vegas District
555 E. Washington Ave., Suite 1300
Las Vegas, NV 89101

DEPARTMENT OF TAXATION
ARKWAY
/ 89706

DATE 03/08/2017
BATCH 376
EXCISE
TOTAL
\$5942.72
\$5942.72
TIME 10:40

(866) 962-3707
Visit us at tax.state.nv.us
THANK YOU

MEDICAL MARIJUANA DISPENSARY

3. TOTAL SALES MADE THIS PERIOD
4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)
5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]
6. CREDITS (Overpayments as determined by the Department)
7. NET TAX DUE (Line 5 minus Line 6)
8. PENALTY IF LATE (See Instructions)
9. INTEREST IF LATE (See Instructions)
10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)
11. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)
12. AMOUNT PAID

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

For Department Use Only

RECEIVED

MAR 08 2017

Department of Taxation
District III, Las Vegas

Return for month ending 2/28/17

Due on or before

Date paid 3/8/17

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

1. 290,065.01
2. 7,071.00
3. 0.00
4. 297,136.01
5. 5,942.72
- 6.
7. 5,942.72
- 8.
- 9.
- 10.
11. 5,942.72
12. 5942.72

**MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION**

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Medical Marijuana Tax Return'. Your email, including attachments, cannot exceed 10 MB.

MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000197

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00197
SA003071

MEDICAL MARIJUANA TAX RETURN For Dispensary

Nevada Department of Taxation
Las Vegas District
555 E. Washington Ave., Suite 1300
Las Vegas, NV 89101

DEPARTMENT OF TAXATION
ARKWAY
V 89706

DATE 03/08/2017 VED
1017890269
BATCH 376 13117
TOTAL \$3178.07
CASH \$3178.25
CHANGE \$0.18
NO.052297 REG 01 DEBIT: LINE 10:19

(866) 962-3707
Visit us at www.tax.state.nv.us
THANK YOU

1. TOTAL SALES MADE THIS PERIOD
2. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)
3. TOTAL CALCULATED TAX (Line 4 x 2% (0.02))
4. CREDITS (Overpayments as determined by the Department)
5. NET TAX DUE (Line 5 minus Line 6)
6. PENALTY IF LATE (See Instructions)
7. INTEREST IF LATE (See Instructions)
8. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)
9. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)
10. AMOUNT PAID

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF



For Department Use Only

RECEIVED

MAR 08 2017

Department of Taxation
District III, Las Vegas

Return for month ending 1/31/17

Due on or before

Date paid 3/8/17

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

1. 153,612.50
2. 1,038.00
3. 0.00
4. 154,650.50
5. 3,093.01
- 6.
7. 3,093.01
8. 61.86
9. 23.20
- 10.
11. 3178.07
12. 3178.07

MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION

A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Medical Marijuana Tax Return'. Your email, including attachments, cannot exceed 10 MB.

MEDICAL MARIJUANA TAX
RETURN Revisited 12/01/15

DOT-THCNV000198

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00198

SA003072

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

MONEYGRAM PAYMENT RECEIPT
 PLEASE READ REVERSE SIDE www.moneygram.com/moneyorder DATE/AMOUNT

20715156663 03/08/2017
 094 NM \$120.00
 60528259252592 00

R207151566633

EMPLOYEE
 608 (12/12) 500/5000
 M 77395-X

▼ DETACH HERE ▼
 (702) 633 - 6521
 MANAGER JASON EVANS
 1807 W CRAIG RD
 NORTH LAS VEGAS NV 89032

ST# 02592 OP# 005052 TEN 62 TR# 04378
 MONEY ORDER 060538896309 120.00 0
 ORDER FEE 068113163351 0.70 N
 SUBTOTAL 120.70
 TOTAL 120.70
 CASH TEND 140.00
 CHANGE DUE 19.30

MONEY ORDER SERIAL NUMBERS
 20715156663 - 120.00

8 ITEMS PAID 9

STATE OF NEVADA



CODY PHINNEY, MPH
 Administrator, DPBH
 JOHN DIMURO, D.O., MBA
 Chief Medical Officer

PARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 MEDICAL MARIJUANA PROGRAM
 4150 TECHNOLOGY WAY SUITE 101
 CARSON CITY, NV 89706
 PHONE 775-684-3487 FAX 775-684-3213

INVOICE #635
 DATE: 3/3/2017

FOR: INVESTIGATION C030-01

DESCRIPTION	HOURS	RATE	AMOUNT
MME Investigation Processing	3.0	\$40.00	\$120.00
TOTAL			\$120.00

Payment is due within 30 days of date on invoice.

Please remit to: "DPBH" at
 Division of Public and Behavioral Health
 Attention: M. Gray
 4150 Technology Way, Suite 101
 Carson City, NV 89706

DOT-THCNV000199

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00199
 SA003073

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



FEE SUMMARY REPORT

City of North Las Vegas
Development Service Center
Ph: (702) 633-xxxx
Fax: (702) 649-xxxx

BUSINESS LICENSE

Instructions to Customer :

Disclaimer: This is a listing of fees for payment only. This is not a receipt and does not authorize permission to conduct business or engage in permit activity.

City of North Las Vegas Central Cashier Hours: Monday – Thursday 8:00 AM to 5:45 PM

The City accepts the following types of payment: Cash, Credit Card (American Express, Discover, Master Card and Visa), Money Order or Check. Please make Money Orders and Checks payable to CNLV.

Application Information:

Application Type: BUSINESS LICENSE - GROSS SALES

Application #: 105745

Application Name: WELLEAF

Address: [REDACTED]

Fees to be paid:

	Status	Fee Description	Quantity	Fee	Amount Due
1)	U	GROSS REVENUE FEE MME	1	\$18,763.24	\$18,763.24
2)	U	GROSS REVENUE FEE MME-CYCLE	1	\$1.00	\$1.00
				Minimum Due:	\$18,764.24

Reports fr



City of North Las Vegas

04/19/2017 09:55 Trn 1662859

Cashier 00005

LIC Permit # 105745 \$18764.24

Subtotal \$18764.24

Tax \$0.00

Total \$18764.24

Payer: WELLEAF

Received CASH \$18764.24

Change \$0.00

Thank you for your payment! Your community of choice.

04/19/2017

Page 1 of 1

DOT-THCNV000200

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00200
SA003074

MEDICAL MARIJUANA TAX RETURN
Cultivator, Producer, & DispensaryMAIL ORIGINAL TO: NEVADA DEPARTMENT OF TAXATION
1550 COLLEGE PARKWAY
CARSON CITY, NV 89706

THC Nevada LLC

RECEIVED
For Department Use Only

APR 05 2017

Department of Taxation
District III, Las Vegas

Return for month ending 12/31/16

Due on or before 01/31/17

Date paid 04/04/17

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

CULTIVATION FACILITY

1. TOTAL SALES MADE THIS PERIOD

PRODUCTION FACILITY

2. TOTAL SALES MADE THIS PERIOD

MEDICAL MARIJUANA DISPENSARY

3. TOTAL SALES MADE THIS PERIOD

4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)

5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]

6. CREDITS (Overpayments as determined by the Department)

7. NET TAX DUE (Line 5 minus Line 6)

8. PENALTY IF LATE (See Instructions)

9. INTEREST IF LATE (See Instructions)

10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)

11. TOTAL AMOUNT DUE AND PAYABLE (Line 7 + Line 8 + Line 9 + Line 10)

12. AMOUNT PAID

1. 226,970.00

2.

3.

4. 226,970.00

5. 4,539.40

6.

7. 4,539.40

8. 453.94

9. 102.14

10.

11. 5,095.48

12. \$,095.48

cash SS

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

**MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION****A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000201



HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00201
SA003075

5.2.9 Tab IX - ~~MENT OF TAXATION - Other Beneficial Contributions~~

JUANA TAX RETURN
lucer, & Dispensary

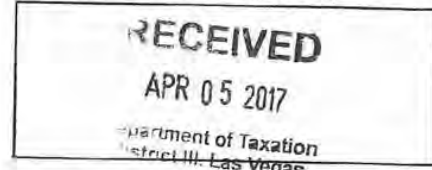
Nevada Department of Taxation
Las Vegas District
555 E. Washington Ave., Suite 1300
Las Vegas, NV 89101

DEPARTMENT OF TAXATION
EDGE PARKWAY
CITY, NV 89706

DATE 04/05/2017 VED
1017890269
BATCH 396 33117
EXCISE \$2648.06
123116
EXCISE \$5095.48
TOTAL \$8743.54
CASH \$8743.54
NO.053331 REQ 01 DRAWER 1 TIME 09:08

LLC

For Department Use Only



Return for month ending 03/31/17
Due on or before 05/01/17
Date paid 04/04/17

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

(866) 962-3707
Visit us at www.tax.state.nv.us
THANK YOU

THIS PERIOD

THIS PERIOD

NSARY

3. TOTAL SALES MADE THIS PERIOD
4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)
5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]
6. CREDITS (Overpayments as determined by the Department)
7. NET TAX DUE (Line 5 minus Line 6)
8. PENALTY IF LATE (See Instructions)
9. INTEREST IF LATE (See Instructions)
10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)
11. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)
12. AMOUNT PAID

1.	182,403.06
2.	
3.	
4.	182,403.06
5.	3,648.06
6.	
7.	3,648.06
8.	
9.	
10.	
11.	3,648.06
12.	3,648.06

cash 38

MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION

A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS



MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000202

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00202
SA003076

5.2.9 Tab IX - Evidence of Taxation - Other Beneficial Contributions

**NA TAX RETURN
r, & Dispensary**

Nevada Department of Taxation
Las Vegas District
555 E. Washington Ave., Suite 1500
Las Vegas, NV 89101

MENT OF TAXATION
RKWAY
/ 89706

DATE 05/16/2017 TUE
BATCH 426 1017890269
43017
EXCISE \$3994.54
TOTAL \$3994.54
CASH \$3994.54
NO.055009 REG 01 DRAWER 2 TIME 13:35

(866) 962-3707
Visit us at www.tax.state.nv.us
THANK YOU

MEDICAL MARIJUANA TAX

3. TOTAL SALES MADE THIS PERIOD
4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)
5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]
6. CREDITS (Overpayments as determined by the Department)
7. NET TAX DUE (Line 5 minus Line 6)
8. PENALTY IF LATE (See Instructions)
9. INTEREST IF LATE (See Instructions)
10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)
11. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)
12. AMOUNT PAID

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED

For Department Use Only

RECEIVED

MAY 16 2017

Department of Taxation
District III, Las Vegas

Return for month ending 04/30/17

Due on or before 05/31/17

Date paid 05/16/17

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

1.	199,727.00
2.	
3.	
4.	199,727.00
5.	3,994.54
6.	
7.	3,994.54
8.	
9.	
10.	
11.	3,994.54
12.	\$ 3,994.54

Cash

MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION

A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS

MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000203

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00203
SA003077

5.2.9 Tab IX - EVIDENCE OF TAXATION - Other Beneficial Contributions

**ANA TAX RETURN
er, & Dispensary**

NEVADA DEPARTMENT OF TAXATION
Las Vegas District
555 E. Washington Ave., Suite 1300
Las Vegas, NV 89101

DEPARTMENT OF TAXATION
PARKWAY
NV 89706

DATE 06/15/2017 THU
1017890269 30
BATCH 447 53117
EXCISE \$5374.38
TOTAL \$5374.38
CASH \$5374.38
NO. 050165 REG 01 DRAWER 1 TIME 10:23

(866) 962-3707
Visit us at www.tax.state.nv.us
THANK YOU PERIOD

2. TOTAL SALES MADE THIS PERIOD
MEDICAL MARIJUANA DISPENSARY
3. TOTAL SALES MADE THIS PERIOD
4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)
5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]
6. CREDITS (Overpayments as determined by the Department)
7. NET TAX DUE (Line 5 minus Line 6)
8. PENALTY IF LATE (See Instructions)
9. INTEREST IF LATE (See Instructions)
10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)
11. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)
12. AMOUNT PAID

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**



For Department Use Only



Department of Taxation
District of Las Vegas

Return for month ending 05/31/17
Due on or before 06/30/17
Date paid 06/15/17

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

1. 268,719.00
- 2.
- 3.
4. 268,719.00
5. 5,374.38
- 6.
7. 5,374.38
- 8.
- 9.
- 10.
11. 5,374.38
12. 5374.38

CASH

**MAKE CHECKS PAYABLE TO
NEVADA DEPT OF TAXATION**

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

MEDICAL MARIJUANA TAX
RETURN Revised 12/01/15

DOT-THCNV000204

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00204
SA003078

6/27/2017

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

6/27/2017 15:26

Register ID: RROBISON
 Cashier: 989168
 Tran Date: 6/27/2017 3:23:39 PM
 Tran # 653062
 Payer: Welleaf

DESCRIPTION	AMT DUE	AMT PAID
LIC# M64-00004		
Fee: Renewal (Renewal - Flat Gross)	\$5,000.00	\$5,000.00
CASH		\$5,000.00
Subtotal:		\$5,000.00
Tax:		\$0.00
Total:		\$5,000.00
Payment:		\$5,000.00
Change:		\$0.00



Medical Marijuana Business License Renewal



RECEIVED

JUN 27 2017

CLV - Bus. Licensing

M64-00004
 WELLEAF

License Number: M64-00004

Date Billed: 06/01/2017

Fees must be paid within 15 days of due date to avoid 15% penalty.

Date Due: 07/01/2017

The license fees now due are based on your gross revenue/sales for the period beginning 1/1/2017 and ending 6/30/2017.

- Enter gross revenue/sales here:

\$384,623 (1)

- Multiple line 1 x .01 and enter the result here:

3,846.23 (2)
 DOT-THCNV000205
 \$5,000 (3)

- Minimum Payment Amount

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00205
 SA003079

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



SUMMARY REPORT

City of North Las Vegas
Development Service Center
Ph: (702) 633-xxxx
Fax: (702) 649-xxxx

BUSINESS LICENSE

City of North Las Vegas

06/29/2017 14:53 Trn 1679014
Cashier 00085

LIC Permit W 111288 \$5000.00

Subtotal \$5000.00

Tax \$0.00

Total \$5000.00

Payer: THC PRODUCTION LLC

Received CASH \$5000.00

Change \$0.00

Thank you for your payment.

Payment only. This is not a receipt and does not authorize permission to activity.

Central Cashier Hours: Monday – Thursday 8:00 AM to 5:45 PM

Payment: Cash, Credit Card (American Express, Discover, Master Card and Money Orders and Checks payable to CNLV.

INSE - GROSS

Application #: 111288

NCE PREMIUM CANNA



Fees to be paid:

Status	Fee Description	Quantity	Fee	Amount Due
1) U	APPLICATION FEE ME	1	\$5,000.00	\$5,000.00
2) U	POLICE INV-STIERWALT, RICHARD	1	\$200.00	\$200.00

Minimum Due: \$5,200.00

Out Vault Cash

Goes in Production Costs

Reports from Cashier:

06/29/2017

Page 1 of 1

DOT-THCNV000206

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00206
SA003080

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



FEE SUMMARY REPORT

City of North Las Vegas
Development Service Center
Ph: (702) 633-xxxx
Fax: (702) 649-xxxx

BUSINESS LICENSE

Instructions to Customer :

Disclaimer: This is a listing of fees for payment only. This is not a receipt and does not authorize permission to conduct business or engage in permit activity.

City of North Las Vegas Central Cashier Hours: Monday – Thursday 8:00 AM to 5:45 PM

The City accepts the following types of payment: Cash, Credit Card (American Express, Discover, Master Card and Visa), Money Order or Check. Please make Money Orders and Checks payable to CNLV.

Application Information:

Application Type: BUSINESS LICENSE - GROSS
SALES

Application #: 111279

Application Name: FLORA VEGA

Address:

Fees to be paid:

Status	Fee Description	Quantity	Fee	Amount Due
1) U	APPLICATION FEE ME	1	\$5,000.00	\$5,000.00
Minimum Due:				\$5,000.00

Reports f



City of North Las Vegas

06/29/2017 14:25 Trm 1678994
Cashier 00007

LIC Permit # 111279 \$5000.00

Subtotal \$5000.00
Tax \$0.00

Total \$5000.00

Payer: FLORAVEGA
Received CASH \$5000.00
Change \$0.00

Thank you for your payment! Your
community of choice.

06/29/2017

1 of 1

DOT-THCNV000207

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00207
SA003081

*THC NEVADA LLC

BOND BILLING STATEMENT AS OF: 5/1/2017

BOND BILLING STATEMENT AS OF: 5/1/2017		AMOUNT
TRANSACTION		
PREVIOUS BALANCE	\$	-11.27
Q4 2016 BOND AMOUNT DUE (Taxable Wages) $\$150847.50 \times (\text{Bond Factor}) 0.0029$	\$	437.46
Q4 2016 ADJUSTMENTS	\$	0.00
Q4 2016 LATE FILING PENALTIES	\$	306.70
Q4 2016 INTEREST ON LATE PAYMENTS	\$	17.04
TOTAL PAYMENTS RECEIVED AS OF 5/1/2017	\$	0.00
		**TOTAL AMOUNT DUE \$749.93

****NOTE:** The payment and report (if applicable) must be postmarked by **5/31/2017** to avoid further interest and penalties. Interest and penalties are accrued on the first of every month until paid.

Explanation of

- Reports discrepancy
- A forfeit
- After a wages
- Interest
- Checks

CREDITS: To re
pay!

urges:

Match the Reported Unemployment Insurance Taxable Wages. Any wages reported on your unemployment insurance records.

	xable
--	-------

ite.

MoneyGram		RECEIPT RECIBO	
PLEASE PRINT GROSS AMT. www.moneygram.com MONEY ORDER DATE/AMOUNT		KEEP A COPY OF THIS SLIP FOR YOUR RECORDS/ PARA SU ARCHIVO	
P.O. BOX 2475 INDIANAPOLIS, IN 46216		EMPLOYEE 888 (12/12) 50015000 M 77685-X	
R207419373392		DETACH HERE	
(702) 633 - 6521 MANAGER JASON EVANS 1807 W CRAIG RD NORTH LAS VEGAS NV 89032		ST# 02592 OP# 05052 ICH 62 TR# 08581 MONEY ORDER 749.93 0 ORDER FEE 060538945399 0.70 M 060113163351	
SUBTOTAL TOTAL CASH TEND CHANGE DUE		750.63 751.00 0.37	
MONEY ORDER SERIAL NUMBERS 20741937339 - 749.93		# ITEMS SOLD 2 ICH 4961 4733 4752 9606 2263	
Low Prices You Can Trust. Every Day. 06/05/17 10:39:41 Store receipts on your phone. Valmart P BY			
			

DOT-THCNV000208

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00208
SA003082

MEDICAL MARIJUANA TAX RETURN **for Dispensary**

Nevada Department of Taxation
 Las Vegas District
 555 E. Washington Ave., Suite 1300
 Las Vegas, NV 89101

DEPARTMENT OF TAXATION
 3000 PARKWAY
 LAS VEGAS, NV 89106

For Department Use Only

DATE 07/26/2017 FRI
 1017890289 130
 BATCH 477
 03017
 EXCISE \$13541.16
 TOTAL \$13541.16
 CAS \$13541.16
 00 05001 01 DRIVER 1 TIME 15:54

(866) 962-3707
 Visit us at www.tax.state.nv.us
 THANK YOU

5 PERIOD

2. TOTAL SALES MADE THIS PERIOD

MEDICAL MARIJUANA DISPENSARY

3. TOTAL SALES MADE THIS PERIOD

4. TOTAL COMBINED SALES MADE THIS PERIOD - (Line 1 + Line 2 + Line 3)

5. TOTAL CALCULATED TAX [Line 4 x 2% (0.02)]

6. CREDITS (Overpayments as determined by the Department)

7. NET TAX DUE (Line 5 minus Line 6)

8. PENALTY IF LATE (See Instructions)

9. INTEREST IF LATE (See Instructions)

10. PREVIOUS DEBTS (Outstanding Liabilities as determined by the Department)

11. TOTAL AMOUNT DUE AND PAYABLE (Line 7+ Line 8 + Line 9 + Line 10)

12. AMOUNT PAID

RECEIVED
 JUL 28 2017
 Department of Taxation
 District III, Las Vegas

Return for month ending 06/30/17

Due on or before 07/31/17

Date paid 07/28/17

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL
 APPLY. If the business name or address has changed, please contact
 the Call Center at (866) 962-3707 as soon as possible to update your
 account with the Department.

1.	677,058.00
2.	
3.	
4.	677,058.00
5.	13,541.16
6.	
7.	13,541.16
8.	
9.	
10.	
11.	13,541.16
12.	\$13,541.16

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND
 STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF
 IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED

MAKE CHECKS PAYABLE TO
 NEVADA DEPT OF TAXATION

A RETURN MUST BE FILED EVEN IF
 NO TAX LIABILITY EXISTS

MEDICAL MARIJUANA TAX
 RETURN Revised 12/01/15

DOT-THCNV000209

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00209
 SA003083

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



FEE SUMMARY REPORT

City of North Las Vegas
Development Service Center
Ph: (702) 633-xxxx
Fax: (702) 649-xxxx

BUSINESS LICENSE

Instructions to Customer :

Disclaimer: This is a listing of fees for payment only. This is not a receipt and does not authorize permission to conduct business or engage in permit activity.

City of North Las Vegas Central Cashier Hours: Monday – Thursday 8:00 AM to 5:45 PM

The City accepts the following types of payment: Cash, Credit Card (American Express, Discover, Master Card and Visa), Money Order or Check. Please make Money Orders and Checks payable to CNLV.

Application Information:

Application Type: BUSINESS LICENSE - GROSS SALES

Application #: 105745

Application Name: WELLEAF

Address: [REDACTED]

License

Fees to be paid:

Status	Fee Description	Quantity	Fee	Amount Due
1) U	GROSS REVENUE FEE MME	1	\$34,350.56	\$34,350.56
2) U	GROSS REVENUE FEE MME-CYCLE	1	\$1.00	\$1.00
Minimum Due:				\$34,351.56

Reports



City of North Las Vegas

07/10/2017 11:58 Trn 16B0885
Cashier CC0005

LIC Permit # 105745 \$34351.56

Subtotal \$34351.56
Tax \$0.00
Total \$34351.56

Payer: WELLEAF
Received CASH \$34351.56
Change \$0.00

Thank you for your payment! Your community of choice.

07/10/2017

Page 1 of 1

DOT-THCNV000210

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00210
SA003084



UNSECURED PROPERTY TAX BILL FOR CLARK COUNTY
Clark County Nevada
Mobile Workforce Assessor
 500 S. Grand Central Pkwy. 2nd Floor, Las Vegas, NV 89155
 www.ClarkCountyNV.gov/Assessor

Bill No.: 886313
 Rev Acct.: 0000264465
 Phone: (702) 455-3882
 Date: 06/08/2017

Fiscal Year	Account	Tax District	Tax Rate	Property Location and Description
2016/2017		250	3.3544	
Assessed Valuation				
Property Value				513,082
Name				WELLEAF
Exemption Values				
Total Exemption				0

Sale or disposal of this property after July 1, 2016 does not relieve the obligation to pay this tax.

Property Value Ad Valorem Tax	0.00
Abatement Amount	0.00
*Abatement Applied Limits Increase To 0.20%	
Net Ad Valorem Tax	0.00
New Property Value Outside CAP	17,210.82
Adjusted Tax Amount	0.00
Exemption Amount	0.00
Recapture Amount	0.00
Net Tax Amount	17,210.82
Penalties	0.00
Miscellaneous Fees	0.00
Veteran's Home Donation	0.00
Total Amount Billed	17,210.82
Less Payments Applied	0.00
Balance Remaining	17,210.82
Prior Year Delinquencies	0.00
Total Balance Owed	\$17,210.82

Detail of Amount Due		
Description	Total Due	Minimum Due
Tax Year 2016/2017	17,210.82	17,210.82
Total	17,210.82	17,210.82

Payments received will be applied to the oldest charge first.
 To avoid penalties, payments must be postmarked by due date.
 Penalties are 10% of the tax amount due.

All delinquent amounts are due immediately.

If property is protected by bankruptcy, this is for your information. Do not consider this an attempt to collect.

Current Year Tax Distribution		
Agency	Rate	Amount
Clark County Capital	0.0500	256.54
Clark County Family Court	0.0192	98.51
Clark County General Operating	0.4599	2,369.66
County School Debt (Bonds)	0.5534	2,839.40
County School Maintenance & Operation	0.7500	3,848.12
Indigent Accident Fund	0.0150	76.96
Medical Asst to Indigent Persons	0.1000	513.08
North Las Vegas City	0.1937	993.84
North Las Vegas City Library	0.0632	324.27
North Las Vegas City Public Safety	0.7300	3,745.50
North Las Vegas Emergency 911	0.0050	26.65
North LV City Street Maint/Fire/Park	0.2350	1,205.74
State Cooperative Extension	0.0100	51.31
State of Nevada	0.1700	872.24
Totals	3.3544	17,210.82

Payment Installment(s)		
Description	Due Date	Amount Due
Installment 1	07/10/2017	17,210.82
Installment 2		0.00
Installment 3		0.00
Installment 4		0.00

Account has been amended. This tax bill reflects the correct amount of taxes due, please disregard any prior billing.

Handwritten: Paid cash

Cut Here



Please return this portion with your payment.

Date: 06/08/2017

Make checks payable to:
Clark County Assessor

Fiscal Year: 2016/2017
 Due By: 07/10/17

Account Number: 186069
 Rev. Acct.: 0000264465
 Tax District: 250
 Tax Amount: \$17210.82
 Penalty: \$0.00
 Misc. Fee: \$0.00

Mail to:
 500 S. Grand Central Pkwy., 2nd Floor
 PO Box 551401
 Las Vegas, NV 89155-1401

Minimum Due: \$17,210.82
 To Pay In Full: \$17,210.82

Name: WELLEAF
 Description: Miscellaneous Personal Property
 Location: 3840 E CRAIG RD

2017186069000000000010000017210820000017210823

DOT-THCNV000211

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00211
 SA003085

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NT OF TAXATION

ID No:001-TX-

MARIJUANA TAX RETURN
ty

NEVADA DEPARTMENT OF TAXATION
Las Vegas District
555 E. Washington Ave., Suite 1300
Las Vegas, NV 89101

ARTMENT OF TAXATION
E PARKWAY
Y, NV 89706

For Department Use Only

RECEIVED RECEIVED
AUG 4 2017
AUG 9 4 2017
Department of Taxation
District III, Las Vegas
Department of Taxation
District III, Las Vegas

DATE 08/04/2017 FRI
1017690269
BATCH 482
73117
EXCISE \$89308.91
TOTAL \$89308.91
CASH \$89308.91
NO.058541 REG 01 DRAWER 1 TIME 16:32

30

Return for month ending 07/31/17

Due on or before 08/31/17

Date paid 08/04/17

(866) 962-3707
Visit us at www.tax.state.nv.us
THANK YOU

Line Sales

Total Quantity Sold

Fair Market Value

Total

1. Marijuana leaves/Trim/Shake in pounds		x \$1210.00 = 1.	
2. Immature (not flowering) Marijuana Plants	266.5706	x \$2145.00 = 2.	571,793.94
3. Wet Whole Plants in pounds	34.6667	x \$631.00 = 3.	21,874.69
4. Seeds		x \$10.00 = 4.	
5. Pre-Rolled Marijuana Cigarettes/Joints in units		x \$235.00 = 5.	
		x \$6.00 = 6.	
	461	x \$3.74 = 7.	1,724.14
8. Total Combined Taxable Value (add Line 1 through Line 7)			595,392.77
9. Total Calculated Tax (Line 8 x 15% [0.15])			\$ 89,308.91
10. Credits (Overpayments as determined by the Department)			
11. Net Tax Due			\$ 89,308.91
12. Penalty (See instructions)			
13. Interest (See instructions for current rate and calculation)			
14. Previous Debits (Outstanding Liabilities as determined by the Department)			
15. Total amount due and payable (Line 11 + Line 12 + Line 13 + Line 14)			\$ 89,308.91
16. Amount Due			\$ 89,308.91

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

Cash Map

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

To email this return, save the return to your computer and email it to:
nevadaolt@tax.state.nv.us

FEDERAL ID NUMBER (EIN) OR SSN

DATE

WMT-01.01
Rev: 7-1-17
DOT-THCNV000212

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00212
SA003086

5.2.9 Tab IX - Evidence of Tax Paid - Other Beneficial Contributions

DEPARTMENT OF TAXATION

FILE NO. 001-TX-

MARIJUANA TAX RETURN

BY

For Department Use Only

Nevada Department of Taxation
Las Vegas District
555 E. Washington Ave., Suite 1300
Las Vegas, NV 89101

DEPARTMENT OF TAXATION
3330 PARKWAY
LAS VEGAS, NV 89106



DATE 09/07/2017 THU
1017890269
BATCH 505
83117
EXCISE \$139063.55
TOTAL \$139063.55
CASH \$139063.55
NO. 060045 REG 01 DRAWER 1 TIME 14:19

30

Return for month ending 08/31/17
Due on or before 10/02/17
Date paid 09/07/17

(866) 962-3707
Visit us at tax.state.nv.us
THANK YOU

Measure Sales	Total Quantity Sold	Fair Market Value	Total
1. Pounds	1.13757	x \$1210.00 = 1.	1,376.47
2. Pounds in pounds	404.29843	x \$2145.00 = 2.	867,220.13
3. Pounds/Shake in pounds	47.03613	x \$631.00 = 3.	29,679.8
4. immature (not flowering) Marijuana Plants		x \$10.00 = 4.	
5. Wet Whole Plants in pounds		x \$235.00 = 5.	
6. Seeds		x \$6.00 = 6.	
7. Pre-Rolled Marijuana Cigarettes/Joints in units	7704.24242	x \$3.74 = 7.	28,813.89
8. Total Combined Taxable Value (add Line 1 through Line 7)			927,090.29
9. Total Calculated Tax (Line 8 x 15% [0.15])			\$ 139,063.54
10. Credits (Overpayments as determined by the Department)			
11. Net Tax Due			
12. Penalty (See instructions)			
13. Interest (See instructions for current rate and calculation)			
14. Previous Debits (Outstanding Liabilities as determined by the Department)			
15. Total amount due and payable (Line 11 + Line 12 + Line 13 + Line 14)			\$ 139,063.54
16. Amount Due			\$ 139,063.54

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

139,063.55
Cash

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

CODE)

To email this return, save the return to your computer and email it to: nevadaolt@tax.state.nv.us

FEDERAL ID NUMBER (EIN) OR SSN

DATE

WMT-01.01
Rev: 7-1-17
DOT-THCNV000213

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00213
SA003087

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



FEE SUMMARY REPORT

City of North Las Vegas
Development Service Center
Ph: (702) 633-xxxx
Fax: (702) 649-xxxx

BUSINESS LICENSE

Instructions to Customer :

Disclaimer: This is a listing of fees for payment only. This is not a receipt and does not authorize permission to conduct business or engage in permit activity.

City of North Las Vegas Central Cashier Hours: Monday – Thursday 8:00 AM to 5:45 PM

The City accepts the following types of payment: Cash, Credit Card (American Express, Discover, Master Card and Visa), Money Order or Check. Please make Money Orders and Checks payable to CNLV.

Application Information:

Application Type: BUSINESS LICENSE - GROSS SALES

Application #: 105745

Application Name: FLORAVEGA

Address:

Fees to be paid:

Status	Fee Description	Quantity	Fee	Amount Due
1) U	GROSS REVENUE FEE ME-CYCLE	1	\$1.00	\$1.00
2) U	GROSS SALES FEE (30,001 TO 45,000)	1	\$931.32	\$931.32
Minimum Due:				\$932.32

Reports from C



City of North Las Vegas

10/03/2017 13:27 Trn 1703457
Cashier CC094
LIC Permit # 105745 \$932.32
LIC Permit # 111279 \$49239.87
Subtotal \$50172.19
Tax \$0.00
Total \$50172.19
Payer: FLORAVEGA \$50172.20
Received CASH \$0.01
Change
Thank you for your payment! Your community of choice.

10/03/2017

Page 1 of 1

DOT-THCNV000214

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00214
SA003088

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



FEE SUMMARY REPORT

City of North Las Vegas
Development Service Center
Ph: (702) 633-xxxx
Fax: (702) 649-xxxx

BUSINESS LICENSE

Instructions to Customer :

Disclaimer: This is a listing of fees for payment only. This is not a receipt and does not authorize permission to conduct business or engage in permit activity.

City of North Las Vegas Central Cashier Hours: Monday – Thursday 8:00 AM to 5:45 PM

The City accepts the following types of payment: Cash, Credit Card (American Express, Discover, Master Card and Visa), Money Order or Check. Please make Money Orders and Checks payable to CNLV.

Application Information:

Application Type: BUSINESS LICENSE - GROSS SALES

Application #: 111279

Application Name: FLORAVEGA

Address: [REDACTED]

Fees to be paid:

Status	Fee Description	Quantity	Fee	Amount Due
1) U	GROSS REVENUE FEE ME-CYCLE	1	\$1.00	\$1.00
2) U	GROSS SALES FEE (OVER 1,200,001)	1	\$49,238.87	\$49,238.87
Minimum Due:				\$49,239.87

Reports from Cas

10/03/2017



City of North Las Vegas

10/03/2017 13:27 Trn 1703457
Cashier DC094

LIC Permit # 105745 \$932.32
LIC Permit # 111279 \$49239.87

Subtotal \$50172.19
Tax \$0.00

Total \$50172.19

Payer: FLORAVEGA
Received CASH \$50172.20
Change \$0.01

Thank you for your payment! Your community of choice.

DOT-THCNV000215

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00215
SA003089

5.2.9 Tab IX - Evenly Distributed - Other Beneficial Contributions

DEPARTMENT OF TAXATION

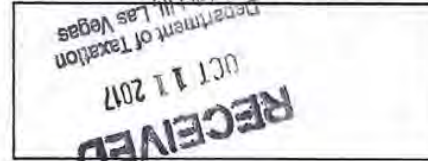
FD No. 001-TX

MARIJUANA TAX RETURN

Nevada Department of Taxation
Las Vegas District
555 E Washington Ave., Suite 1300
Las Vegas, NV 89101

DEPARTMENT OF TAXATION
300 PARKWAY
LAS VEGAS, NV 89106

For Department Use Only



DATE 10/11/2017 WED
1017090269
BATCH 529 93017
BATCH 529
EXCISE \$106354.15
TOTAL \$106354.15
CASH \$106354.15
NO.061556 REG 01 DRAWER 1 TIME 11:25

330

Return for month ending 09/30/17
Due on or before 10/31/17
Date paid 10/11/17

(866) 962-3707
Visit us at www.tax.state.nv.us
THANK YOU

Time Sales

Total Quantity Sold

Fair Market Value

Total

1. 1 pounds	33.25019	x \$1210.00 = 1.	40,232.73
2. 1/2 pounds	283.7591	x \$2145.00 = 2.	608,663.27
3. 1/4 pound/Shake in pounds	27.88875	x \$631.00 = 3.	17,597.80
4. Marijuana (not growing) Marijuana Plants		x \$10.00 = 4.	
5. Wet Whole Plants in pounds		x \$235.00 = 5.	
6. Seeds		x \$6.00 = 6.	
7. Pre-Rolled Marijuana Cigarettes/Joints in units	11372.69162	x \$3.74 = 7.	42,533.87
8. Total Combined Taxable Value (add Line 1 through Line 7)		8.	709027.67
9. Total Calculated Tax (Line 8 x 15% [0.15])		9.	\$ 106,354.15
10. Credits (Overpayments as determined by the Department)		10.	
11. Net Tax Due		11.	
12. Penalty (See instructions)		12.	
13. Interest (See instructions for current rate and calculation)		13.	
14. Previous Debits (Outstanding Liabilities as determined by the Department)		14.	
15. Total amount due and payable (Line 11 + Line 12 + Line 13 + Line 14)		15.	
16. Amount Due		16.	\$ 106,354.15

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

Nicholas Puliz

PRINT NAME OF PERSON SIGNING RETURN

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

To email this return, save the return to your computer and email it to:
nevadaolt@tax.state.nv.us

WMT-01.01
Rev: 7-1-17
DOT-THCNV000216

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00216
SA003090

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



BRIAN SANDOVAL
Governor
JAMES DEVOLLD
Chair, Nevada Tax Commission
DEONNE E. CONTINE
Executive Director

DEPARTMENT OF TAXATION

Web Site: <https://tax.nv.gov>

1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

NEVADA STATE MARIJUANA ESTABLISHMENT LICENSE APPLICATION

This application is for acquiring a license to grow, produce, sell at retail or test marijuana within the State of Nevada for holders of a Medical Marijuana Establishment registration certificate with the Department of Taxation.

All required documentation and a non-refundable application fee of \$5,000, plus the amount for the license fee, must be submitted with this application.

Please complete a separate application for each license and location.

1	Marijuana Establishment Type: <input type="checkbox"/> Cultivation <input type="checkbox"/> Production <input type="checkbox"/> Retail <input type="checkbox"/> Lab <input checked="" type="checkbox"/> Distributor						Department of Taxation Identification Number: [REDACTED]	
2	Corporate/Entity Name: THC Nevada, LLC						Federal Tax Identification Number: [REDACTED]	
3	Nevada Name of Establishment (DBA): FloraVega & Welleaf						Medical Marijuana Registration Certificate Number: [REDACTED]	
4	Physical Address of Marijuana Establishment: [REDACTED]							
5	Mailing Address: 3840 E. Craig Rd. North Las Vegas, NV 89030						Business Telephone: (702) 326-8774	
6	Hours of Operation:	Monday: 6am-3pm	Tuesday: 6am-3pm	Wednesday: 6am-3pm	Thursday: 6am-3pm	Friday: 6am-3pm	Saturday:	Sunday:
7	Contact Name: Nicholas Puliz			Email Address: [REDACTED]		Telephone Number: [REDACTED]		
8	Agent Card Designee Name: Nicholas Puliz			Email Address: [REDACTED]		Telephone Number: [REDACTED]		
9	Request and Consent to Release Application Form for Marijuana Establishment License Attached: <input checked="" type="checkbox"/>				10 Affiliated Marijuana Establishment Form(s) Attached: <input type="checkbox"/>			
11	Owner, Officer, and Board Member Information Form(s) Attached: <input checked="" type="checkbox"/>							
12	Has the Medical Marijuana Establishment registration certificate been suspended after June 15, 2017? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				13 Is the marijuana establishment zoned by the local jurisdiction for retail marijuana? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes, include written notice from the locality. If no, provide the anticipated approval date: [REDACTED]			
14	<p>* Signatures must be those of a responsible party *</p> <p>By signing this page, the owner, officer, or board member attests that they understand that the proposed marijuana establishment must be properly zoned in compliance with NRS 453D.210(5)(a)-(c) and NRS 453D.210(5)(e) prior to receiving a marijuana establishment license.</p> <p>I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing.</p> <p>*Signature Responsible Party / Original [REDACTED] Print Name And Title [REDACTED] Date 11/28/17</p>							

Please submit this application along with all required documents and payments to any Department of Taxation office on or before November 29, 2017.

RECEIVED

NOV 29 2017

Department of Taxation
District III, Las Vegas

Marijuana Establishment Application
Page 1
Rev. 11/7/17

DOT-THCNV000217

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00217
SA003091

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

OF TAXATION

ID No: 001-TX-

JUANA TAX RETURN

For Department Use Only

Nevada Department of Taxation
Las Vegas District
555 E. Washington Ave., Suite 1300
Las Vegas, NV 89101

DEPARTMENT OF TAXATION
PARKWAY
NV 89706

RECEIVED

NOV 21 2017

DATE 11/21/2017 TUE

BATCH 556 1017890269

EXCISE 103117 \$123947.35

TOTAL \$123947.35

CASH \$123947.35

3298 REG 01 DRAWER 1 TIME 15:19

Return for on or before 10/31/17
District III, Las Vegas

Due on or before 11/30/17

Date paid 11-21-2017

Time Sales

Total Quantity Sold

Fair Market Value

Total

(866) 962-3707
Visit us at www.tax.state.nv.us

in pounds

Flowers/Buds in pounds

Marijuana Leaves/Trim/Shake in pounds

4. Immature (not flowering) Marijuana Plants

5. Wet Whole Plants in pounds

6. Seeds

7. Pre-Rolled Marijuana Cigarettes/Joints in units

8. Total Combined Taxable Value (add Line 1 through Line 7)

9. Total Calculated Tax (Line 8 x 15% [0.15])

10. Credits (Overpayments as determined by the Department)

11. Net Tax Due

12. Penalty (See instructions)

13. Interest (See instructions for current rate and calculation)

14. Previous Debits (Outstanding Liabilities as determined by the Department)

15. Total amount due and payable (Line 11 + Line 12 + Line 13 + Line 14)

16. Amount Due

9.53945	x	\$1210.00 = 1.	11842.73
329.78493	x	\$2145.00 = 2.	707888.67
71.41843	x	\$631.00 = 3.	45063.13
	x	\$10.00 = 4.	
	x	\$235.00 = 5.	
	x	\$6.00 = 6.	
16,663,40463	x	\$3.74 = 7.	62321.13
		8.	826319.66
		9.	123,947.35
		10.	
		11.	
		12.	
		13.	
		14.	
		15.	123,947.35
		16.	123,947.35

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS

To email this return, save the return to your
computer and email it to:
nevadaolt@tax.state.nv.us

FEDERAL ID NUMBER (EIN) OR SSN

DATE

WMT-01.01

Rev. 7-1-17

DOT-IHCNV000218

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00218
SA003092

5.2.9 Tab IX - Evidence of Tax - Other Beneficial Contributions

DEPT OF TAXATION

FILE NO: 001-TX-

MARIJUANA TAX RETURN
ty

Nevada Department of Taxation
Las Vegas District
555 E. Washington Ave., Suite 1300
Las Vegas, NV 89101

DEPARTMENT OF TAXATION
E PARKWAY
LAS VEGAS, NV 89106

For Department Use Only

RECEIVED

DEC 14 2017

Department of Taxation
District III, Las Vegas

DATE 12/14/2017 THU
017690269
BATCH 571
113017
EXCISE \$98758.48
TOTAL \$98758.48
CASH \$98758.48
NO. 064136 REG 01 DRAWER 1 LINE 15:55

Return for month ending 11/30/17

Due on or before 01/03/18

Date paid

Marijuana First Time Sales

Total Quantity Sold

Fair Market Value

Total

1. Small/Popcorn Bud in pounds	30.47460	x	\$1210.00 = 1.	36,874.27
2. Marijuana Flowers/Buds in pounds	329.78493	x	\$2145.00 = 2.	707,388.67
3. Marijuana Leaves/Trim/Shake in pounds	0	x	\$631.00 = 3.	0
4. Immature (not flowering) Marijuana Plants		x	\$10.00 = 4.	
5. Wet Whole Plants in pounds		x	\$235.00 = 5.	
6. Seeds		x	\$6.00 = 6.	
7. Pre-Rolled Marijuana Cigarettes/Joints in units	3777.25490	x	\$3.74 = 7.	14126.93
8. Total Combined Taxable Value (add Line 1 through Line 7)			8.	758389.87
9. Total Calculated Tax (Line 8 x 15% [0.15])			9.	\$ 113,758.48
10. Credits (Overpayments as determined by the Department)			10.	\$ 15,000.00
11. Net Tax Due			11.	
12. Penalty (See instructions)			12.	
13. Interest (See instructions for current rate and calculation)			13.	
14. Previous Debits (Outstanding Liabilities as determined by the Department)			14.	
15. Total amount due and payable (Line 11 + Line 12 + Line 13 + Line 14)			15.	\$98,758.48
16. Amount Due			16.	\$ 98,758.48

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS

To email this return, save the return to your
computer and email it to:
nevadaolt@tax.state.nv.us

WMT-01.01

Rev: 7-1-17

DOT-THCNV000219

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00219
SA003093

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

**CITY OF NORTH LAS VEGAS
BUSINESS LICENSE DIVISION**

2250 LAS VEGAS BOULEVARD NORTH, SUITE 110, NORTH LAS VEGAS, NV 89030

LICENSE NOTICE

License # : 111279

TME02 TEMPORARY CULTIVATION

Due Date : 01/31/2018

Business Address :

FLORAVEGA

Owner(s) : THC NEVADA LLC

The license fee covering the 3-month period beginning 2/1/2018 is now due. To renew the license, the License Notice must be returned even when the previous balance is equal to or greater than the total due. Please return completed notice along with a check payable to the City of North Las Vegas, 2250 N. Las Vegas Blvd., Ste. 110, North Las Vegas, NV 89030. Please make a copy for your records.

Gross Income For Previous 3 Months (Oct-Dec, 2017)

Fee Due - Multiply line 1 by 3%

Previous Balance

* Penalty

Total Due



1	\$ 2,060,752.04
2	\$ 61,822.56
3	0
4	0
5	\$ 61,822.56

*RENEWAL FEES MUST BE PAID BY THE DUE DATE OF 1/31/2018. FEES NOT PAID WITHIN 15 DAYS OF THE DUE DATE, ARE SUBJECT TO A PENALTY OF 15% OF LINE 2.

I hereby declare that all information provided herein is true, complete and accurate to the best of my knowledge.

S

Date : 1-24-18

Telephone Number :

Email Address :

BUSINESS LICENSE HOURS:

Monday through Thursday
8:00 A.M. to 5:45 P.M.
(702) 633-1520

111279

DOT-THCNV000220

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00220
SA003094

THANK YOU
NO. 065118 REG. Q1 ORDER 2
\$155,919.48
\$155,919.48
\$155,919.48
BATCH 508
155,919.48
123117
101789026
01/11/2018
DATE
LAS VEGAS, NV 89101
555 E. Washington Ave., Suite 1300
Las Vegas District
Nevada Department of Taxation

3.29 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

DEPARTMENT OF TAXATION

ID No. 001-TX-

MARIJUANA TAX RETURN

DEPARTMENT OF TAXATION
PARKWAY
NV 89706

For Department Use Only

RECEIVED

JAN 11 2018

Department of Taxation
District III, Las Vegas

Return for month ending 12/31/17

Due on or before 01/31/18

Date paid 01/10/18

Net Sales

Total Quantity Sold

Fair Market Value

Total

pounds		x	\$1210.00 = 1.	
ds in pounds	473.33355	x	\$2145.00 = 2.	1,015,300.47
n/Shake in pounds	39.58003	x	\$631.00 = 3.	24,975.00
ig) Marijuana Plants		x	\$10.00 = 4.	
5. Wet Whole Plants in pounds		x	\$235.00 = 5.	
6. Seeds		x	\$6.00 = 6.	
7. Pre-Rolled Marijuana Cigarettes/Joints in units	8695.47	x	\$3.74 = 7.	32,521.07
8. Total Combined Taxable Value (add Line 1 through Line 7)				1,072,796.54
9. Total Calculated Tax (Line 8 x 15% [0.15])				\$ 160,919.48
10. Credits (Overpayments as determined by the Department)				\$ 5,000.00
11. Net Tax Due				\$ 155,919.48
12. Penalty (See instructions)				
13. Interest (See instructions for current rate and calculation)				
14. Previous Debits (Outstanding Liabilities as determined by the Department)				
15. Total amount due and payable (Line 11 + Line 12 + Line 13 + Line 14)				\$ 155,919.48
16. Amount Due				\$ 155,919.48

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

Nicholas Puliz

PRINT NAME OF PERSON SIGNING RETURN

A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS

To email this return, save the return to your
computer and email it to:
nevadaolt@tax.state.nv.us

FEDERAL ID NUMBER (EIN) OR SSN

DATE

WMT-01.01

Rev: 7-1-17

DOT-THCNV000221

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00221
SA003095

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



Business License Renewal

M64-00004
WELLEAF



License Number: M64-00004	Date Billed: 12/06/2017
Fees must be paid within 15 days of due date to avoid 15% penalty.	Date Due: 01/01/2018
The license fees now due are based on your gross revenue/sales for the period beginning 7/1/2017 and ending 12/31/2017.	
Enter gross revenue/sales here:	<u>432685</u> (1)
Based on the value entered on line 1, complete one of the following and enter result on line 2:	
<ul style="list-style-type: none"> If Line 1 is between \$0 - \$166,667, Multiple line 1 x .01 If Line 1 is greater than \$166,667 and less than \$500,000, enter \$5,000 If Line 1 is greater than \$500,000, Multiple line 1 x .01 	
	<u>\$5,000.00</u> (2)
PAY THIS AMOUNT	



1/10/2018 16:08

Register ID: AHIGGINS
Cashier: 988985
Tran Date: 1/10/2018 4:08:00 PM
Tran # 703177
Payer: Welleaf

DESCRIPTION	AMT DUE	AMT PAID
LIC# M64-00004		
Fee: Renewal(Ren		
ewal - Flat Gross		
)	\$5,000.00	\$5,000.00
CASH		\$5,000.00
Subtotal:		\$5,000.00
Tax:		\$0.00
Total:		\$5,000.00

DOT-THCNV000222

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00222
SA003096

JUANA TAX RETURN

For Department Use Only

RECEIVED**FEB 09 2018**Department of Taxation
District III, Las Vegas

Return for month ending 01/31/18

Due on or before 02/28/18

Date paid 02/24/18

2-9-18

NEVADA DEPARTMENT OF REVENUE
Las Vegas District
555 E. Washington Ave., Suite 1300
Las Vegas, NV 89101DEPARTMENT OF TAXATION
MARKWAY
4V 89706DATE 02/09/2018 FRI
1017890269
BATCH 609 118
BATCH 609
EXCISE \$151451.17
TOTAL \$151451.17
CASH \$151451.17
NO. 000557 REG 01 DRAWER 1 TIME 15:12(866) 962-3707
Visit us at www.tax.state.nv.us
THANK YOU

ie Sales

Total Quantity Sold

Fair Market Value

Total

ounds

9.9286

x \$1,500.00 = 1.

14,894.4

s in pounds

405.90176

x \$2,268.00 = 2.

920,585.2

/Shake in pounds

29.91947

x \$601.00 = 3.

17,981.6

g) Marijuana Plants

x \$100.00 = 4.

ounds

65.76633

x \$200.00 = 5.

13,153.27

x \$6.00 = 6.

x \$5.00 = 7.

43,060

6. Seeds

7. Pre-Rolled Marijuana Cigarettes/Joints in units

8. Total Combined Taxable Value (add Line 1 through Line 7)

9. Total Calculated Tax (Line 8 x 15% [0.15])

10. Credits (Overpayments as determined by the Department)

11. Net Tax Due

12. Penalty (See instructions)

13. Interest (See instructions for current rate and calculation)

14. Previous Debits (Outstanding Liabilities as determined by the Department)

15. Total amount due and payable (Line 11 + Line 12 + Line 13 + Line 14)

16. Amount Due

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

Nicholas Puliz

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

AREA CODE)

To email this return, save the return to your
computer and email it to:
nevadaolt@tax.state.nv.us

FEDERAL ID NUMBER (EIN) OR SSN

DATE

WMT-01.02

Rev: 01-01-2018

DOT-THCNV000223

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00223
SA003097

5.2.9 Tab IX - Evidence of Taxable Point - Other Beneficial Contributions

STATE OF TAXATION

FD No. 991-1X

MARIJUANA TAX RETURN

ty

For Department Use Only

Nevada Department of Taxation
Las Vegas District
355 E. Washington Ave., Suite 1303
Las Vegas, NV 89101

ARTMENT OF TAXATION
E PARKWAY
NV 89706

DATE 03/21/2018 WED
1017890269
ATCH 636
22818
EXCISE \$113074.65
TOTAL \$113074.65
CASH \$113074.65
NO.068375 REG 01 DRAWER 2 TIME 13:35

RECEIVED
MAR 21 2018

Department of Taxation
District of Las Vegas

Month ending 02/28/18
Due on or before 04/03/18
Date paid 03/14/18

ne Sales

Total Quantity Sold

Fair Market Value

Total

(866) 962-3737
Visit us at www.tax.state.nv.us
THANK YOU

pounds	0	x	\$1,500.00 = 1.	0
ds in pounds	294.16232	x	\$2,268.00 = 2.	667,160.13
Shake in pounds	104.26932	x	\$601.00 = 3.	62,665.87
4. Immature (not flowering) Marijuana Plants	0	x	\$100.00 = 4.	0
5. Wet Whole Plants in pounds	0	x	\$200.00 = 5.	0
6. Seeds	0	x	\$6.00 = 6.	0
7. Pre-Rolled Marijuana Cigarettes/Joints in units	4801	x	\$5.00 = 7.	24005.00
8. Total Combined Taxable Value (add Line 1 through Line 7)				753,831.00
9. Total Calculated Tax (Line 8 x 15% [0.15])				\$ 113,074.65
10. Credits (Overpayments as determined by the Department)				
11. Net Tax Due				\$ 113,074.65
12. Penalty (See instructions)				
13. Interest (See instructions for current rate and calculation)				
14. Previous Debts (Outstanding Liabilities as determined by the Department)				
15. Total amount due and payable (Line 11 + Line 12 + Line 13 + Line 14)				\$ 113,074.65
16. Amount Due				\$ 113,074.65

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

Signature

Nicholas Puliz

PRINT NAME OF PERSON SIGNING RETURN



A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS

CODE)

To email this return, save the return to your
computer and email it to:
nevadaolt@tax.state.nv.us

FEDERAL ID NUMBER (EIN) OR SSN

DATE

WMT-01.02
Rev: 01-01-2018
DOT-THCNV000224

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00224
SA003098

MARIJUANA TAX RETURN**y**

For Department Use Only

Nevada Department of Taxation
Las Vegas District
555 E. Washington Ave., Suite 1300
Las Vegas, NV 89101

DEPARTMENT OF TAXATION
PARKWAY
NV 89706

RECEIVED**APR 20 2018**

Department of Taxation
District III, Las Vegas

DATE 04/20/2018 FRI
1017890269

558 33118
EXCISE \$171213.08

TOTAL \$171213.08

CASH \$171213.08

NO.069913 RES 01 DRAWER 1 TIME 09:16

Return for month ending 03/31/18

Due on or before 04/30/18

Date paid 04/30/18

Net Sales

Total Quantity Sold

Fair Market Value

Total

(866) 962-3707
Visit us at www.tax.state.nv.us
THANK YOU

pounds

ds in pounds

n/Shake in pounds

4. Immature (not flowering) Marijuana Plants

5. Wet Whole Plants in pounds

6. Seeds

7. Pre-Rolled Marijuana Cigarettes/Joints in units

8. Total Combined Taxable Value (add Line 1 through Line 7)

9. Total Calculated Tax (Line 8 x 15% [0.15])

10. Credits (Overpayments as determined by the Department)

11. Net Tax Due

12. Penalty (See instructions)

13. Interest (See instructions for current rate and calculation)

14. Previous Debits (Outstanding Liabilities as determined by the Department)

15. Total amount due and payable (Line 11 + Line 12 + Line 13 + Line 14)

16. Amount Due

85.04329	x	\$1,500.00 = 1.	\$127,564.93
411.21038	x	\$2,268.00 = 2.	\$932,625.13
44.90671	x	\$601.00 = 3.	\$26,988.93
	x	\$100.00 = 4.	\$20,005
165.63365	x	\$200.00 = 5.	\$33,126.73
	x	\$6.00 = 6.	
4226	x	\$5.00 = 7.	\$21,115
		8.	\$1,141,420.72
		9.	\$ 171,213.08
		10.	
		11.	\$ 171,213.08
		12.	
		13.	
		14.	
		15.	\$ 171,213.08
		16.	\$ 171,213.08

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

Nicholas Puliz

PRINT NAME OF PERSON SIGNING RETURN

**A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS**

CODE)

To email this return, save the return to your
computer and email it to:
nevadaolt@tax.state.nv.us

FEDERAL ID NUMBER (EIN) OR SSN

DATE

WMT-01.02

Rev: 01-01-2018

DOT-THCNV000225

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00225
SA003099

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

DEPARTMENT OF TAXATION

TID No:001-TX-

MARIJUANA TAX RETURN

Nevada Department of Taxation
Henderson District
2550 Paseo Verde Parkway, Ste. 180
Henderson, NV 89074

DEPARTMENT OF TAXATION
PARKWAY
NV 89706

RECEIVED

MAY 24 2018

Department of Taxation
District III - Las Vegas

DATE 05/24/2018 TIME 14:56
BATCH/669
EXCISE \$178221.00
TOTAL \$178221.00
CASH \$178221.00
NO.043269 REG 61 DRIVER T TIME 14:56

Return for month ending 04/30/18
Due on or before 05/31/18
Date paid 05/25/18

(866) 962-3767
Visit us at www.tax.state.nv.us
THANK YOU

Line Sales

Total Quantity Sold

Fair Market Value

Total

1. Marijuana flower/buds in pounds	21.49951	x \$1,500.00 = 1.	\$32,249.27
2. Marijuana Leaves/Trim/Shake in pounds	458.28057	x \$2,268.00 = 2.	\$1,039,380.33
3. Marijuana Plants in pounds	163.58602	x \$601.00 = 3.	\$98,315.20
4. Immature (not flowering) Marijuana Plants		x \$100.00 = 4.	0
5. Wet Whole Plants in pounds		x \$200.00 = 5.	0
6. Seeds		x \$6.00 = 6.	0
7. Pre-Rolled Marijuana Cigarettes/Joints in units	3639	x \$5.00 = 7.	\$18,195
8. Total Combined Taxable Value (add Line 1 through Line 7)		8.	\$1,188,139.80
9. Total Calculated Tax (Line 8 x 15% [0.15])		9.	\$ 178,220.97
10. Credits (Overpayments as determined by the Department)		10.	
11. Net Tax Due		11.	\$ 178,220.97
12. Penalty (See instructions)		12.	
13. Interest (See instructions for current rate and calculation)		13.	
14. Previous Debts (Outstanding Liabilities as determined by the Department)		14.	
15. Total amount due and payable (Line 11 + Line 12 + Line 13 + Line 14)		15.	\$ 178,220.97
16. Amount Due		16.	\$ 178,220.97

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

Nicholas Puliz

PRINT NAME OF PERSON SIGNING RETURN



AREA CODE)

FEDERAL ID NUMBER (EIN) OR SSN

DATE

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

To email this return, save the return to your computer and email it to: nevadaolt@tax.state.nv.us

WMT-01.02

DOT-TXCNV000226

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00226
SA003100



5.2.9 Tab-FX - Evidence of Taxpayer's Financial Contributions

BRIAN SANDOVAL
Governor

JAMES DEVOLLO
Chair, Nevada Tax Commission

WILLIAM D. ANDERSON
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: <https://tax.nv.gov>
1550 College Parkway, Suite 115
Carson City, Nevada, 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Bldg, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada, 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada, 89502
Phone: (775) 687-9999 Fax: (775) 688-1303

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada, 89074
Phone: (702) 486-2300 Fax: (702) 486-3377

WELLEAF

RECEIVED

JUN 15 2018

Department of Taxation
District III, Las Vegas

Taxpayer ID :

Account No:

Correspondence ID:

Tax Type:

Date:

1800011711360

MLF

05/29/2018

Facility ID#: RC030

Subject: **Marijuana Facility Renewal Notice for License**

Dear NICK PULIZ

This letter is to alert you that the **Marijuana License** for the above identified marijuana facility will expire soon. Please use the following link to view, complete, and submit the "**Marijuana License Renewal Form**":

<https://tax.nv.gov/Forms/MMT>

The annual renewal fee is also due. Please include payment and the payment coupon below and mail them in with your renewal application or bring them into one of the local Department of Taxation offices.

If you have any questions regarding this letter, please email marijuana@tax.state.nv.us and include your **Facility ID#** and "**Marijuana License Renewal**" in the subject line.

Steve Gilbert, Program Manager II
State of Nevada Department of Taxation
Marijuana Enforcement Division

IF THE TAXPAYER HAS FILED BANKRUPTCY AND IS CURRENTLY PROTECTED BY THE BANKRUPTCY STAY, THEN THIS NOTICE IS FOR INFORMATIONAL PURPOSES ONLY AND NOT A DEMAND FOR PAYMENT OR AN ATTEMPT TO COLLECT, RECOVER OR OFFSET ANY DEBT AGAINST THE TAXPAYER.

Please return this portion with your payment.

NEVADA DEPARTMENT OF TAXATION MARIJUANA LICENSE RENEWAL COUPON

Entity Name: Welleaf

Facility ID#:

License #:

License Type:

TID:

Location:

Due Date: 06/30/2018

Amount Due: \$ 10,000.00

Amount Enclosed:

Remit payment to:

Nevada Department of Taxation
1550 College Pkwy, Ste 115
Carson City NV 89706-7937

DOT-THCNV000227

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00227
SA003101

5.2.9 Tab IX - Evidence of Tax and MMT for Nevada Contributions



BRIAN SANDOVAL
Governor

JAMES DEVOLLO
Chair, Nevada Tax Commission
WILLIAM D. ANDERSON
Executive Director

STATE OF NEVADA
Web Site: <https://tax.nv.gov>
1550 College Parkway, Suite 115
Carson City, Nevada, 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Bldg, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada, 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada, 89502
Phone: (775) 687-9999 Fax: (775) 688-1303

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada, 89074
Phone: (702) 486-2300 Fax: (702) 486-3377

WELLEAF

RECEIVED

JUN 15 2018

Department of Taxation
District III, Las Vegas

Taxpayer ID :
Account No:
Correspondence ID:
Tax Type:
Date:

EST ID#: C030

Subject: **Marijuana Establishment (MME) Renewal Notice for Certificate**

Dear NICK PULIZ

This letter is to alert you that the **Registration Certificate** for the above identified marijuana establishment will expire soon. Please use the following link to view, complete, and submit the "**Registration Certificate Renewal Form**" (Fillable):

<https://tax.nv.gov/Forms/MMT>

The annual renewal fee is also due. Please include payment and the payment coupon below and mail them in with your renewal application or bring them into one of the local Department of Taxation offices.

If you have any questions regarding this letter, please email marijuana@tax.state.nv.us and include your **EST ID #** and "**MME Registration Certificate Renewal**" in the subject line.

Steve Gilbert, Program Manager II
State of Nevada Department of Taxation
Marijuana Enforcement Division

IF THE TAXPAYER HAS FILED BANKRUPTCY AND IS CURRENTLY PROTECTED BY THE BANKRUPTCY STAY, THEN THIS NOTICE IS FOR INFORMATIONAL PURPOSES ONLY AND NOT A DEMAND FOR PAYMENT OR AN ATTEMPT TO COLLECT, RECOVER OR OFFSET ANY DEBT AGAINST THE TAXPAYER.

Please return this portion with your payment.

NEVADA DEPARTMENT OF TAXATION MME REGISTRATION CERTIFICATE RENEWAL COUPON

Entity Name: Welleaf



Due Date: 06/30/2018

Amount Due: \$ 1,000.00

Amount Enclosed:

Remit payment to:

Nevada Department of Taxation
1550 College Pkwy, Ste 115
Carson City NV 89706-7937

DOT-THCNV000228

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00228
SA003102

NE

5.2.9 Tab IX - Evidence of Taxation - Other Beneficial Contributions

WH
Cult

TAX RETURN

MAIL O

Nevada Department of Taxation
Las Vegas District
555 E. Washington Ave., Suite 1300
Las Vegas, NV 89101

AXATION

For Department Use Only

RECEIVED

JUN 15 2018

Department of Taxation
District III, Las Vegas

Return for month ending 05/31/18

Due on or before 07/02/18

Date paid 06/15/18

THC
384
NO

DATE 06/15/2018 FRI
017890269
697
518
EXCISE \$159,494.98
TOTAL \$159,494.98
CASH \$159,494.98
NW.072501 REG 01 DRAWER 2 TIME 11:21

Total Quantity Sold

Fair Market Value

Total

1	(866) 962-3707 Visit us at www.tax.state.nv.us (THANK YOU)	106.85804	x	\$1,500.00 = 1.	\$160,287.06
2		348.24852	x	\$2,268.00 = 2.	\$789,827.66
3		147.57	x	\$601.00 = 3.	\$88,690.27
4	Immature (not flowering) Marijuana Plants		x	\$100.00 = 4.	
5	Wet Whole Plants in pounds		x	\$200.00 = 5.	
6	Seeds		x	\$6.00 = 6.	
7	Pre-Rolled Marijuana Cigarettes/Joints in units	4899	x	\$5.00 = 7.	\$24,495
8	Total Combined Taxable Value (add Line 1 through Line 7)				\$1,063,299.90
9	Total Calculated Tax (Line 8 x 15% [0.15])				\$ 159,494.98
10	Credits (Overpayments as determined by the Department)				
11	Net Tax Due				\$ 159,494.98
12	Penalty (See instructions)				
13	Interest (See instructions for current rate and calculation)				
14	Previous Debits (Outstanding Liabilities as determined by the Department)				
15	Total amount due and payable (Line 11 + Line 12 + Line 13 + Line 14)				\$ 159,494.98
16	Amount Due				\$ 159,494.98

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

Nicholas Puliz

PRINT NAME OF PERSON SIGNING RETURN

A RETURN MUST BE FILED EVEN IF
NO TAX LIABILITY EXISTS

To email this return, save the return to your
computer and email it to:
nevadaolt@tax.state.nv.us

FEDERAL ID NUMBER (EIN) OR SSN

DATE

WMT-01.02
Rev. 01-01-2018
DOT-THCNV000229

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00229
SA003103

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

5.2.14. Included with this packet - the \$5,000.00 application fee as per Section 26(1) of LCB File No. R004-14A

1549
DOT-THCNV000230

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00230
SA003104

First Security Bank

OF NEVADA
10501 West Gowan Rd., Ste. 170, Las Vegas, NV 89129

Operator FGREGORI
Branch Gowan Branch

Cashier's Check

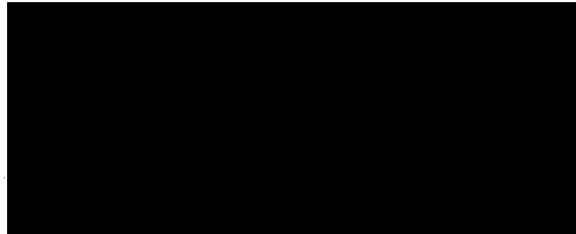
CHECK NO. 005557
07/21/2014

RECONCILIATION

Notice to Purchaser: As a condition to this institution's issuance of this check, Purchaser agrees to provide an Indemnity Bond prior to the refund or replacement of this check in the event it is lost, misplaced, or stolen

Purchaser: THC NEVADA LLC

Payee: STATE OF NEVADA



THIS CHECK IS PROTECTED WITH A VOID PANTOGRAPH - OTHER SECURITY FEATURES DETAILED ON BACK

First Security Bank

OF NEVADA
10501 West Gowan Rd., Ste. 170, Las Vegas, NV 89129
Remitter: THC NEVADA LLC
Memo:

CASHIER'S CHECK

CHECK

Five Thousand dollars

DATE
07/21/2014

AMOUNT
\$5,000.00

PA
TO
ORDER
OF
STATE OF NEVADA

AUTHORIZED SIGNATURE

MP 6

1550
DOT-THCNV000231

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00231
SA003105

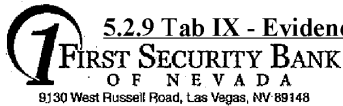
5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

- 5.2.14. Included with this packet - the \$5,000.00 application fee as per Section 26(1) of LCB File No. R004-14A

1540
DOT-THCNV000232

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00232
SA003106



Operator L HAWKINS
Branch Gowan Branch

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
Cashier Check

CHECK NO. 005613

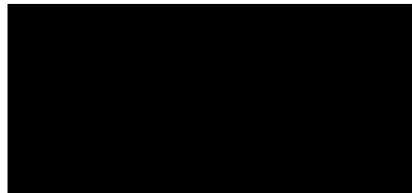
08/06/2014

RECONCILIATION

Notice to Purchaser: As a condition to this institution's issuance of this check, Purchaser agrees to provide an indemnity Bond prior to the refund or replacement of this check in the event it is lost, misplaced, or stolen

Purchaser: THC NEVADA LLC

Payee: STATE OF NEVADA



THIS CHECK IS PROTECTED WITH A VOID PANTOGRAPH - OTHER SECURITY FEATURES DETAILED ON BACK.

1 FIRST SECURITY BANK
OF NEVADA
9130 West Russell Road, Las Vegas, NV 89148
Remitter: THC NEVADA LLC
Memo:

CASHIERS CHECK

CHECK NO. 005613

Five Thousand dollars *****

DATE 08/06/2014 AMOUNT \$5,000.00

pay TO THE ORDER OF STATE OF NEVADA

Carol McCarroll
AUTHORIZED SIGNATURE



1541
DOT-THCNV000233

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00233
SA003107

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

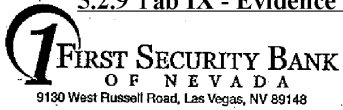
5.2.14. Included with this packet - the \$5,000.00 application fee as per Section 26(1) of LCB File No. R004-14A

DOT-THCNV¹⁵⁴⁰000234

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00234
SA003108

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



Operator LHAWKINS
Branch Gowan Branch

Cashier Check

CHECK NO. 005612

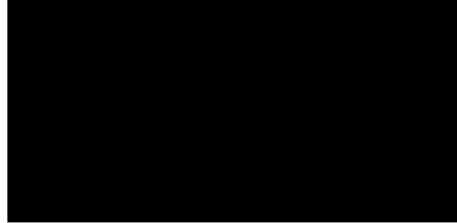
08/06/2014

RECONCILIATION

Notice to Purchaser: As a condition to this institution's issuance of this check, Purchaser agrees to provide an indemnity Bond prior to the refund or replacement of this check in the event it is lost, misplaced, or stolen

Purchaser: THC NEVADA LLC

Payee: STATE OF NEVADA



THIS CHECK IS PROTECTED WITH A VOID PANTOGRAPH - OTHER SECURITY FEATURES DETAILED ON 'BACK.'

1 FIRST SECURITY BANK
OF NEVADA
9130 West Russell Road, Las Vegas, NV 89148
Remitter: THC NEVADA LLC
Memo:

CASHIERS CHECK

CHECK NO. 005612

Five Thousand dollars *****

DATE 08/06/2014 AMOUNT \$5,000.00


PAY TO THE ORDER OF STATE OF NEVADA

[Signature]
AUTHORIZED SIGNATURE


DOT-THCNV000235

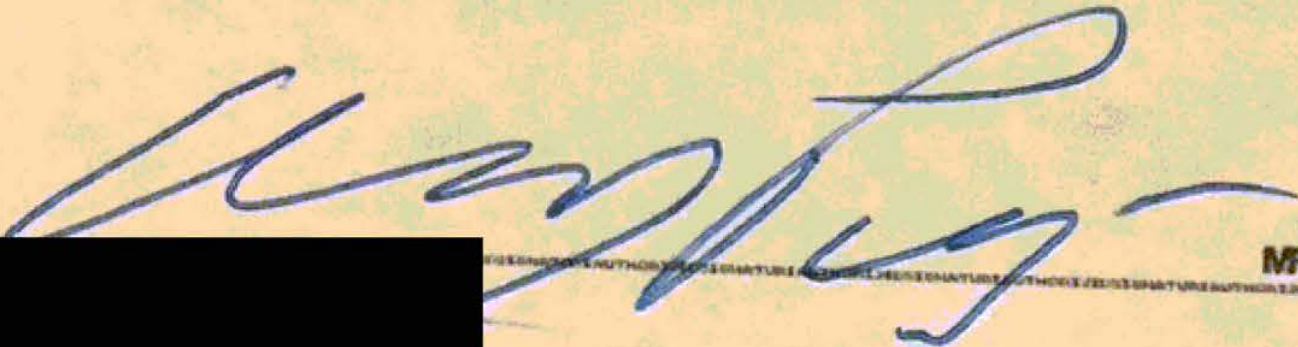

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00235
SA003109

 109
8/28/18 94-72/1224 NV
Date 7678

PAY to the
Order of Runnin Rebels Club \$ 10,000.00
Ten Thousand & no/100 Dollars

Bank of America 
ACH R/T 122400724

For Donation 
 MP

COLONIAL CLASSIC®

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

nvsilverflume.gov/dashboard

AOL Mail (36)

SilverFlume Nevada's Business...

HOME

DASHBOARD

DOCUMENTS

FAQ

CART (0)

PROFILE:

LOGOUT



Nevada's First Stop for Business Registration

A Service provided by the
Secretary of State, Barbara K. Cegavske

Search this website...



My Transaction History

Transaction Search

Confirmation Number



Go

Date	Confirmation Number	Summary	Total Paid Amount
02/25/2018	TDCDU	Annual List for 'THC NEVADA LLC', Certificate of Good Standing for 'THC NEVADA LLC'	\$400.00
02/23/2018	TDD8T	Annual List for 'GVAN, L.L.C.'	\$350.00
02/23/2018	TDDTY	Annual List for 'FARM INVESTMENTS I, LLC'	\$350.00
07/26/2017	TAG8R	Annual List for 'AP DISTRIBUTION LLC'	\$350.00
02/22/2017	XWQYX	Annual List for 'GVAN, L.L.C.'	\$350.00
02/22/2017	XWQJ8	Annual List for 'THC NEVADA LLC'	\$350.00
02/22/2017	XWQ4K	Annual List for 'FARM INVESTMENTS I, LLC'	\$350.00
02/10/2016	368A2	eClearance Receipt for THC NEVADA LLC	\$0.00
02/10/2016	36TDR	Annual List for 'THC NEVADA LLC'	\$350.00
02/10/2016	36TRQ	Annual List for 'GVAN, L.L.C.'	\$350.00

1 - 10 of 19 results






DOT-THCNV000237



HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00237
SA003111


5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

nvsilverflume.gov/dashboard    AOL Mail (36) SilverFlume Nevada's Business Portal


HOME DASHBOARD DOCUMENTS FAQ CART (0) PROFILE: [REDACTED] LOGOUT

SilverFlume
NEVADA'S BUSINESS PORTAL

A Service provided by the
Secretary of State, Barbara K. Cegavske

Search this website... 

My Transaction History


Q Transaction Search
Confirmation Number 

Go

Date	Confirmation Number	Summary	Total Paid Amount
02/10/2016	36TUV	Annual List for 'FARM INVESTMENTS I, LLC'	\$350.00
02/19/2015	3A6VV	Annual List for 'THC NEVADA LLC', Nevada Labor Laws eAffirmation of Compliance for THC NEVADA LLC, Business & Industry Workers' Compensation eAffirmation Letter for THC NEVADA LLC, Common Business Registration for THC NEVADA LLC	\$325.00
02/19/2015	3A6VU	Annual List for 'FARM INVESTMENTS I, LLC'	\$325.00
02/19/2015	3A6VY	Annual List for 'GVAN, L.L.C.'	\$325.00
02/25/2014	Z86TZ	Department of Motor Vehicles Section for FARM INVESTMENTS I, LLC	\$0.00
02/25/2014	Z86XU	Annual List for 'GVAN, L.L.C.', Common Business Registration for GVAN, L.L.C., Department of Motor Vehicles Section for GVAN, L.L.C.	\$325.00
02/25/2014	Z86ZU	Annual List for 'FARM INVESTMENTS I, LLC', Common Business Registration for FARM INVESTMENTS I, LLC	\$325.00
02/27/2013	AD9A3	Annual List for 'GVAN, L.L.C.'	\$325.00
02/27/2013	ADYVH	Annual List for 'FARM INVESTMENTS I, LLC'	\$325.00

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DOT-THCNV000238 

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0012-00238
SA003112

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

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Confirmation Number



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Date	Confirmation Number	Summary	Total Paid Amount
02/10/2016	36TUV	Annual List for 'FARM INVESTMENTS I, LLC'	\$350.00
02/19/2015	3A6VV	Annual List for 'THC NEVADA LLC', Nevada Labor Laws eAffirmation of Compliance for THC NEVADA LLC, Business & Industry Workers' Compensation eAffirmation Letter for THC NEVADA LLC, Common Business Registration for THC NEVADA LLC	\$325.00
02/19/2015	3A6VU	Annual List for 'FARM INVESTMENTS I, LLC'	\$325.00
02/19/2015	3A6VY	Annual List for 'GVAN, L.L.C.'	\$325.00
02/25/2014	Z86TZ	Department of Motor Vehicles Section for FARM INVESTMENTS I, LLC	\$0.00
02/25/2014	Z86XU	Annual List for 'GVAN, L.L.C.', Common Business Registration for GVAN, L.L.C., Department of Motor Vehicles Section for GVAN, L.L.C.	\$325.00
02/25/2014	Z86ZU	Annual List for 'FARM INVESTMENTS I, LLC', Common Business Registration for FARM INVESTMENTS I, LLC	\$325.00
02/27/2013	AD9A3	Annual List for 'GVAN, L.L.C.'	\$325.00
02/27/2013	ADYVH	Annual List for 'FARM INVESTMENTS I, LLC'	\$325.00

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DOT-THCNV000239



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0012-00239
SA003113



OFFICE OF THE COUNTY TREASURER
LAURA B. FITZPATRICK, TREASURER
500 S GRAND CENTRAL PKWY, 1ST FLOOR
PO BOX 551220
LAS VEGAS NV 89155-1220
(702) 455-4323 www.clarkcountynv.gov/treasurer

0171358 01 AV 0.378 **AUTO TO 0 0501 89107-324505

139-32-211-012

PROPERTY
LOCATION:

Summary	Amount
Taxes as Assessed	2,915.70
Less Cap Reduction	245.83
Net Taxes	2,669.87
Other Charges	
Las Vegas Artesian Basin	1.52
Total Annual Charges	2,671.39

Real Property and Special Taxes

FISCAL YEAR	2014-2015 (July 1, 2014 - June 30, 2015)					
	TAX RATE	3.2782	TAX DISTRICT	200	TAX CAP %	3%
Description						
Assessed Valuation						
Land						45,500
Improvements						43,442
Personal Property						
Assessed Value Subject to Cap						88,942
Land Value**						
Improvement Value**						
Personal Property Value**						
Less Exemption Value						
NET ASSESSED VALUE						88,942
New Construction Supplemental**						
**Not Subject to Cap						

See Reverse Side
for Distribution
of Tax Dollars.

Installment	Amount
1	668.98
2	667.47
3	667.47
4	667.47

IF YOUR
MORTGAGE
COMPANY PAYS

DOT-THCNV000240

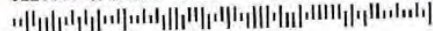
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SA003114



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LAS VEGAS NV 89155-1220
(702) 455-4323 www.clarkcountynv.gov/treasurer

0220667 01 AV 0.368 **AUTO T2 0 0501 89107-324505



PROPERTY
LOCATION: [REDACTED]

Summary	Amount
Taxes as Assessed	3,125.47
Cap Reduction (if applicable)	375.50
Net Taxes	2,749.97
Other Charges	
Las Vegas Artesian Basin	1.70
Total Annual Charges	2,751.67

Real Property and Special Taxes

FISCAL YEAR	2015-2016 (July 1, 2015 - June 30, 2016)		
	TAX RATE	3.2782	TAX DISTRICT 200 TAX CAP % 3%
Description			
[REDACTED]			
Assessed Valuation			
Land			52,500
Improvements			42,841
Personal Property			
Assessed Value Subject to Cap			95,341
Land Value**			
Improvement Value**			
Personal Property Value**			
Less Exemption Value			95,341
NET ASSESSED VALUE			
New Construction Supplemental**			
**Not Subject to Cap			

See Reverse Side
for Distribution
of Tax Dollars.



Installment	Amount
1	689.20
2	687.49
3	687.49
4	687.49

IF YOUR
MORTGAGE
COMPANY PAYS
YOUR TAXES

DOT-THCNV000241

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0012-00241
SA003115



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LAS VEGAS NV 89155-1220
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0218953 01 AV 0.373 **AUTO TS 00511 89107-324505 -C01-1234



PROPERTY
LOCATION:



See Reverse Side
for Distribution
of Tax Dollars.



Installment	Amount
1	690.87
2	688.87
3	688.87
4	688.87

\$ 2757.28

IF YOUR
MORTGAGE
COMPANY PAYS

Real Property and Special Taxes

(July 1, 2016 - June 30, 2017)

TAX RATE 3.2782 TAX DIST. 200 TAX CAP % 0.2%

Property Description

Assessed Valuation	
Land	
Improvements	45,500
Personal Property	41,885
Assessed Value Subject to Cap	
Land Value**	87,395
Improvement Value**	
Personal Property Value**	
Less Exemption Value	
NET ASSESSED VALUE	
New Construction Supplemental**	87,395
**Not Subject to Cap	

Summary

	Amount
Taxes as Assessed	
Cap Reduction (if applicable)	2,864.98
Net Taxes	109.51
	2,755.47
Other Charges	
Las Vegas Artesian Basin	1.81
Total Annual Charges	2,757.28

DOT-THCNV000242

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0012-00242
SA003116



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PO BOX 551220
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(702) 455-4323 www.clarkcountynv.gov/treasurer

0173437 01 AV 0.370 **AUTO T3 0 0511 89107-324505 -C01-41234



PROPERTY
LOCATION:



See Reverse Side
for Distribution
of Tax Dollars.



Installment	Amount
1	708.57
2	706.78
3	706.78
4	706.78

IF YOUR
MORTGAGE
COMPANY PAYS

Real Property and Special Taxes					Summary		Amount
FISCAL YEAR	2017-2018 (July 1, 2017 - June 30, 2018)				Taxes as Assessed		3,032.53
	TAX RATE	3.2782	TAX DIST.	200	Cap Reduction (if applicable)		205.42
			TAX CAP %	2.6%	Net Taxes		2,827.11
Property Description							
Assessed Valuation					Other Charges		
Land					Las Vegas Artesian Basin		1.80
Improvements							
Personal Property							
Assessed Value Subject to Cap							
Land Value**							
Improvement Value**							
Personal Property Value**							
Less Exemption Value							
NET ASSESSED VALUE							
New Construction Supplemental**							
**Not Subject to Cap					Total Annual Charges		2,828.91

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SA003117



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LAS VEGAS NV 89155-1220
(702) 455-4323 www.clarkcountynv.gov/treasurer

0174262 01 AV 0.125 **AUTO T3 0.0511 89107-324505 -C01-11234



Real Property and Special Taxes				Summary	Amount
FISCAL YEAR	2018-2019 (July 1, 2018 - June 30, 2019)			Taxes as Assessed	3,613.82
	TAX RATE	3.2782	TAX DIST. 200	Less Cap Reduction	701.90
			TAX CAP % 3%	Net Taxes	2,911.92
Property Location and Description					
Assessed Valuation				Other Charges	
Land				Las Vegas Artesian Basin	1.78
Improvements					
Personal Property					
Assessed Value Subject to Cap					
Land Value**					
Improvement Value**					
Personal Property Value**					
Less Exemption Value					
NET ASSESSED VALUE				Total Annual Charges	2,913.70
New Construction Supplemental**					
**Not Subject to Cap					

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SA003118

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NV Property Taxes Breakdown

	2018	2017	2016	2015	2014	TOTAL
	\$ 2,913.70	\$ 2,828.91				\$ 5,742.61
	\$ 1,529.34	\$ 1,984.97				\$ 3,514.31
	\$ 1,630.06	\$ 2,198.23	\$ 2,163.87	\$ 2,149.53	\$ 2,087.16	\$ 10,228.85
	\$ 3,353.44					\$ 3,353.44
						\$ -
	\$ 738.87	\$ 1,432.20				\$ 2,171.07
	\$ 3,238.52	\$ 7,846.86				\$ 11,085.38
	\$ 398.65	\$ 1,525.35				\$ 1,924.00
	\$ 3,529.19	\$ 4,581.29				\$ 8,110.48
	\$ 37,602.06	\$ 1,245.13				\$ 38,847.19
	\$ 1,545.37	\$ 1,483.17				\$ 3,028.54
	\$ 526.93	\$ 1,985.38	\$ 1,934.58	\$ 1,931.65	\$ 1,871.64	\$ 8,250.18
	\$ 2,266.32	\$ 4,282.05				\$ 6,548.37
	\$ 1,200.12	\$ 1,557.55				\$ 2,757.67
	\$ 2,670.40	\$ 1,953.54				\$ 4,623.94
	\$ 3,197.79	\$ 4,167.51				\$ 7,365.30
TOTAL						\$ 117,551.33

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0012-00245
SA003119

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID		Tax Year	2019	District	200	Rate	3.2782		
Situs Address:									
Legal Description:									
Status:		Property Characteristics			Property Values		Property Documents		
Active		Tax Cap Increase Pct.	3	Land	70000	92032000097	3/20/1992		
Taxable		Tax Cap Limit Amount	2911.92	Improvements	40238				
		Tax Cap Reduction	701.90	Total Assessed Value	110238				
		Land Use	1-10 Single Family Residential	Net Assessed Value	110238				
		Cap Type	PRIMARY	Exemption Value New Construction	0				
		Acreage	0.5400	New Construction - Supp Value	0				
		Exemption Amount	0.00						
Role	Name	Address			Since	To			
Owner	PULIZ ALLEN J								
Summary									
Item					Amount				
Taxes as Assessed					\$3,813.82				
Less Cap Reduction					\$701.90				
Net Taxes					\$2,911.92				
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category				Amount Due Today				
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 9/5/2018					\$0.00				
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category				Installment Amount Due				
THERE IS NO NEXT INSTALLMENT AMOUNT DUE as of 9/5/2018									
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category				Remaining Balance Due				
THERE IS NO TOTAL AMOUNT DUE FOR THE ENTIRE TAX YEAR as of 9/5/2018									
PAYMENT HISTORY									
Last Payment Amount					\$2,913.70				
Last Payment Date					8/13/2018				
Fiscal Tax Year Payments					\$2,913.70				
Prior Calendar Year Payments					\$2,828.91				
Current Calendar Year Payments					\$2,913.70				

DOT-THCNV000246

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0012-00246
SA003120

Property Account Inquiry - Summary Screen

New Search	Recorder	Treasurer	Assessor	Clark County Home			
Parcel ID	17544-1000	Tax Year	2019	District	200	Rate	3.2782
Situs Address:							
Legal Description:							

Status:	Property Characteristics		Property Values		Property Documents	
Active	Tax Cap Increase Pct.	4.2	Land	35000	2017020101258	2/1/2017
Taxable	Tax Cap Limit Amount	2092.99	Improvements	53988	2003071801038	7/18/2003
	Tax Cap Reduction	\$824.21	Total Assessed Value	88988	17791738231	7/29/1983
	Land Use	1-10 Single Family Residential	Net Assessed Value	88988		
	Cap Type	OTHER	Exemption Value New Construction	0		
	Acreage	0.2500	New Construction - Supp Value	0		
	Exemption Amount	0.00				

Role	Name	Address	Since	To
Owner	PULIZ GREGORY & MARA			

Summary	
Item	Amount
Taxes as Assessed	\$2,917.20
Less Cap Reduction	\$824.21
Net Taxes	\$2,092.99

PAST AND CURRENT CHARGES DUE TODAY		
Tax Year	Charge Category	Amount Due Today
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 9/5/2018		\$0.00

NEXT INSTALLMENT AMOUNTS		
Tax Year	Charge Category	Installment Amount Due
2019	Property Tax Principal	\$523.25
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018		\$523.25

TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR		
Tax Year	Charge Category	Remaining Balance Due
2019	Property Tax Principal	\$1,569.75
2019	Las Vegas Artesian Basin	\$0.00
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018		\$1,569.75

PAYMENT HISTORY	
Last Payment Amount	\$525.02
Last Payment Date	8/17/2018
Fiscal Tax Year Payments	\$525.02
Prior Calendar Year Payments	\$1,984.97
Current Calendar Year Payments	\$1,529.34

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SA003121

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID		Tax Year	2019	District	200	Rate	3.2782		
Situation Address:									
Legal Description									
Status:		Property Characteristics		Property Values		Property Documents			
Active	Tax Cap Increase Pct.	3	Land	53900	2018081301577	8/13/2018			
Taxable	Tax Cap Limit Amount	6513.12	Improvements	187277	2015051302155	5/13/2015			
	Tax Cap Reduction	1393.14	Total Assessed Value	241177	2013062804004	6/28/2013			
	Land Use	1-10 Single Family Residential	Net Assessed Value	241177					
	Cap Type	PRIMARY	Exemption Value New Construction	0					
	Acreage	0.4364	New Construction - Supp Value	0					
	Exemption Amount	0.00							
Role	Name	Address				Since	To		
Owner	PULIZ NICHOLAS & DUSTI					8/24/2018	Current		
Summary									
Item		Amount							
Taxes as Assessed		\$7,906.26							
Less Cap Reduction		\$1,393.14							
Net Taxes		\$6,513.12							
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category	Amount Due Today							
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 9/5/2018								\$0.00	
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category	Installment Amount Due							
2019	Property Tax Principal	\$1,626.50							
NEXT INSTALLMENT DUE AMOUNT due on 1/7/2019								\$1,626.50	
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category	Remaining Balance Due							
2019	Property Tax Principal	\$3,254.78							
2019	Las Vegas Artesian Basin	\$0.00							
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018								\$3,254.78	
PAYMENT HISTORY									
Last Payment Amount		\$1,630.06							
Last Payment Date		8/23/2018							
Fiscal Tax Year Payments		\$3,260.12							
Prior Calendar Year Payments		\$5,608.42							
Current Calendar Year Payments		\$6,421.84							

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0012-00248
SA003122

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID		Tax Year	2019	District	200	Rate	3.2782		
Situs Address:									
Legal Description:									
Status:		Property Characteristics		Property Values		Property Documents			
Active		Tax Cap Increase Pct.	4.2	Land	22750	2018072002485	7/20/2018		
Taxable		Tax Cap Limit Amount	2318.04	Improvements	59402	2017020801389	2/8/2017		
		Tax Cap Reduction	375.07	Total Assessed Value	82152	2008061002793	6/10/2008		
		Land Use	1-10 Single Family Residential	Net Assessed Value	82152	2008031203382	3/12/2008		
		Cap Type	OTHER	Exemption Value New Construction	0	98042402337	4/24/1998		
		Acreage	0.1900	New Construction - Supp Value	0				
		Exemption Amount	0.00						
Role	Name	Address				Since	To		
Owner	DELANNOY MARIA					8/1/2018	Current		
Summary									
Item		Amount							
Taxes as Assessed		\$2,693.11							
Less Cap Reduction		\$375.07							
Net Taxes		\$2,318.04							
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category	Amount Due Today							
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 9/5/2018								\$0.00	
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category	Installment Amount Due							
2019	Property Tax Principal	\$579.51							
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018								\$579.51	
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category	Remaining Balance Due							
2019	Property Tax Principal	\$1,738.53							
2019	Las Vegas Artesian Basin	\$0.00							
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018								\$1,738.53	
PAYMENT HISTORY									
Last Payment Amount		\$581.29							
Last Payment Date		8/6/2018							
Fiscal Tax Year Payments		\$581.29							
Prior Calendar Year Payments		\$2,198.23							
Current Calendar Year Payments		\$1,693.59							

- Nicholas Puliz

DOT-THCNV000249

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0012-00249
SA003123

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen

New Search		Recorder	Treasurer	Assessor	Clark County Home	
Parcel ID	163-04-617-002	Tax Year	2019	District	200	Rate 3.2782
Situs Address:	[REDACTED]					
Legal Description:	S2 NE4 SEC 04 21 60					

Status:	Property Characteristics	Property Values	Property Documents
Active	Tax Cap Increase Pct. 3	Land 52150	2018052503114 5/25/2018
Taxable	Tax Cap Limit Amount 4557.39	Improvements 139211	2018051502550 5/15/2018
	Tax Cap Reduction 1715.81	Total Assessed Value 191361	2017121802088 12/18/2017
	Land Use 1-10 Single Family Residential	Net Assessed Value 191361	2004033004102 3/30/2004
	Cap Type PRIMARY	Exemption Value New Construction 0	2003122401562 12/24/2003
	Acreage 0.3800	Now Construction - Supp Value 0	97100202430 10/2/1997
	Exemption Amount 0.00		

Role	Name	Address	Since	To
Owner	RAHN DEREK & VICTORIA PULIZ	[REDACTED]	6/9/2018	Current

Summary

Item	Amount
Taxes as Assessed	\$6,273.20
Less Cap Reduction	\$1,715.81
Net Taxes	\$4,557.39

PAST AND CURRENT CHARGES DUE TODAY

Tax Year	Charge Category	Amount Due Today
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 9/5/2018		\$0.00

NEXT INSTALLMENT AMOUNTS

Tax Year	Charge Category	Installment Amount Due
2019	Property Tax Principal	\$1,139.35
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018		\$1,139.35

TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR

Tax Year	Charge Category	Remaining Balance Due
2019	Property Tax Principal	\$3,418.05
2019	Las Vegas Artesian Basin	\$0.00
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018		\$3,418.05

PAYMENT HISTORY

Last Payment Amount	\$1,141.12
Last Payment Date	8/17/2018
Fiscal Tax Year Payments	\$1,141.12
Prior Calendar Year Payments	\$4,370.39
Current Calendar Year Payments	\$3,353.44

DOT-THCNV000250

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0012-00250
SA003124

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID				Tax Year	2019	District	200	Rate	3.2782
Situs Address:									
Legal Description:									
Status:		Property Characteristics			Property Values		Property Documents		
Active	Tax Cap Increase Pct.	3	Land	35280	96071601626	7/16/1996			
Taxable	Tax Cap Limit Amount	1492.22	Improvements	27048					
	Tax Cap Reduction	551.02	Total Assessed Value	62328					
	Land Use	1-10 Single Family Residential	Net Assessed Value	62328					
	Cap Type	PRIMARY	Exemption Value New Construction	0					
	Acreage	0.2500	New Construction - Supp Value	0					
	Exemption Amount	0.00							
Role	Name	Address				Since	To		
Owner	THOMAS DANNY J					7/1/2002	Current		
Summary									
Item		Amount							
Taxes as Assessed		\$2,043.24							
Less Cap Reduction		\$551.02							
Net Taxes		\$1,492.22							
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category	Amount Due Today							
2019	Property Tax Principal	\$373.04							
2019	Las Vegas Artesian Basin	\$1.78							
2019	Property Tax Penalty	\$14.99							
						\$389.81			
CURRENT AMOUNTS DUE as of 9/5/2018									
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category	Installment Amount Due							
2019	Property Tax Principal	\$373.06							
						\$373.06			
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018									
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category	Remaining Balance Due							
2019	Property Tax Principal	\$1,492.22							
2019	Las Vegas Artesian Basin	\$1.78							
2019	Property Tax Penalty	\$14.99							
						\$1,508.99			
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018									
PAYMENT HISTORY									
Last Payment Amount		\$738.87							
Last Payment Date		2/6/2018							
Fiscal Tax Year Payments		\$0.00							
Prior Calendar Year Payments		\$1,432.20							
Current Calendar Year Payments		\$738.87							

DOT-THCNV000251

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0012-00251
SA003125

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen																																																																	
New Search		Recorder		Treasurer		Assessor		Clark County Home																																																									
Parcel ID		Tax Year	2019	District	200	Rate	3.2782																																																										
Situs Address:																																																																	
Legal Description:																																																																	
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Status:	Property Characteristics		Property Values		Property Documents																																																												
Active	Tax Cap Increase Pct.	4.2	Land	46900	2003071102486	7/11/2003																																																											
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Role	Name	Address				Since	To																																																										
Owner	THOMAS DAVID L & ROSANNE E					7/22/2003	Current																																																										
Summary <table border="1"> <thead> <tr> <th>Item</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Taxes as Assessed</td> <td>\$5,901.51</td> </tr> <tr> <td>Less Cap Reduction</td> <td>\$1,068.43</td> </tr> <tr> <td>Net Taxes</td> <td>\$4,833.08</td> </tr> </tbody> </table>										Item	Amount	Taxes as Assessed	\$5,901.51	Less Cap Reduction	\$1,068.43	Net Taxes	\$4,833.08																																																
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NEXT INSTALLMENT AMOUNTS <table border="1"> <thead> <tr> <th>Tax Year</th> <th>Charge Category</th> <th>Installment Amount Due</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>Property Tax Principal</td> <td>\$1,208.27</td> </tr> <tr> <td colspan="2">NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018</td> <td>\$1,208.27</td> </tr> </tbody> </table>										Tax Year	Charge Category	Installment Amount Due	2019	Property Tax Principal	\$1,208.27	NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018		\$1,208.27																																															
Tax Year	Charge Category	Installment Amount Due																																																															
2019	Property Tax Principal	\$1,208.27																																																															
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018		\$1,208.27																																																															
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR <table border="1"> <thead> <tr> <th>Tax Year</th> <th>Charge Category</th> <th>Remaining Balance Due</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>Property Tax Principal</td> <td>\$3,624.81</td> </tr> <tr> <td>2019</td> <td>Las Vegas Artesian Basin</td> <td>\$0.00</td> </tr> <tr> <td colspan="2">TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018</td> <td>\$3,624.81</td> </tr> </tbody> </table>										Tax Year	Charge Category	Remaining Balance Due	2019	Property Tax Principal	\$3,624.81	2019	Las Vegas Artesian Basin	\$0.00	TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018		\$3,624.81																																												
Tax Year	Charge Category	Remaining Balance Due																																																															
2019	Property Tax Principal	\$3,624.81																																																															
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TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018		\$3,624.81																																																															
PAYMENT HISTORY <table border="1"> <tbody> <tr> <td>Last Payment Amount</td> <td>\$1,210.05</td> </tr> <tr> <td>Last Payment Date</td> <td>8/17/2018</td> </tr> <tr> <td>Fiscal Tax Year Payments</td> <td>\$1,210.05</td> </tr> <tr> <td>Prior Calendar Year Payments</td> <td>\$4,581.29</td> </tr> <tr> <td>Current Calendar Year Payments</td> <td>\$3,529.19</td> </tr> </tbody> </table>										Last Payment Amount	\$1,210.05	Last Payment Date	8/17/2018	Fiscal Tax Year Payments	\$1,210.05	Prior Calendar Year Payments	\$4,581.29	Current Calendar Year Payments	\$3,529.19																																														
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Prior Calendar Year Payments	\$4,581.29																																																																
Current Calendar Year Payments	\$3,529.19																																																																

DOT-THCNV000252

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0012-00252
SA003126

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID		Tax Year	2019	District	200	Rate	3.2782		
Situs Address:									
Legal Description:									
Status:		Property Characteristics		Property Values		Property Documents			
Active		Tax Cap Increase Pct.	4.2	Land	117600	2004112303616	11/23/2004		
Taxable		Tax Cap Limit Amount	6806.61	Improvements	141362	2003093004945	9/30/2003		
		Tax Cap Reduction	1882.68	Total Assessed Value	258962	99040600726	4/6/1999		
		Land Use	1-10 Single Family Residential	Net Assessed Value	258962				
		Cap Type	OTHER	Exemption Value New Construction	0				
		Acreage	0.2100	New Construction - Supp Value	0				
		Exemption Amount	0.00						
Role	Name	Address				Since	To		
Owner	ROSEN STEVEN N TRS					11/25/2004	Current		
Owner	ROSEN STEVEN N TRUST					11/25/2004	Current		
Summary									
Item					Amount				
Taxes as Assessed					\$3,489.29				
Less Cap Reduction					\$1,882.68				
Net Taxes					\$6,605.61				
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category					Amount Due Today			
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 9/5/2018						\$0.00			
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category					Installment Amount Due			
2019	Property Tax Principal					\$1,651.65			
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018						\$1,651.65			
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category					Remaining Balance Due			
2019	Property Tax Principal					\$4,954.95			
2019	Las Vegas Artesian Basin					\$0.00			
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018						\$4,954.95			
PAYMENT HISTORY									
Last Payment Amount					\$1,653.44				
Last Payment Date					8/14/2018				
Fiscal Tax Year Payments					\$1,653.44				
Prior Calendar Year Payments					\$7,846.86				
Current Calendar Year Payments					\$3,238.52				

DOT-THCNV000253

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0012-00253
SA003127

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID		Tax Year	2019	District	625	Rate	2.9328		
Situs Address:									
Legal Description:									
Status:		Property Characteristics		Property Values		Property Documents			
Active	Tax Cap Increase Pct.	4.2	Land	148750	2017120102352	12/1/2017			
Taxable	Tax Cap Limit Amount	1587.54	Improvements	1122	2017022201006	2/22/2017			
	Tax Cap Reduction	2807.91	Total Assessed Value	149872	2015031302546	3/13/2015			
	Land Use	0-00 Vacant - Single Family Re	Net Assessed Value	149872	2006030802736	3/8/2006			
	Cap Type	OTHER	Exemption Value New Construction	0	1998092802306	9/28/1998			
	Acreage	0.5300	New Construction - Supp Value	0					
	Exemption Amount	0.00							
Role	Name	Address				Since	To		
Owner	SUGDEN CHRISTOPHER & AMY L					12/20/2017	Current		
Summary									
Item	Amount								
Taxes as Assessed	\$4,395.45								
Less Cap Reduction	\$2,807.91								
Net Taxes	\$1,587.54								
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category	Amount Due Today							
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 9/5/2018						\$0.00			
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category	Installment Amount Due							
2019	Property Tax Principal	\$396.89							
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018						\$396.89			
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category	Remaining Balance Due							
2019	Property Tax Principal	\$1,190.67							
2019	Los Vegas Artesian Basin	\$0.00							
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018						\$1,190.67			
PAYMENT HISTORY									
Last Payment Amount	\$398.65								
Last Payment Date	8/24/2018								
Fiscal Tax Year Payments	\$398.65								
Prior Calendar Year Payments	\$1,525.35								
Current Calendar Year Payments	\$398.65								

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SA003128

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID		Tax Year	2019	District	125	Rate	2.7264		
Situs Address:									
Legal Description:									
Status:		Property Characteristics		Property Values		Property Documents			
Active		Tax Cap Increase Pct.	3	Land	17500	2014092402674	9/24/2014		
Taxable		Tax Cap Limit Amount	1288.79	Improvements	36482	92101600014	10/16/1992		
		Tax Cap Reduction	182.98	Total Assessed Value	53982				
		Land Use	1-10 Single Family Residential	Net Assessed Value	53982				
		Cap Type	PRIMARY	Exemption Value New Construction	0				
		Acres	0.5200	New Construction - Supp Value	0				
		Exemption Amount	0.00						
Role	Name	Address				Since	To		
Owner	GRANT DAVID A TRS					9/30/2014	Current		
Owner	GRANT TOMBARI FAMILY TRUST					9/30/2014	Current		
Owner	TOMBARI MICHELE L TRS					9/30/2014	Current		
Summary									
Item					Amount				
Taxes as Assessed					\$1,471.77				
Less Cap Reduction					\$182.98				
Net Taxes					\$1,288.79				
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category					Amount Due Today			
2019	Property Tax Principal					\$322.19			
2019	Las Vegas Artesian Basin					\$1.78			
2019	Property Tax Penalty					\$12.96			
						\$336.93			
CURRENT AMOUNTS DUE as of 9/5/2018									
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category					Installment Amount Due			
2019	Property Tax Principal					\$322.20			
						\$322.20			
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018									
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category					Remaining Balance Due			
2019	Property Tax Principal					\$1,288.79			
2019	Las Vegas Artesian Basin					\$1.78			
2019	Property Tax Penalty					\$12.96			
						\$1,303.53			
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018									
PAYMENT HISTORY									
Last Payment Amount					\$312.81				
Last Payment Date					3/15/2018				
Fiscal Tax Year Payments					\$0.00				
Prior Calendar Year Payments					\$1,245.13				
Current Calendar Year Payments					\$312.81				

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0012-00255
SA003129

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID		Tax Year	2019	District	200	Rate	3.2782		
Situs Address:									
Legal Description:									
Status:	Property Characteristics			Property Values		Property Documents			
Active	Tax Cap Increase Pct.	4.2	Land	29750	2012100203002	10/2/2012			
Taxable	Tax Cap Limit Amount	1543.59	Improvements	36893	2011072901930	7/29/2011			
	Tax Cap Reduction	641.26	Total Assessed Value	66648	2011030203129	3/2/2011			
	Land Use	1-10 Single Family Residential	Net Assessed Value	66648	2010031200556	3/12/2010			
	Cap Type	OTHER	Exemption Value New Construction	0	2008110300109	11/3/2008			
	Acreage	0.1200	New Construction - Supp Value	0	2008090500417	9/5/2008			
	Exemption Amount	0.00			2008042100161	4/21/2008			
					2007121700062	12/17/2007			
					2007101700333	10/17/2007			
					2007100400787	10/4/2007			
					2007091900459	9/19/2007			
					2004030403644	3/4/2004			
					02060602290	6/6/2002			
Role	Name	Address				Since	To		
Owner	BRENNAN SEAMUS								
Owner	RING HEATHER								
Summary									
Item		Amount							
Taxes as Assessed		\$2,184.85							
Less Cap Reduction		\$641.26							
Net Taxes		\$1,543.59							
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category					Amount Due Today			
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 9/5/2018						\$0.00			
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category					Installment Amount Due			
THERE IS NO NEXT INSTALLMENT AMOUNT DUE as of 9/5/2018									
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category					Remaining Balance Due			
THERE IS NO TOTAL AMOUNT DUE FOR THE ENTIRE TAX YEAR as of 9/5/2018									
PAYMENT HISTORY									
Last Payment Amount		\$1,545.37							
Last Payment Date		8/23/2018							
Fiscal Tax Year Payments		\$1,545.37							
Prior Calendar Year Payments		\$1,483.17							
Current Calendar Year Payments		\$1,545.37							

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SA003130

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID		Tax Year	2019	District	417	Rate	2.9328		
Situation Address:									
Legal Description:									
Status:		Property Characteristics		Property Values		Property Documents			
Active		Tax Cap Increase Pot.	4.2	Land	16100	2004083103946	8/31/2004		
Taxable		Tax Cap Limit Amount	1641.89	Improvements	52110	2003080703236	8/7/2003		
		Tax Cap Reduction	358.57	Total Assessed Value	68210	1999121500892	12/15/1999		
		Land Use	1-60 SFR Unit/Row House, Townh	Net Assessed Value	68210				
		Cap Type	OTHER	Exemption Value New Construction	0				
		Acreage	0.1100	New Construction - Supp Value	0				
		Exemption Amount	0.00						
Role	Name	Address				Since	To		
Owner	BRENNAN BARBARA					8/4/2004	Current		
Summary									
Item		Amount							
Taxes as Assessed		\$2,000.46							
Less Cap Reduction		\$358.57							
Net Taxes		\$1,641.89							
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category	Amount Due Today							
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 9/5/2018						\$0.00			
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category	Installment Amount Due							
2019	Property Tax Principal					\$410.47			
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018						\$410.47			
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category	Remaining Balance Due							
2019	Property Tax Principal					\$1,231.41			
2019	Las Vegas Artesian Basin					\$0.00			
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018						\$1,231.41			
PAYMENT HISTORY									
Last Payment Amount		\$412.26							
Last Payment Date		8/17/2018							
Fiscal Tax Year Payments		\$412.26							
Prior Calendar Year Payments		\$1,557.55							
Current Calendar Year Payments		\$1,200.12							

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SA003131

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Washoe County Treasurer
Tammi Davis

Account Detail

[Back to Account Detail](#)

[Change of Address](#)

[Print this Page](#)

Washoe County Parcel Information

Parcel ID	Status	Last Update
[REDACTED]	Active	9/5/2018 2:06:32 AM
Current Owner: KALES FAMILY TRUST		
SITUS: [REDACTED]		
Taxing District 1000		
Geo CD:		
Legal Description [REDACTED]		

Tax Bill (Click on desired tax year for due dates and further details)

Tax Year	Net Tax	Total Paid	Penalty/Fees	Interest	Balance Due
2018	\$2,067.53	\$526.93	\$0.00	\$0.00	\$1,540.60
2017	\$1,985.38	\$1,985.38	\$0.00	\$0.00	\$0.00
2016	\$1,934.58	\$1,934.58	\$0.00	\$0.00	\$0.00
2015	\$1,931.65	\$1,931.65	\$0.00	\$0.00	\$0.00
2014	\$1,871.64	\$1,871.64	\$0.00	\$0.00	\$0.00
Total					\$1,540.60

Important Payment Information

- ALERTS:** If your real property taxes are delinquent, the search results displayed may not reflect the correct amount owing. Please contact our office for the current amount due.
- Monday, August 20, is the due date for the first installment of 2018/19 property taxes. Payments will be accepted without penalty through August 30, 2018.**
- Please be aware that Credit Card payments in excess of \$25,000 and eChecks in excess of \$100,000 will not process. Please contact our office for alternative payment methods.**
- For your convenience, online payment is available on this site. E-check payments are accepted without a fee. However, a service fee does apply for online credit card payments. See Payment Information for details.**

Pay Online

Payments will be applied to the oldest charge first.

Select a payment option:

- ☒ Total Due \$1,540.60
☐ Oldest Due \$513.54
☐ Partial

[ADD TO CART](#)

Cart: \$0.00

Pay by Check

Please make checks payable to:
WASHOE COUNTY TREASURER

Mailing Address:
P.O. Box 30039
Reno, NV 89520-3039

Overnight Address:
1001 E. Ninth St., Ste D140
Reno, NV 89512-2845

[Payment Information](#)

[Special Assessment District](#)

[Installment Date Information](#)

[Assessment Information](#)

The Washoe County Treasurer's Office makes every effort to produce and publish the most current and accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use, or its interpretation. If you have any questions, please contact us at (775) 328-2510 or tax@washoecounty.us

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0012-00258
SA003132

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID		Tax Year	2019	District	417	Rate	2.9328		
Situs Address:									
Legal Description:									
Status:		Property Characteristics		Property Values		Property Documents			
Active		Tax Cap Increase Pot.	4.2	Land	42350	2004052104631	5/21/2004		
Taxable		Tax Cap Limit Amount	4200.91	Improvements	90156	2003081903301	8/19/2003		
		Tax Cap Reduction	0.00	Total Assessed Value	132506	97101500342	10/15/1997		
		Land Use	1-10 Single Family Residential	Net Assessed Value	132506				
		Cap Type	OTHER	Exemption Value New Construction	0				
		Acreage	0.1500	New Construction - Supp Value	0				
		Exemption Amount	0.00						
Role	Name	Address				Since	To		
Owner	COHEN STEVEN B					8/7/2004	Current		
Summary									
Item		Amount							
Taxes as Assessed		\$3,886.14							
Less Cap Reduction		\$0.00							
Net Taxes		\$3,886.14							
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category	Amount Due Today							
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 9/5/2018								\$0.00	
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category	Installment Amount Due							
2019	Property Tax Principal	\$971.54							
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018								\$971.54	
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category	Remaining Balance Due							
2019	Property Tax Principal	\$2,914.62							
2019	Las Vegas Artesian Basin	\$0.00							
2019	Water Reclamation - Delinq	\$0.00							
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018								\$2,914.62	
PAYMENT HISTORY									
Last Payment Amount		\$1,258.42							
Last Payment Date		8/15/2018							
Fiscal Tax Year Payments		\$1,258.42							
Prior Calendar Year Payments		\$4,282.05							
Current Calendar Year Payments		\$2,266.32							

DOT-THCNV000259

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0012-00259
SA003133

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID		Tax Year	2019	District	417	Rate	2.9328		
Situs Address:									
Legal Description:									
Status:		Property Characteristics		Property Values		Property Documents			
Active		Tax Cap Increase Pot.	3	Land	48125	2017061503084	6/15/2017		
Taxable		Tax Cap Limit Amount	4345.75	Improvements	119959	2007113000335	11/30/2007		
		Tax Cap Reduction	580.88	Total Assessed Value	167984	2006062005544	6/20/2006		
		Land Use	1-10 Single Family Residential	Net Assessed Value	167984	99010500626	1/5/1999		
		Cap Type	PRIMARY	Exemption Value New Construction	0				
		Acreage	0.1800	New Construction - Supp Value	0				
		Exemption Amount	0.00						
Role	Name	Address				Since	To		
Owner	MILLER MARSHA SOFER SEP PPTY TR					6/30/2017	Current		
	Samuel Schaul								
Summary									
Item					Amount				
Taxes as Assessed					\$4,928.63				
Less Cap Reduction					\$580.88				
Net Taxes					\$4,345.75				
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category					Amount Due Today			
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 9/5/2018						\$0.00			
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category					Installment Amount Due			
2019	Property Tax Principal					\$1,086.44			
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018						\$1,086.44			
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category					Remaining Balance Due			
2019	Property Tax Principal					\$3,259.32			
2019	Las Vegas Artesian Basin					\$0.00			
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018						\$3,259.32			
PAYMENT HISTORY									
Last Payment Amount						\$1,086.21			
Last Payment Date						8/17/2018			
Fiscal Tax Year Payments						\$1,086.21			
Prior Calendar Year Payments						\$4,167.51			
Current Calendar Year Payments						\$3,197.79			

DOT-THCNV000260

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00260
SA003134

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID		Tax Year	2019	District	125	Rate	2.7264		
Situs Address:									
Legal Description:									
Status:		Property Characteristics		Property Values		Property Documents			
Active		Tax Cap Increase Pct.	4.2	Land	29050	98080400024	8/4/1998		
Taxable		Tax Cap Limit Amount	2722.24	Improvements	77714				
		Tax Cap Reduction	188.57	Total Assessed Value	106764				
		Land Use	1-10 Single Family Residential	Net Assessed Value	106764				
		Cap Type	OTHER	Exemption Value New Construction	0				
		Acreage	0.4800	New Construction - Supp Value	0				
		Exemption Amount	0.00						
Role	Name	Address			Since	To			
Owner	RHODES ANDRE				7/1/2002	Current			
Summary									
Item		Amount							
Taxes as Assessed		\$2,910.81							
Less Cap Reduction		\$188.57							
Net Taxes		\$2,722.24							
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year	Charge Category	Amount Due Today							
2019	Property Tax Principal	\$182.34							
2019	Property Tax Penalty	\$7.29							
						\$189.63			
CURRENT AMOUNTS DUE as of 9/5/2018									
NEXT INSTALLMENT AMOUNTS									
Tax Year	Charge Category	Installment Amount Due							
2019	Property Tax Principal	\$680.56							
						\$680.56			
NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018									
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year	Charge Category	Remaining Balance Due							
2019	Property Tax Principal	\$2,224.02							
2019	Las Vegas Artesian Basin	\$0.00							
2019	Property Tax Penalty	\$7.29							
						\$2,231.31			
TAX YEAR TOTAL AMOUNTS DUE as of 9/5/2018									
PAYMENT HISTORY									
Last Payment Amount		\$300.00							
Last Payment Date		7/30/2018							
Fiscal Tax Year Payments		\$500.00							
Prior Calendar Year Payments		\$1,953.54							
Current Calendar Year Payments		\$2,670.40							

DOT-THCNV000261

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00261
SA003135

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Property Account Inquiry - Summary Screen									
New Search		Recorder		Treasurer		Assessor		Clark County Home	
Parcel ID				Tax Year	2019	District	200	Rate	3.2782
Situs Address:	AS VEGAS								
Legal Description	SPANISH OAKS 8 PLAT BOOK 22 PAGE 25 LOT 301 BLOCK 20 GEOID: PT								
Status:		Property Characteristics			Property Values		Property Documents		
Active									
Taxable									
		Tax Cap Increase Pct.	4.2		Land	29750	2012100203002	10/2/2012	
		Tax Cap Limit Amount	1543.59		Improvements	36898	2011072901930	7/29/2011	
		Tax Cap Reduction	641.26		Total Assessed Value	66648	2011030203129	3/2/2011	
		Land Use	1-10 Single Family Residential		Net Assessed Value	66648	2010031200556	3/12/2010	
		Cap Type	OTHER		Exemption Value New Construction	0	2008110300109	11/3/2008	
		Acreage	0.1200		New Construction - Supp Value	0	2008090500417	9/5/2008	
		Exemption Amount	0.00				2008042100161	4/21/2008	
							2007121700062	12/17/2007	
							2007101700333	10/17/2007	
							2007100400787	10/4/2007	
							2007091900459	9/19/2007	
							2004030403644	3/4/2004	
							02060602290	6/6/2002	
Role	Name	Address					Since	To	
Owner	BRENNAN SEAMUS						10/4/2012	Current	
Owner	RING HEATHER						10/4/2012	Current	
Summary									
Item					Amount				
Taxes as Assessed					\$2,184.85				
Less Cap Reduction					-\$641.26				
Net Taxes					\$1,543.59				
PAST AND CURRENT CHARGES DUE TODAY									
Tax Year		Charge Category				Amount Due Today			
THERE IS NO PAST OR CURRENT AMOUNT DUE as of 8/28/2018						\$0.00			
NEXT INSTALLMENT AMOUNTS									
Tax Year		Charge Category				Installment Amount Due			
THERE IS NO NEXT INSTALLMENT AMOUNT DUE as of 8/28/2018									
TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR									
Tax Year		Charge Category				Remaining Balance Due			
THERE IS NO TOTAL AMOUNT DUE FOR THE ENTIRE TAX YEAR as of 8/28/2018									
PAYMENT HISTORY									
Last Payment Amount					\$1,545.37				
Last Payment Date					8/23/2018				

DOT-THCNV000262

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00262
SA003136

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Fiscal Tax Year Payments	\$1,545.37
Prior Calendar Year Payments	\$1,483.17
Current Calendar Year Payments	\$1,545.37

DOT-THCNV000263

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00263
SA003137

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

CHARITABLE CONTRIBUTIONS FROM
ALLEN J. PULIZ

2013 -	\$15,885
2014 -	10,650
2015 -	14,045
2016 -	6,945
2017 -	5,315
2018 -	15,000

*Supporting documents attached.

DOT-THCNV000264

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00264
SA003138

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2013** **U.S. Individual Income Tax Return** **Contributions** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1—Dec. 31, 2013, or other tax year beginning , 2013, ending , 20

See separate instructions.

Your first name and initial Last name

Your social security number

If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete space below (see instructions).

Foreign country name Foreign province/state/country Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

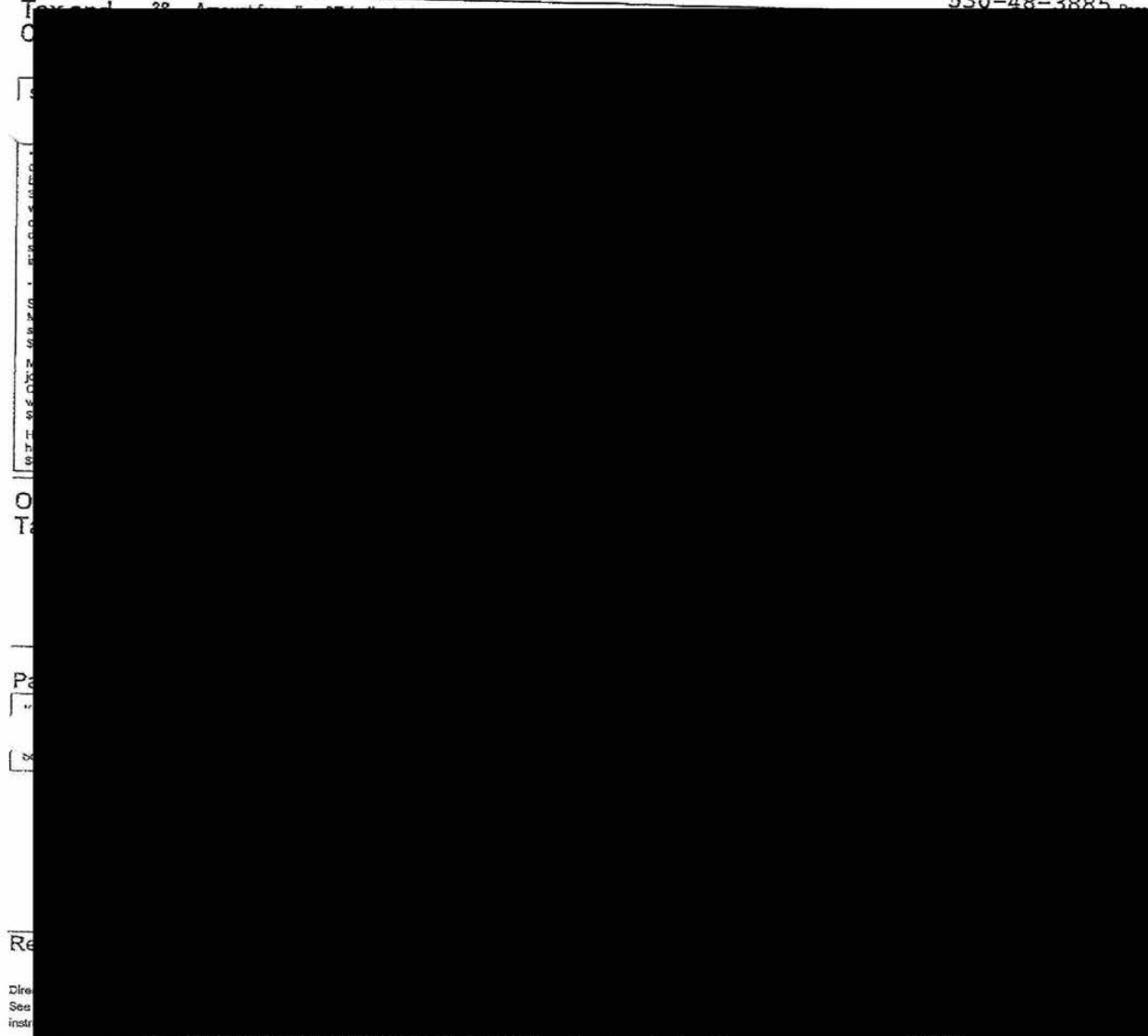
Check only one box.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

DOT-THCNV000265 Form **1040** (2013)

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00265
SA003139



Amount	75	Amount of line 73 you want applied to your 2014 estimated tax	75	
You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	17,258
	77	Estimated tax penalty (see instructions)	77	16
Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No				
Third Party Designee	Designee's name James D. Main		Personal identification number (PIN) 10001	
	Your signature		Phone no. 702-259-6222	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instr. Keep a copy for your records.	Your signature		Date	Your occupation
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation
				Exec. Vice President
				Homemaker
Print	Print/Type preparer's name James D. Main		Preparer's signature	Date 04/09/14
Preparer	Firm's name Main Amundson and Associates		Check <input type="checkbox"/> self-employed <input type="checkbox"/> PTIN P00172	
Use Only	Firm's address 10191 Park Run Dr Ste 200		Firm's EIN 88-0482	
	Las Vegas NV 89145		Phone no. 702-259-6222	

DAA

Form 1040 (2013)

DOT-THCNV000266

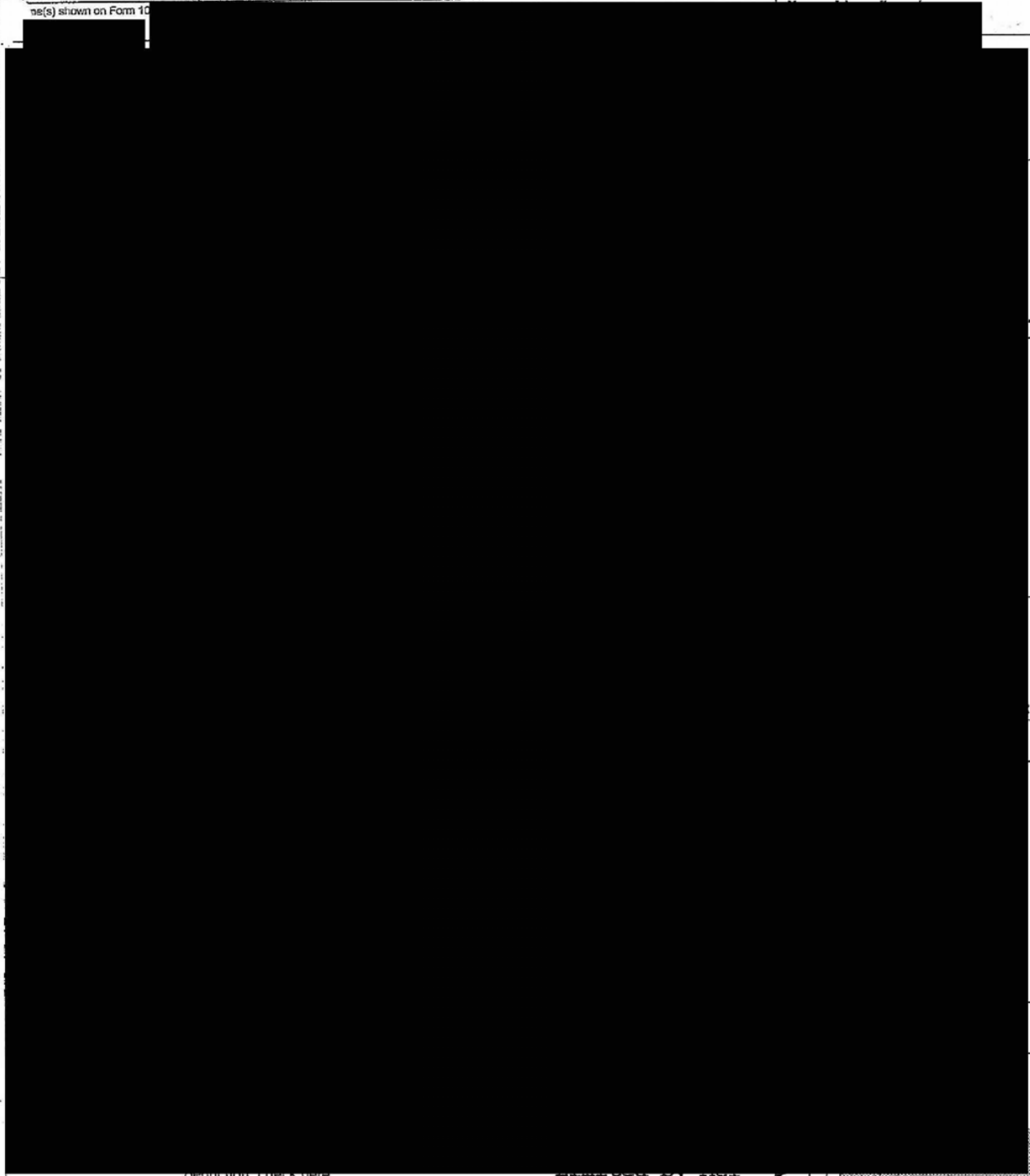
HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00266
SA003140

**5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
Itemized Deductions****SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (69)
ne(s) shown on Form 10▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

OMB No. 1545-0074

2013Attachment
Sequence No. 07For Paperwork Reduction Act Notice, see Form 1040 instructions.
DAASchedule A (Form 1040) 2013
DOT-THCNV000267

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00267
SA003141

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

2014

AD - Automatic Deposit • AP - Automatic Payment • ATM - Cash Withdrawal • DC - Debit Card • FT - Funds Transfer • SC - Service Charge • TD - Tax Deductible							
NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (-)	✓	DEPOSIT, CREDIT (+)	\$	BALANCE
07	2/10	Burr White 2nd pmt	8985	-			
08	2/12	Noble Tree Service Olive Spray	50	-			
09	2/13	E3 Grooms	60	-			
10	2/14	Tahoe Donner House 2014 pmt	5500	-			
11	2/16	Time Ins. Co. ASSURANT HEALTH Torus Health Ins.	414	24			
12	2/16	AAA NCOW annual	92	-			
13	2/16	Quest Diagnostics Patti - Blood Work	213	94			
14	2/16	Roman Cath Bishop LV CSA - St Amnes	500	-		X	
15	2/25	Amy Wilson Trainer	450	-			
16	2/28	For Modern South Gym Katy - Plunk	97	92			
17	2/28	Kristal Jackson	500	-			
18	3/10	Bella Rodriguez	1000	-			
19	3/17	Farmers Ins Exch Homeowners	1161	27			

\$10,650

DOT-THCNV000268

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00268
SA003142

CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (-)	✓	DEPOSIT, CREDIT (+)	\$	BALANCE
20	3/17	5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions	144	12			
21	3/17	Roman Cath Bishop M LV - CSA	500	-	*		
22	3/28	Amy Wilson	450	-			
23	4/1	David Grylovich Extraction	1957	-			
24	4/10	The Smith Center of S	2000	-	*		
25	4/14	Bob Beers Campaign	500	-			

26	4/14	THC NEV LLC	2500	-			
27	4/14	US Treasury 2013 Taxes	17258	-			
28	4/14	U.S. Treasury Part #1 of 4	37600	-			
	4/15	DEP ATAP A-DAY & PRUD.			75,115 ⁸²		
29	4/15	ALLV Dues	100	-			
30	4/20	OLLV	100	-	*		
31	4/23	Amy Wilson of Finance	450	-			

NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (-)	✓	DEPOSIT, CREDIT (+)	\$	BALANCE
32	4/24	Fremont Rotary	375	-			
	5/17	DEPOSIT				32,955	75
33	5/27	Center for Sight Glasses	216	20			
34	5/30	SCR Builders	4063	74			
35	6/1	Burn White Beach East pmt	116106	02			
36	6/1	OLLV	50	-	*		

37	6/4	SCR Builders	5500	-			
38	6/5	Committee to Elect Barbara Cegarske	1000	-			
39	6/5	Committee to Elect John F. Credit	500	-	- PAY		
40	6/5	AS Rodriguez 2012 UNR GRAD	300	-			
41	6/5	Jillie Rodriguez 2014 UNLV Grad	300	-			
42	6/10	Roy York "Booker" Book Donation	750	-	*		

DOT-THCNV000269

2014 - 2

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00269
SA003143

5.2.9/2018		Committee to Re-Elect	Evidence of Taxes Paid & Other	Beneficial Contributions		
61	8/25	Clark Co Treasurer	2014-15 Prop Tax	2671.39	*	
62	8/25	Rebel Golf Foundate		600	-	*
63	8/26	BGHS Booster Club		580	-	*
64	8/27	Serg Ladies Trio		372	-	
65	9/9	Adam Paliy		400	-	
	9/9	DEPOSIT				15962 ⁵⁹

70	9/28	o c l v	50	-	*	
71	9/29	St. Anne Fun Fair	40	-		
72	10/2	BGHS Golf Classic	1500	-	*	
73	10/13	Regal Up pillows	180	-		
74	10/21	Lisa Ashbacher	105	-		
75	10/21	Deanna	40	-		
76	10/24	Tahoe Donner House Repairs	400	-		

AD - Automatic Deposit • AP - Automatic Payment • ATM - Cash Withdrawal • DC - Debit Card • FT - Funds Transfer • SC - Service Charge • TD - Tax Deductible						
NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (-)	✓	DEPOSIT, CREDIT (+)	\$ BALANCE
86	12/18	CA AHA Renewal	92	-		
87	12/18	Cath Charities Donation	100	-	*	
88	12/18	Rotary Foundation	1000	-	*	
	1/7	Deposit				507485 ⁶²
5592	1/26	LH CC	3310.79			
93	1/27	Dr. Averna Surgical Guide	305	-		

DOT-THCNV000270
2014-3

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00270
SA003144

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

*Catholic Stewardship Appeal
Diocese of Las Vegas
P.O. Box 26239
Las Vegas, NV 89126-0239
Phone: (702) 735-1398*

01-14-2015



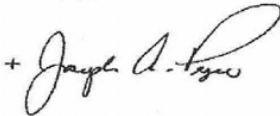
Acct #



Thank you for your donation to the 2014 Catholic Stewardship Appeal for the Diocese of Las Vegas. Your total contribution for 2014 was \$500.00.

This letter will also serve as an acknowledgement of the gift pursuant to Section 170 (f) (8) of the Internal Revenue Code for tax purposes, indicating that the donor did not receive any goods or services in whole or partial consideration for the above contribution and, at the most, received only intangible religious benefits.

Sincerely yours in Christ,

+ A handwritten signature in cursive script, preceded by a plus sign.

Most Reverend Joseph A. Pepe, D.D., J.C.D.
Bishop of Las Vegas

DOT-THCNV000271

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00271
SA003145

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

*Catholic Stewardship Appeal
Diocese of Las Vegas
P.O. Box 26239
Las Vegas, NV 89126-0239
Phone: (702) 735-1398*

01-14-2015

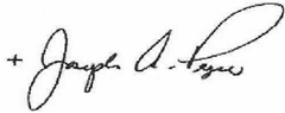
[REDACTED]

Acct # [REDACTED]

Thank you for your donation to the 2014 Catholic Stewardship Appeal for the Diocese of Las Vegas. Your total contribution for 2014 was \$500.00.

This letter will also serve as an acknowledgement of the gift pursuant to Section 170 (f) (8) of the Internal Revenue Code for tax purposes, indicating that the donor did not receive any goods or services in whole or partial consideration for the above contribution and, at the most, received only intangible religious benefits.

Sincerely yours in Christ,

+ 

Most Reverend Joseph A. Pepe, D.D., J.C.D.
Bishop of Las Vegas

DOT-THCNV000272

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00272
SA003146

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

06 January 2015

[REDACTED]

[REDACTED]

[REDACTED]

Thank you for supporting the Annual Fund. This year, RI President Gary C.K. Huang challenges Rotarians and friends of our Foundation to Light Up Rotary. President Gary recognizes that there are problems in our world, but rather than lament this, our president calls on each member of this family to cultivate his or her own flame.

Thank you for answering President Gary's call and radiating your light. The Annual Fund fuels vital work like strengthening peace efforts, providing clean water, supporting education, growing local economies, saving mothers and children, and fighting disease.

You will likely never meet the child, the woman, the man who will benefit from what you have shared, but please know that someone will feel the warmth generated by your act of kindness. The glow of compassion is contagious; thank you for spreading the light.

Sincerely,

John T. Osterlund
General Manager The Rotary Foundation of Rotary International

P.S. The Contact Center is available to answer your questions about the Foundation. Call 866-9-ROTARY (866-676-8279) Monday-Friday from 8 a.m. to 5 p.m. CST or email contact.center@rotary.org.
United States Contribution receipt information below

26 December 2014

[REDACTED]

[REDACTED]

[REDACTED]

Annual Fund	Annual Fund - SHARE	\$1,000.00 USD
Total Amount		\$1,000.00
Quid Pro Quo		\$0.00

RC of Las Vegas Fremont NV United States District 5300 Club No. 23409

The Rotary Foundation's U.S.A. Federal Tax ID No. is 36-3245072. Canceled checks are no longer valid substantiation for charitable gifts over \$250 U.S. donors, please retain this receipt for your tax records. No goods or services were received in exchange for this contribution unless specifically noted.

UNITED STATES TAX RECEIPT

DOT-THCNV000273

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00273

SA003147

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

April 16, 2014

[REDACTED]

[REDACTED]

Thank you for your generous Capital Campaign pledge payment of \$2,000, which we received on 4/14/2014. Your pledge balance is \$2,000. We truly appreciate your wonderful support.

Since the opening of The Smith Center almost two years ago, we have introduced more than 860 performances by over 307 unique groups or artists, attracted almost 12,000 season ticket holders for the Broadway Las Vegas Series and over 100,000 children have attended productions within our theaters. As an investor in The Smith Center, we hope that you are pleased with our progress and the response by our community.



**THE SMITH CENTER
FOR THE PERFORMING ARTS**

361 Symphony Park Avenue
Las Vegas, NV 89106

www.thesmithcenter.com

Tel 702-749-2012
Fax 702-749-2013

At the same time, we always need to remind our friends and families that ticket sales, even for sold-out Broadway shows, make up only about 75% of the budget necessary to fulfill The Smith Center's mission and to sustain our operations. Private support is essential to our continued success.

Allen and Patricia, we remain dedicated in our efforts to bring the highest quality and most comprehensive performing arts programs to our greater community. In addition to world-class touring artists of all genres, we will keep tickets as affordable as possible, maintain our beautiful facilities, and provide free or low-cost family events. We are especially proud that our arts education program has had a direct impact on tens of thousands of school children and their teachers.

Your support enables us to offer these opportunities at The Smith Center. Thank you! We look forward to another exciting year.

Sincerely,

Lucy Klinkhammer

Lucy Klinkhammer
Vice President, Development

Thank you very much!

The Smith Center for the Performing Arts is a Nevada nonprofit organization registered with the Secretary of State. Contributions may be tax deductible under IRS regulations. Our mission is to provide and preserve a high-quality performing arts center that is embraced by the community and recognized as a vital force by supporting artistic excellence, education and inspiration for all.

DOT-THCNV000274

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00274
SA003148

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Rebel Golf Foundation

2014 Membership Enrollment

Membership Levels (Tax Deductible)	Rebel Tour \$5,000	Gray Plus \$2,500	Scarlet Plus \$1,000	Gray \$600	Scarlet \$350
Official UNLV Golf Club Glove luggage travel set	X				
Full set of Rebel Golf Team Gear provided by Oakley	X	X			
Invitation to short game practice at SHADOW CREEK with team	X	X	X		
Rebel Golf workout/gym gear.	X	X	X	X	
Recognition in UNLV Men's Golf Media Guide	X	X	X	X	X
Banquet following Rebel Golf Day	X	X	X	X	X
Rebel Golf Day Tournament Participation (NOVEMBER 4, 2014)	X	X	X	X	X
Oakley Rebel Golf Foundation Polo	X	X	X	X	X
Media Guide (Hard copy mailed to you or available at Rebel Golf Day)	X	X	X	X	X
Coach Knight's Notebook (Email version)**	X	X	X	X	X



SPANISH TRAIL
Country Club

Make Check Payable to: Rebel Golf Foundation

Mail to: Rebel Golf Foundation

4505 Maryland

Amount Enclosed: 600⁰⁰

Parkway
Las Vegas, NV 89154-0008

*REBEL GOLF DAY 2014 WILL BE PLAYED NOVEMBER 4th AT SPANISH TRAIL CC

**Please provide email address for Coach's Notebook and Rebel Golf Day information.

DOT-THCNV000275

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00275
SA003149

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



Catholic Charities
OF SOUTHERN NEVADA

Deacon Thomas A. Roberts
President & Chief Executive Officer

Executive Offices

December 24, 2014



Thank you for your generous gift of \$100.00 to Catholic Charities of Southern Nevada to help those in need, especially during the holiday season. We are so grateful for your kindness in supporting our many programs.

Your donation will also enable us to help homeless and vulnerable members of our community with food, festive holiday meals, shelter, warm clothing, and toys for children that provide comfort and hope for a better tomorrow. At Catholic Charities, we have a compassionate and dedicated team of employees who are there to give help to thousands of men, women, and children every day with the goal of preserving their dignity and guiding them toward independence. We take great pride in the fact that \$.92 of every dollar goes to programs and client services.

As we share our blessings with our brothers and sisters in need, we do this in gratitude for the miracle of Christmas – that God so loved the world, he sent His only son so we can experience the richness of Christ's blessings and the depths of his love, mercy, and grace.

Merry Christmas and Happy Holidays.

Sincerely yours,

Deacon Thomas A. Roberts
President & Chief Executive Officer

Planned giving is a thoughtful and generous way to meet your personal financial objectives and continue the work of Catholic Charities. If you would like more information, or if you have already included us in your estate planning, please contact Gwen Paxon, Development Manager, at gpaxon@catholiccharities.com or 702-387-2234.

Catholic Charities of Southern Nevada is a non-profit 501(c)3 organization serving the southern Nevada community since 1941. This letter will serve as an acknowledgement that no goods or services have been received or services rendered in connection with your donation.

Receipt Date: 12/22/2014

1501 Las Vegas Boulevard North ▲ Las Vegas, Nevada 89101
Phone 702.387.2269 ▲ Fax 702.384.0677
www.CatholicCharities.com

Giving Help — Giving Hope To Our Community Since 1941

DOT-THCNV000276

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00276
SA003150



BISHOP GORMAN
HIGH SCHOOL

DIOCESE OF LAS VEGAS

October 3, 2014



Thank you!

Thank you for your payment of \$1,500.00 to reserve your foursome in the Bishop Gorman Golf Classic. This year's event will feature drinks and lunch on the course followed by our traditional post-tournament awards reception. Plan for a great day of golf with plenty of food, friends and fun!

To confirm, we will see you on November 14th at Spanish Trail Country Club, 5050 Spanish Trail Lane, Las Vegas, NV 89113:

Registration begins: 9:00 a.m.

Shotgun Start: 10:30 p.m.

Post-Tournament Reception: Immediately following play in the clubhouse

Should you have any questions, don't hesitate to contact us at (702) 476-4032 or hfox@bishopgorman.org.

See you there!

Bridget C. Michlik '95
Director of Advancement

pt

This letter serves as your receipt.

Organization: Bishop Gorman High School, Tax I.D.: 88-0059349

The IRS has asked us to inform you \$225.00 for each registration is not tax deductible.

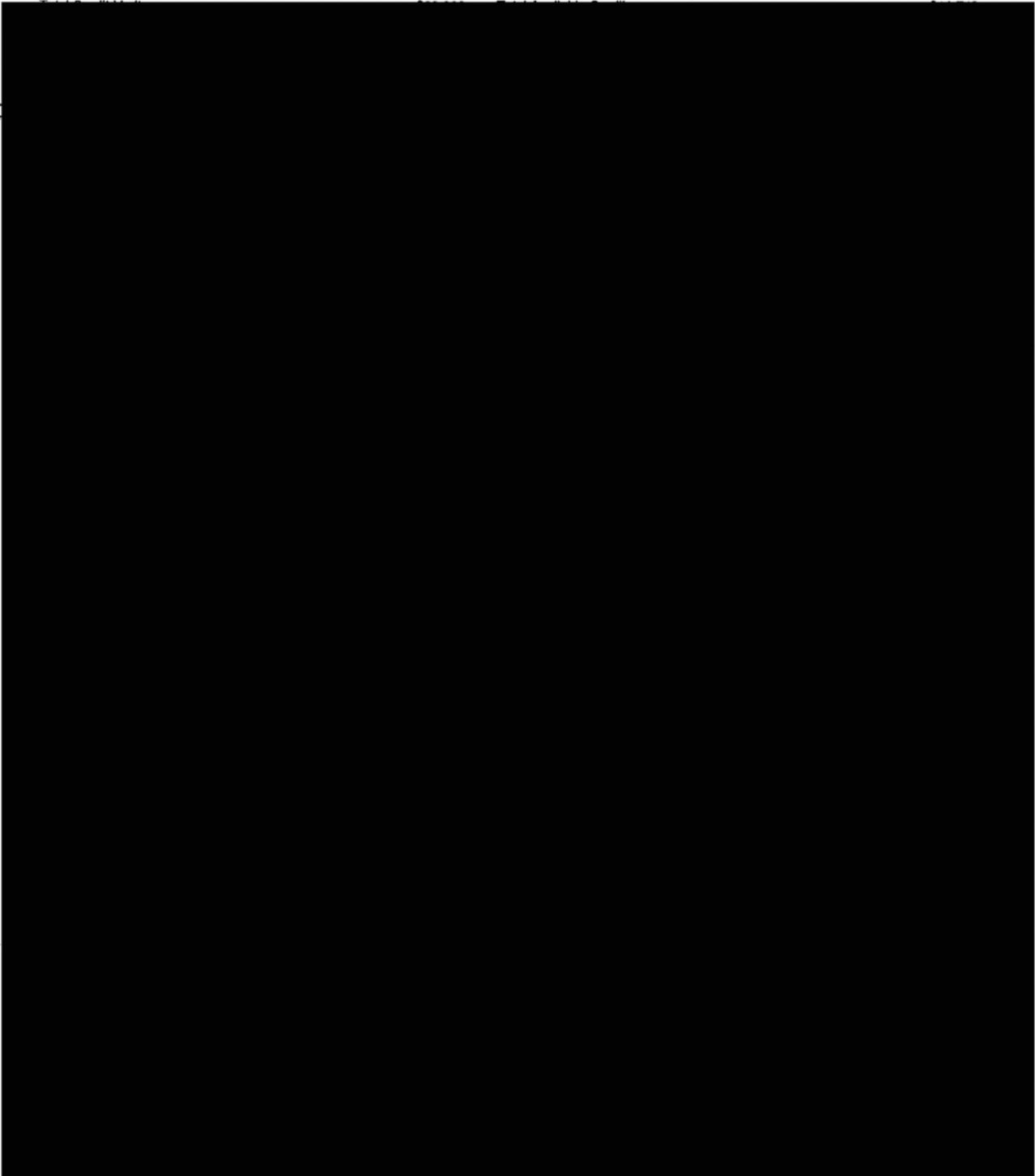
5959 SOUTH HUALAPAI WAY | LAS VEGAS, NEVADA 89148 | 702.732.1945 | WWW.BISHOPGORMAN.ORG DOT-THCNV000277

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00277
SA003151

\$0.00
\$5,820.05

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



WELLS FARGO CARD SERVICES
PO BOX 30086
LOS ANGELES CA 90030-0086

ALLEN J PULIZ
PATRICIA A PULIZ

40574
R101

07-3245 DOT-THCNV000278

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00278
SA003152

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

WELLS FARGO



Account Number
Statement Billing Period
Page 2 of 4



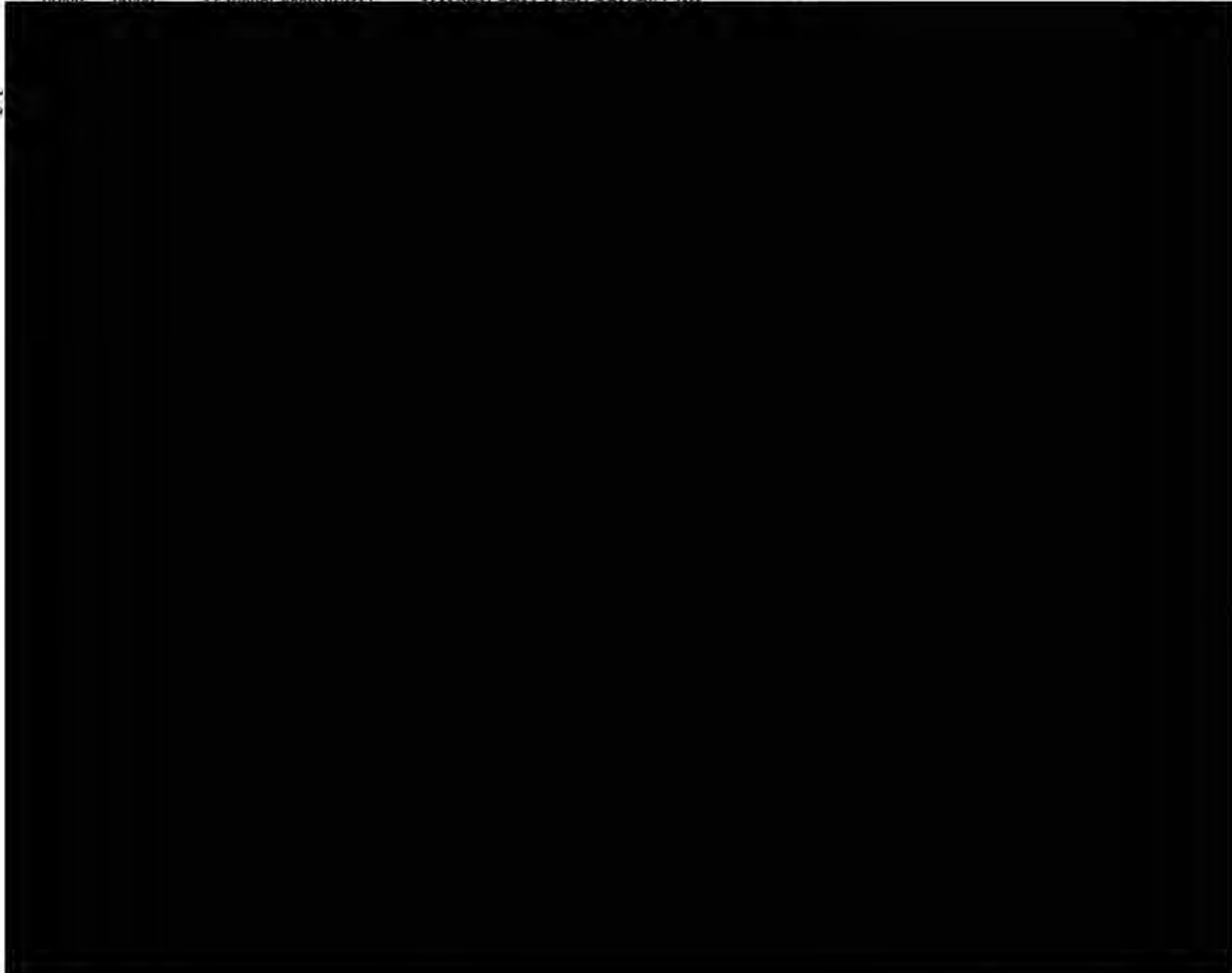
Transactions (Continued...)

Trans	Post	Reference Number	Description	Credits	Charges
-------	------	------------------	-------------	---------	---------

Purchases, Balance Transfers & Other Charges



02/19	02/19	5530959E35S8EVL0G	BISHOP GORMAN HS ADVAN 07027328830 NV		3,000.00
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DOT-THCNV000279

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00279
SA003153

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

2015

05	1/10	Legacy Now	2000	-				
	3/11	DEPOSIT			369 12			
06	3/16	Amy Wilson	450	-				
07	3/23	Cath Bishop of LV CSA	500	-	*			
08	4/5	OLLV	100	-	*			
09	4/5	OLLV 2nd	25	-	*			
10	4/9	ALLV Dues	100	-				

AD - Automatic Deposit • AP - Automatic Payment • ATM - Cash Withdrawal • DC - Debit Card • FT - Funds Transfer • SC - Service Charge • TD - Tax Deductible								
NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (-)	✓	DEPOSIT, CREDIT (+)	\$	BALANCE	
11	4/12	Right Now Acc	336 -					
12	4/12	CSA - OLLV Donation	500 -	*				
13	4/14	IRS pmt due 2014 taxes due	27,693					
14	4/14	James Bond 1st Quart 2015	16 90					
15	4/14	James Bond last Quart 2014	24 04					
16	4/14	James Bond 3rd Quart Empl. Sec. Div. 2014	24 22					
17	4/14	James Empl. Sec Div 2nd Quart 2014	23 44					
	4/15	DEPOSIT ATAP + Farm reimb			75,325 -			
18	4/14	US Treasury 1st pmt Quart	50,100 -					
19	4/23	Rotary Auction	175 -					
20	4/26	NV Penopelies Foundation	200 -	*				
21	5/6	Gold Coast Locker	30 -					
22	5/14	Amy Wilson Trainer	450 -					

#14, 045 THCNV000280

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00280
SA003154

5.2.9 Tab IX. Evidence of Taxes Paid - Other Beneficial Contributions

NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (\$)	✓	DEPOSIT, CREDIT (\$)	BALANCE
	5/18	DEPOSIT			40,712.42	
23	5/18	Quest Diagnostics Path. Blood Wk	459			
24	5/19	Dept of State Passport	110	-		
25	5/19	Quest Diag. Allen Bd Work	8384			
26	5/19	Quest Diag. Path. - Pap Sm	11195			
27	5/24	IDES DONATION	1370	-	*	

38	8/1	Clark Co. Treasurer 15-16 prop taxes	275167	*		
40	9/2	Serv Ladies Trio	407	-		
39	9/2	Amy Wilson	480	-		
41	9/7	BGHS Broster	500	-	*	
42	9/7	U.S. Treasury #3	50100	-		
	9/8	PEP TRUCK INVE 5414 + AUG			363318	
43	9/9	Light now Air repair master	812	-		

NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (\$)	✓	DEPOSIT, CREDIT (\$)	BALANCE
44	9/22	Legacy An Hosp	2047			
45	9/23	Gauge Shooting City League	216	-		
46	10/1	Dr. Arena	1563	-		
47	10/16	Vegas Pro	280	-		
48	10/10	Costco renewal	110	-		
49	10/19	BGHS Golf Tourney	1600	-	*	

DOT-THCNV000281
2015-3

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00281
SA003155

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

50	10/24	15-NW Ohio Assoc	100	-	2000	3750			
51	10/24	Diane Baker Garage Repair	520	-					
52	10/25	Crohn's & Colitis Foundation	800	-	*				
53	11/12	Center 4 Occupational Health + Wellness - Allen	80	-					
54	11/16	Tahoe Donner House (2016) Advance Funding PA	3000	-					
55	11/10	ATO - Military Support Alliance	250	-	*				
56	11/10	Delta Sota Bldg Assoc.	2000	-	*				

AD - Automatic Deposit • AP - Automatic Payment • ATM - Cash Withdrawal • DC - Debit Card • FT - Funds Transfer • SC - Service Charge • TD - Tax Deductible									
NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (\$)	✓	DEPOSIT, CREDIT (\$)	\$	BALANCE		
57	11/19	Vero Desert Lakes	115	-					
58	11/25	Rawley Creek Ranch 1/2 cow	870	-					
59	12/7	Steven Avera	1792	-					
60	12/7	FNWL 3 policies 409.58; 505.09; 838.53	1753	20					
61	12/18	Certified Auto Body	2882	87					
62	12/21	LVCC	1204	32					
63	12/22	Dianna Reagan	50	-					
64	12/25	game pieces X-mas	250	-					
65	12/22	Quest Diagnostics Path	48	85					
66	12/22	Smith Center End pmt #5	2000	-	*				
67	12/22	AAA renewal	90	-					
68	12/22	Path Path 2016 Cabin Fund	250	-					
69	12/25	OLLV	200	-	*				

DOT-THCNM000282

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00282
SA003156

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



May 5, 2015

[REDACTED]

[REDACTED]

On behalf of the Nevada Chapter of the National Hemophilia Foundation we would like to express our sincere gratitude for your generous \$200.00 donation for our Scholarship Fund. Making an investment in the future leaders of our bleeding disorder community is a priority and with your help, we were able to award two \$1,000 scholarships.

We thank you again, your donation assists us in furthering our mission which is, "To improve the quality of care and life for people with hemophilia, von Willebrand disease and other inherited bleeding disorders through education, peer support and advocacy."

Regards,

Kelli Walters
Executive Director

No goods or services were provided in exchange for this donation. Our Federal Tax ID number is 13-5641857.

Nevada Chapter of the National Hemophilia Foundation
7473 Lake Mead Blvd. • Suite 100 • Las Vegas, Nevada 89128
Phone 702.564.4368 • Fax: 702.446.8134 • www.hfnv.org

DOT-THCNV000283

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00283
SA003157

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



5959 S. HUALAPAI WAY LAS VEGAS, NEVADA 89148
702 732 1945 | WWW.BISHOPGORMAN.ORG

December 17, 2014



Thank you so much for your contribution to our Legacy Now capital campaign. Your gift will support some of our most important programs: Tuition Assistance, Faculty Enrichment and Capital Replacements. With your help we are able to build on the foundation that has been established to ensure that we continue to provide a quality Catholic college-preparatory education for generations to come.

With sincere appreciation we gratefully acknowledge your \$3,000 pledge. You have chosen to fulfill your pledge in three annual installments in the amount of \$1,000 beginning January 1, 2015. Should you have questions, please contact Bridget Michlik at (702) 476-4015 or bmichlik@bishopgorman.org.

Your participation in Legacy Now will leave a lasting impact on our students and our community.

Sincerely,

John A. Kilduff
President

Bridget C. Michlik '95
Director of Advancement

pt

This letter serves as your receipt.

Organization: Bishop Gorman High School, Tax I.D.: 88-0059349

As goods and services were not received in exchange for your gift, the full amount is tax-deductible.

DOT-THCNV000284

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00284
SA003158



**BISHOP GORMAN
HIGH SCHOOL**

DIOCESE OF LAS VEGAS

February 23, 2015



Thank you!!!

Thank you for participating in our 33rd annual Knight of the Gael honoring Jack Raftery, Sr.
We have received your \$3,000.00 payment for 10 reservations.

Location: Red Rock Casino Resort & Spa

Date: Thursday, March 19, 2015

Cocktails: 6:00 P.M.

Dinner: 7:30 P.M.

Memory Book ads are available on our website at www.bishopgorman.org
artwork or ad copy recognizing our honorees or promoting your business n
before **March 7**.

Your participation in this memorable evening directly benefits our student
generosity to Bishop Gorman High School. Contact Linda Fox in the Adv
lfox@bishopgorman.org or (702) 476-4032 if you have any questions.

Sincerely,

Bridget C. Michlik '95

Bridget C. Michlik '95
Director of Advancement

pt

This letter serves as your receipt.

Organization: Bishop Gorman High School, Tax I.D.: 88-0059349

The IRS has asked us to inform you \$75.00 per seat is not tax-deductible.

BISHOP GORMAN HS ADVAN
5959 S HUALAPAI WAY
LAS VEGAS, NV 89148
02/23/2015 08:32:02
CREDIT CARD
MC SALE
CARD # XXXXXXXXXXXX8861
INVOICE 0001
SEQ #: 0001
Batch #: 000421
Approval Code: 023068
Entry Method: Manual
Mode: Online
Avs Code: NYZ
SALE AMOUNT \$3000.00

Poliz

CUSTOMER COPY

Knight of the Gael

5959 SOUTH HUALAPAI WAY | LAS VEGAS, NEVADA 89148 | 702.732.1945 | WWW.BISHOPGORMAN.ORG DOT-THCNV000285

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00285
SA003159

16904 04/12/2017 9:00 PM

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2016** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.
For the year Jan. 1—Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial Last name
[Redacted]

[Redacted]

Foreign country name Foreign province/state/country Foreign postal code

Filing Status 1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
Check only one box. 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Make sure the SSN(s) above and on line 6a are correct.
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.
DAA

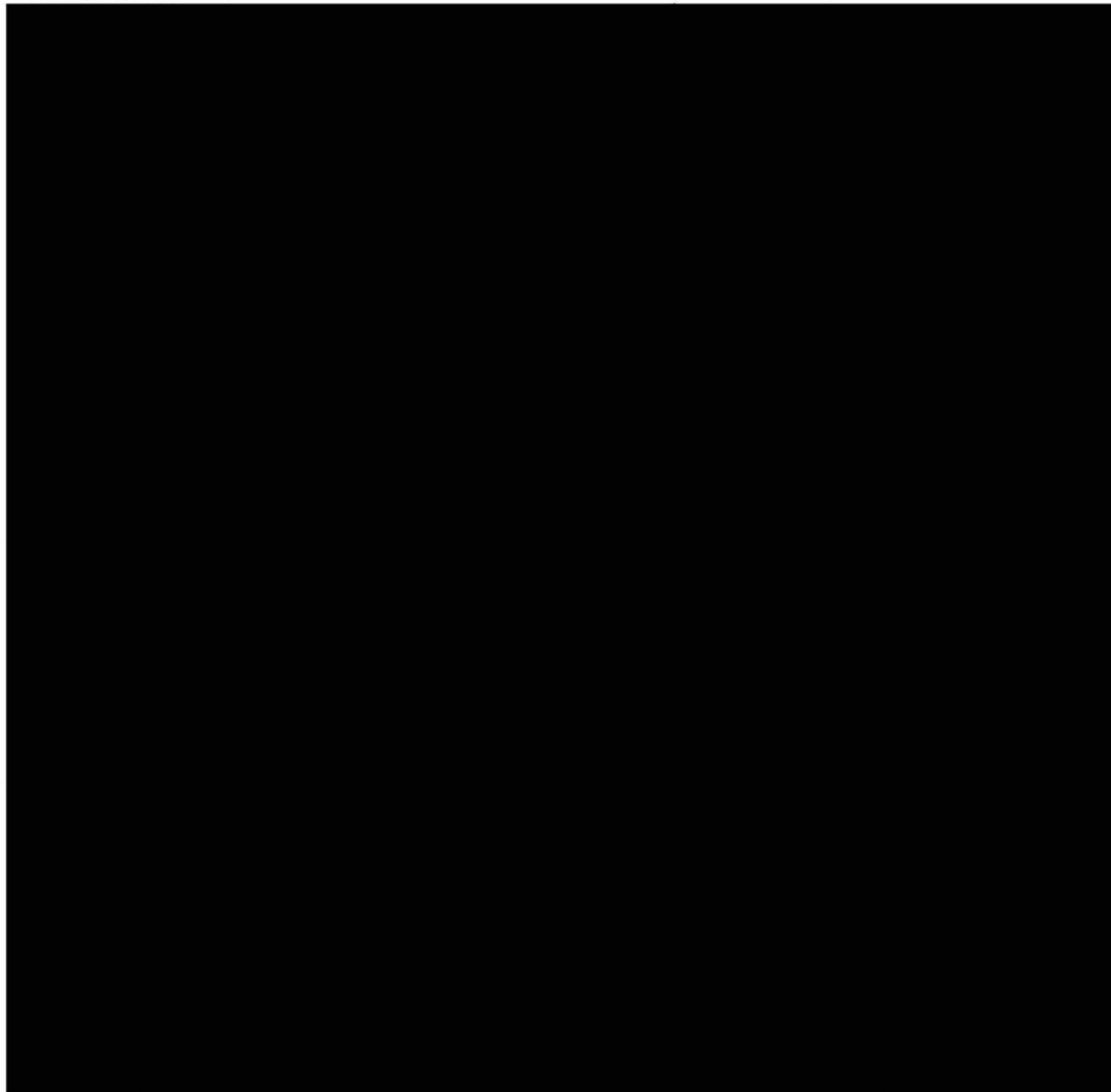
Form 1040 (2016)
DOT-THCNV000286

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00286
SA003160

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

16904 04/12/2017 5:00 PM



Amount 78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78
You Owe 79 Estimated tax penalty (see instructions) 79

Third Party Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No
Designee Designee's Personal identification number (PIN) 10001



Paid Print/Type preparer's name James D. Main Preparer's signature Date 04/12/17 Check ☐ self-employed ☐ PTIN *****
Preparer Firm's name ▶ CliftonLarsonAllen Firm's EIN ▶ **-***6749
Use Only Firm's address ▶ 10191 Park Run Dr Ste 200 Phone no. 702-259-6222
Las Vegas NV 89145-8862

www.irs.gov/form1040
DAA

Form 1040 (2015)
DOT-THCNV000287

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00287
SA003161

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

8504 04/12/2017 5:00 PM

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040:

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2016

Attachment
Sequence No. **07**

Gifts to Charity

If you made a
gift and got a
benefit for it,
see instructions.

- 16 Gifts by cash or check. If you made any gift of \$250 or more,
see instructions
17 Other than by cash or check. If any gift of \$250 or more, see
instructions. You must attach Form 8283 if over \$500
18 Carryover from prior year
19 Add lines 16 through 18

16	6,945
17	
18	

19 6,945

DOT-THCNV000288

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00288
SA003162

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Form 1040		U.S. Individual Income Tax Return		(99)	2017	OMB No. 1545-0074	IRS Use Only - Do not write or staple in this space.
For the year Jan. 1-Dec. 31, 2017, or other tax year beginning						, 2017, ending	
Your first name and initial		Last name				Apt. no.	
[REDACTED]		[REDACTED]				[REDACTED]	
[REDACTED]		[REDACTED]				[REDACTED]	
Foreign country name		Foreign province/state/county		Foreign postal code			
[REDACTED]		[REDACTED]		[REDACTED]			
						<input type="checkbox"/> You <input type="checkbox"/> Spouse	

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2017)

DOT-THCNV000289

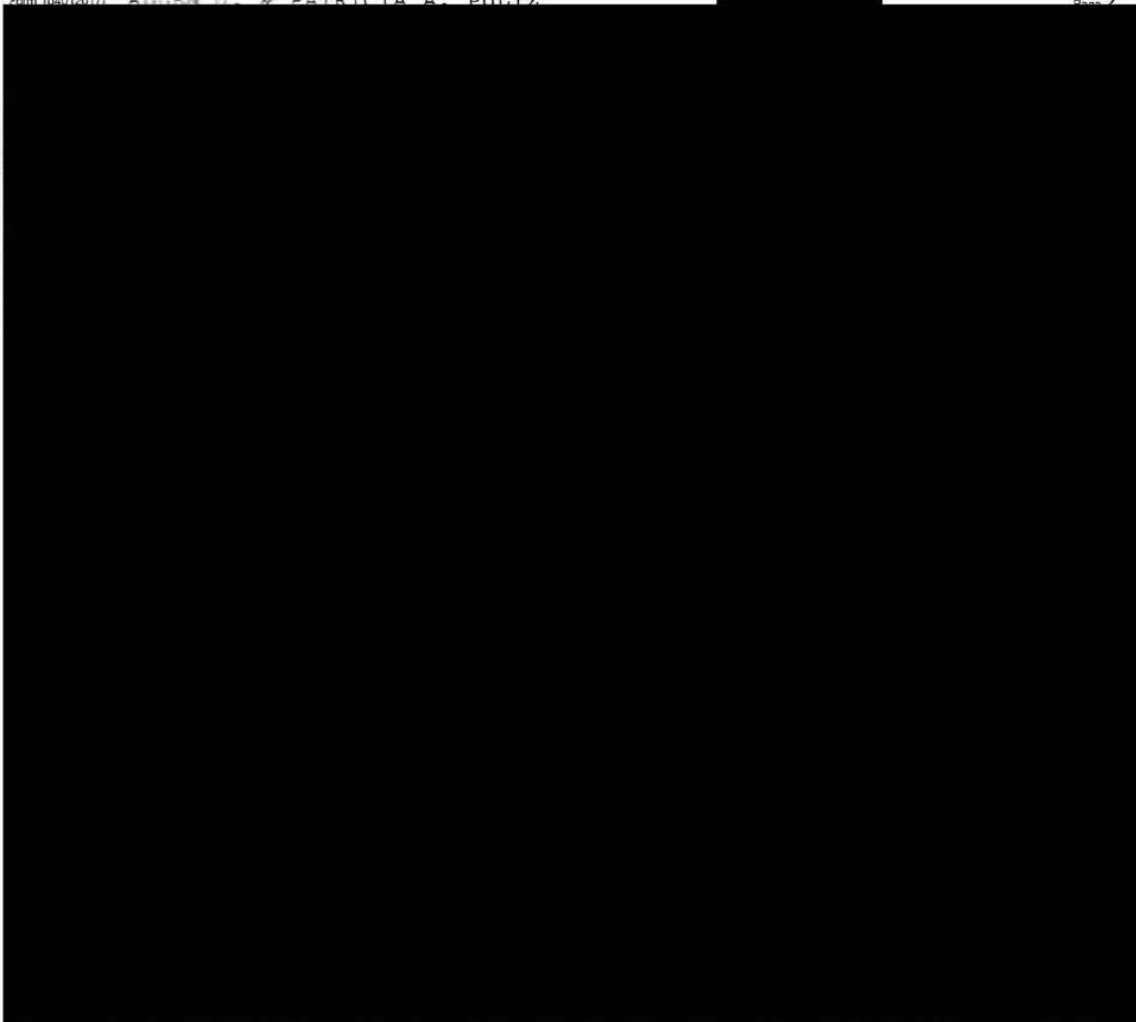
HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00289
SA003163

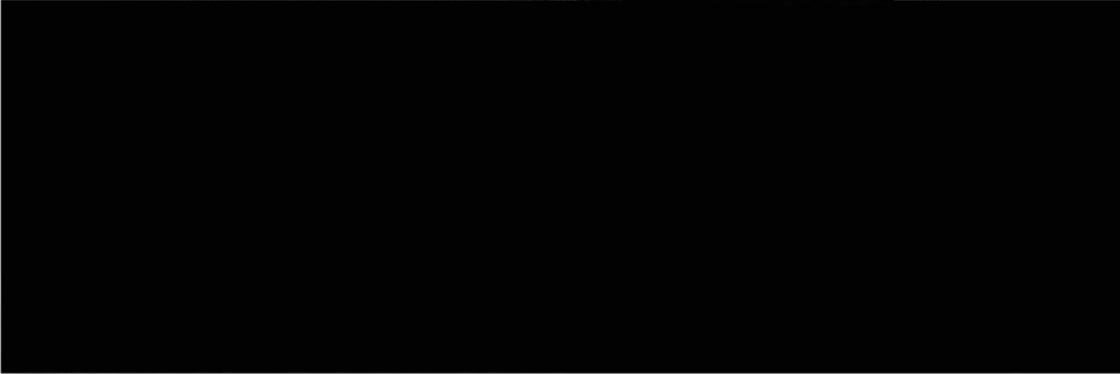
5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Form 1040 (2017) **ALLEN J. & PATRICIA A. PHILIZ**

Page **2**



Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	67,788.
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	67,652.
	Direct deposit? See instructions. ▶ b Routing number 321270742 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account number *****2590			
	77	Amount of line 75 you want applied to your 2018 estimated tax	77	



DOT-THCNV000290

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00290
SA003164

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

SCHEDULE A
(Form 1040)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
► Attach to Form 1040.

Department of the Treasury Internal Revenue Service
OMB No. 1545-0074
Schedule A (Form 1040) 2017
If you made a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017
Attachment
Sequence No. **07**

[REDACTED]

Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	5,315.	STMT 4 5,315.
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18 Carryover from prior year	18		
	19 Add lines 16 through 18	19	5,315.	

[REDACTED]

LHA 719501 02-22-18 For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2017

14370417 796592 203-816904 2017.03030 PULIZ, ALLEN J.

DOT-THCNV000291

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00291
SA003165

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

2018

\$15,000

24	7/13	Crescent Parady Campaign Cont.	2500	-					
25	7/13	Apocryphal Rotary Charitable Fund - Black Party	1500	-	*				
26	2/24	Quest Diagnostics Allen	11	97					
27	2/26	Desert Radiologists Allen	24	96					
	3/6	Dep from meadows, Bg A + 1st Sec				70,000	-		
28	3/21	CCPI - Tori + Derek Inspection	450	-					
29	3/29	A model for NV	2500	-					

☒ Track your expenses... ☐ TAX-DEDUCTIBLE ITEM

☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

8-23-18 107

Bishop Gorman High School
Five Hundred & no/100

BALANCE FORWARD
THIS ITEM 500
BALANCE
DEPOSIT
OTHER
BALANCE FORWARD

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

☒ Track your expenses... ☐ TAX-DEDUCTIBLE ITEM

☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

8/28/18 109

Runnin' Rebels Club
Ten Thousand & no/100

BALANCE FORWARD
THIS ITEM 10,000
BALANCE
DEPOSIT
OTHER
BALANCE FORWARD

Donation

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

DOT-THCNV000292

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00292
SA003166

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions



Downtown Rotary Charitable Fund
PO Box 93057
Las Vegas, NV 89193-3057

Invoice

Date	Invoice #
2/1/2018	1017

Bill To
[REDACTED]
[REDACTED]

allen@puliz.com

Description	Rate	Amount
Silver Sponsorship Table of 8 includes dinner & 16 drinks Name & Logo on Monitors Sponsorship Poster in Venue 1/2 page ad in program 30 raffle tickets	1,500.00	1,500.00
<p>pd 2/2/18 pd 2/13/18 ck</p>		
Total		\$1,500.00

DOT-THCNV000293

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00293
SA003167



BISHOP GORMAN
HIGH SCHOOL

DIOCESE OF LAS VEGAS

January 17, 2018



Please join us at the 36th Annual Knight of the Gael – *An Evening of Gratitude*. We have so much to be grateful for at Bishop Gorman. At this year's Knight of the Gael, we will celebrate the many blessings of our community including **Sandy '75 and Sheriff (Ret.) Bill '74 Young**. Their service to the Las Vegas valley and Bishop Gorman High School is unparalleled. Their entire lives have been about giving back and making our community a better place. As alumni, past parents, and friends we are blessed to call them Gaels and grateful to have this opportunity to recognize them in this special way as our Knight of the Gael honorees.

As an important member of our community, we hope we can count on your support as we celebrate the tradition of Bishop Gorman High School. If you are interested in preferred seating, the cost for a table of ten is \$4,000 which includes a full page ad and must be reserved by **Friday, February 16th**. Otherwise, the price of a table for ten is \$3,000. Individual tickets are \$300 each and Memory Book ads are available.

This year's Knight of the Gael will take place at Red Rock Casino Resort & Spa on **Thursday, March 15, 2018**. The festivities will begin with cocktails and hors d'oeuvres at 6:00 p.m., followed by a gourmet dinner buffet and a short program. The evening will conclude around 9:00 p.m.

Enclosed, you will find a registration form to reserve your spot today. You may also make your reservation on-line at www.bishopgorman.org. Hope to see you on Thursday, March 15th at the Red Rock.

Sincerely,

Bridget Michlik

Bridget Michlik '95
Director of Advancement

pd 2-27-18
\$3000.00

10:30 AM

08/30/18

Metropolitan Laundry & Linen Service

5.2.9 Tab IX - Evidence of Taxes Paid, Other Beneficial Contributions

Bills for All Vendors

July 2018

Jul 18	Vendor	Type	Date	Amount	Exempt	Tax Amt	8.25%
	76 CARD	Bill	07/22/2018	171.33 Service		\$ -	
	Advance Auto and Truck Center, Inc	Bill	07/01/2018	649.29 ST Pd		\$ -	
	Advance Auto and Truck Center, Inc	Bill	07/26/2018	602.08 ST Pd		\$ -	
	Advance Auto and Truck Center, Inc	Bill	07/26/2018	401.20 ST Pd		\$ -	
	BRIM Laundry Machinery Co., Inc.	Bill	07/02/2018	776.94		776.94	\$ 64.10
	CenturyLink, Inc	Bill	07/03/2018	260.42 Service		\$ -	
	Certified Fire Protection, Inc	Bill	07/13/2018	172.88 Service		\$ -	
	Clark County Business License	Bill	07/31/2018	697.90 Service		\$ -	
	Colonial Life	Bill	07/13/2018	542.44 Service		\$ -	
	Consumer Pipe & Supply Co., Inc	Bill	07/05/2018	1,711.22 ST Pd		\$ -	
	Consumer Pipe & Supply Co., Inc	Bill	07/12/2018	16.24 ST Pd		\$ -	
	Consumer Pipe & Supply Co., Inc	Bill	07/14/2018	533.37 ST Pd		\$ -	
	Consumer Pipe & Supply Co., Inc	Bill	07/25/2018	4.70 ST Pd		\$ -	
	D M V	Bill	07/09/2018	499.00 Service		\$ -	
	Department of Agriculture	Bill	07/31/2018	30.00 Service		\$ -	
	FJG Equipment Company Inc.	Bill	07/06/2018	726.51 ST Pd		\$ -	
	HOME DEPOT Credit Service	Bill	07/11/2018	150.56 ST Pd		\$ -	
	Jose Medina	Bill	07/12/2018	140.00 Service		\$ -	
	Jose Medina	Bill	07/21/2018	1,400.00 Service		\$ -	
	Liberty Mutual Insurance	Bill	07/22/2018	1,457.87 Service		\$ -	
	McFadden-Dale	Bill	07/27/2018	121.99 ST Pd		\$ -	
	Napa Auto Parts, Inc	Bill	07/20/2018	350.23 ST Pd		\$ -	
	Nationwide	Bill	07/19/2018	1,616.18 Service		\$ -	
	New York Life	Bill	07/11/2018	730.24 Service		\$ -	
	NORCHEM CORPORATION	Bill	07/12/2018	2,090.00		2090.00	\$ 172.43
	NORCHEM CORPORATION	Bill	07/08/2018	1,391.50		1391.50	\$ 114.80
	NV Energy	Bill	07/01/2018	4,071.52 Service		\$ -	
	NV Energy	Bill	07/01/2018	1,345.29 Service		\$ -	
	Republic Services of Southern Nevada	Bill	07/20/2018	1,715.55 Service		\$ -	
	RyanHerco, Inc	Bill	07/13/2018	231.86 ST Pd		\$ -	
	SHELL, Inc	Bill	07/13/2018	64.01 Service		\$ -	
	Silver State Analytical Laboratories, Inc	Bill	07/28/2018	435.00 Service		\$ -	
	Source 4 Industries, Inc	Bill	07/31/2018	846.83 ST Pd		\$ -	
	Southwest Gas Corporation	Bill	07/09/2018	1,114.32 Service		\$ -	
	Southwest Gas Corporation	Bill	07/09/2018	7,333.71 Service		\$ -	
	Sprint PCS, Inc	Bill	07/11/2018	579.99 Service		\$ -	
	The Tiberti Company	Bill	07/25/2018	2,631.90 Service		\$ -	
	Thomas Mary	Bill	07/01/2018	609.32 Service		\$ -	
	Thomas, Danny	Bill	07/01/2018	764.09 Service		\$ -	
	Tiberti Management Company	Bill	07/01/2018	204.00 Service		\$ -	
	Tingue, Brown & Co., Inc	Bill	07/12/2018	917.78		917.78	\$ 75.72
	United Cleaners Supply, Inc.	Bill	07/10/2018	7,419.60 ST Pd		\$ -	
	US Imaging Systems	Bill	07/27/2018	848.69 ST Pd		\$ -	
	USbank Business Equipment Financing	Bill	07/09/2018	2,230.00 Service		\$ -	
	Wastewater Resources, Inc	Bill	07/16/2018	2,402.75		2402.75	\$ 198.23
	Westlake Financial Services	Bill	07/06/2018	339.73 Service		\$ -	
	Winzer Corporation	Bill	07/22/2018	270.52 ST Pd		\$ -	
Jul 18				<u>53,620.55</u>		<u>7,578.97</u>	<u>625.27</u>

DOT-THC-NV000295

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00295
SA003169

NEVADA DEPARTMENT OF TAXATION Paid - Other Beneficial Contributions
COMBINED SALES AND USE TAX RETURN

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
 PO BOX 52609
 PHOENIX AZ 85072-2609

For Department Use Only

METROPOLITAN LAUNDRY AND LINEN SERVICE

Return for month Ending 01312015

Due on or before

Date paid 02/27/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	168,744.77	168,744.77	.00	8.100%	.00	.00	8.100%	.00
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 EMERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.100%			7.100%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.475%			7.475%	
TOTALS	168,744.77	168,744.77	.00			.00		

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E

18a. .00

SUM OF COLUMN H

18b. .00

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025)

20. NET SALES TAX (LINE 18a - LINE 19)

19. .00

20. .00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
 THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. .00

22. PENALTY (LINE 21 x 0%)

22. .00

23. INTEREST (See instructions for current rate and calculation)

23. .00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. .00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. .00

26. TOTAL AMOUNT DUE AND PAYABLE

26. .00

27. TOTAL AMOUNT REMITTED WITH RETURN

27. 0.00

MAKE CHECKS PAYABLE TO:
 NEVADA DEPARTMENT OF TAXATION



DOT-THCNV000296

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00296
 SA003170

DEPARTMENT OF TAXATION

5.20 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions **SALES AND USE TAX RETURN**

This return is for use by sellers of tangible personal property. If you are a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
 PO BOX 52609
 PHOENIX AZ 85072-2609

For Department Use Only

METROPOLITAN LAUNDRY & LINEN SERVICE

Return for month Ending 02282015

Due on or before

Date paid 03/27/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	151,800.85	151,800.85	.00	8.100%	.00	1,659.30	8.100%	134.40
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESMERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.100%			7.100%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.475%			7.475%	
TOTALS	151,800.85	151,800.85	.00			1,659.30		

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E 18a.

.00

SUM OF COLUMN H 18b.

134.40

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025)

19.

.00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
 THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

20. NET SALES TAX (LINE 18a - LINE 19)

20.

.00

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. 134.40

22. PENALTY (LINE 21 x 0%)

22.

23. INTEREST (See instructions for current rate and calculation)

23.

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24.

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25.

26. TOTAL AMOUNT DUE AND PAYABLE

26. 134.40

27. TOTAL AMOUNT REMITTED WITH RETURN

27.

MAKE CHECKS PAYABLE TO:
 NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
 TAX-DT 01c
 Revised 05/09/2014

DOT-THCNV000297

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00297
 SA003171

NEVADA DEPARTMENT OF TAXATION - Other Beneficial Contributions
COMBINED SALES AND USE TAX RETURN

TID No:001-TX-

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
 PO BOX 52609
 PHOENIX AZ 85072-2609

For Department Use Only

METROPOLITAN LAUNDRY AND LINEN SERVICE

Return for month Ending 03/31/2015

Due on or before

Date paid 04/30/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	189,403.96	189,403.96	.00	8.100%	.00	9,184.51	8.100%	743.95
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESMERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.100%			7.100%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.475%			7.475%	
TOTALS	189,403.95	189,403.96	.00			9,184.51		

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (LINE 18b) TAX

SUM OF COLUMN E

18a. .00

SUM OF COLUMN H

18b. 743.95

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025)

19. .00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
 THERE IS NO COLLECTION ALLOWANCE FOR USE TAX.

20. NET SALES TAX (LINE 18a - LINE 19)

20. .00

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. 743.95

22. PENALTY (LINE 21 x 0%)

22. .00

23. INTEREST (See Instructions for current rate and calculation)

23. .00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. .00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. .00

26. TOTAL AMOUNT DUE AND PAYABLE

26. 743.95

27. TOTAL AMOUNT REMITTED WITH RETURN

27. 743.95

MAKE CHECKS PAYABLE TO:
 NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
 DTR-01-010
 Revised 03/05/2014

DOT-THCNV000298

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00298
 SA003172

NEVADA DEPARTMENT OF TAXATION **Paid - Other Beneficial Contributions**

COMBINED SALES AND USE TAX RETURN

TID No:001-TX-

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 52609
PHOENIX AZ 85072-2609

For Department Use Only

METROPOLITAN LAUNDRY AND LINEN SERVICE

Return for month Ending 04/30/15

Due on or before 05/31/15

Date paid 05/31/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%				
02 CLARK	184,467.79	184,467.79	.00	8.100%	.00	8,574.94	8.100%	694.57
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESMEERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			6.850%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			7.100%	
12 NYE				7.100%			6.850%	
13 CARSON CITY				7.475%			7.100%	
14 PERSHING				7.100%			7.475%	
15 STOREY				7.600%			7.100%	
16 WASHOE				7.725%			7.600%	
17 WHITE PINE				7.475%			7.725%	
TOTALS	184,467.79	184,467.79	.00			8,574.94		

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX SUM OF COLUMN E 18a. .00 SUM OF COLUMN H 18b. 694.57

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025) 19. .00

20. NET SALES TAX (LINE 18a - LINE 19) 20. .00

21. NET SALES AND USE TAX (LINE 20 + LINE 18b) 21. 694.57

22. PENALTY (LINE 21 x 0%) 22.

23. INTEREST (See instructions for current rate and calculation) 23.

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT 24.

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT 25.

26. TOTAL AMOUNT DUE AND PAYABLE 26. 694.57

27. TOTAL AMOUNT REMITTED WITH RETURN 27. 694.57

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE AND CORRECT STATEMENT

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
TXR-01.01c
Revised 08/03/2014

DOT-THCNV000299

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00299
SA003173

NEVADA DEPARTMENT OF TAXATION Paid - Other Beneficial Contributions
COMBINED SALES AND USE TAX RETURN

TID No:001-TX-

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
 PO BOX 52609
 PHOENIX AZ 85072-2609

For Department Use Only

Return for month Ending 05312015

Due on or before

Date paid 06/26/15

METROPOLITAN LAUNDRY & LINEN SERVICE

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%				
02 CLARK	195,711.20	195,711.20	.00	8.100%	.00	8,625.87	8.100%	698.70
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESMERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.100%			7.100%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.475%			7.475%	
TOTALS	195,711.20	195,711.20	.00			8,625.87		698.70

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX SUM OF COLUMN E 18a. .00 SUM OF COLUMN H 18b. 698.70

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025) 19. .00

20. NET SALES TAX (LINE 18a - LINE 19) 20. .00

21. NET SALES AND USE TAX (LINE 20 + LINE 18b) 21. 698.70

22. PENALTY (LINE 21 x 0%) 22. .00

23. INTEREST (See instructions for current rate and calculation) 23. .00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT 24. .00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT 25. .00

26. TOTAL AMOUNT DUE AND PAYABLE 26. 698.70

27. TOTAL AMOUNT REMITTED WITH RETURN 27. 698.70

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

MAKE CHECKS PAYABLE TO:
 NEVADA DEPARTMENT OF TAXATION



Sales/Use Tax Return
 TXR-01.01c
 Revised 05/05/2014

DOT-THCNV000300

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00300
 SA003174

NEVADA DEPARTMENT OF TAXATION - Other Beneficial Contributions
COMBINED SALES AND USE TAX RETURN

TID No:001-TX-

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
 PO BOX 52609
 PHOENIX AZ 85072-2609

For Department Use Only

METROPOLITAN LAUNDRY & LINEN SERVICE

Return for month Ending 06/30/2015

Due on or before

Date paid 07/17/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

ENTER AMOUNTS IN
 COUNTY OF SALES/USE
 (OR COUNTY OF
 DELIVERY)

SALES TAX

USE TAX

TAX CALCULATION FORMULA	TOTAL SALES COLUMN A	EXEMPT SALES - COLUMN B	TAXABLE SALES = COLUMN C	TAX RATE x COLUMN D	CALCULATED TAX = COLUMN E	AMOUNT SUBJECT TO USE TAX COLUMN F	TAX RATE x COLUMN G	CALCULATED TAX = COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	180,954.73	180,954.73	.00	8.100%	.00	1,656.63	8.100%	134.19
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESMERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.100%			7.100%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.475%			7.475%	
TOTALS	180,954.73	180,954.73	.00			1,656.63		134.19

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E 18a.

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025)

19.

20. NET SALES TAX (LINE 18a - LINE 19)

20.

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED

21. NET SALES AND USE TAX (LINE 20 + LINE 19b)

21. 134.19

22. PENALTY (LINE 21 x 0%)

22.

23. INTEREST (See instructions for current rate and calculation)

23.

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. .00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. .00

26. TOTAL AMOUNT DUE AND PAYABLE

26. 134.19

27. TOTAL AMOUNT REMITTED WITH RETURN

27. 134.19

MAKE CHECKS PAYABLE TO:
 NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
 TXR-21.01a
 Revised 08/05/2014

DOT-THCNV000301

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00301
 SA003175

529 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

TID No:001-TX-

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
 PO BOX 52609
 PHOENIX AZ 85072-2609

For Department Use Only

METROPOLITAN LAUNDRY AND LINEN SERVICE

Return for month Ending 07312015

Due on or before

Date paid 08/28/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

ENTER AMOUNTS IN COUNTY OF SALE/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	206,658.05	206,658.05	.00	8.100%	.00	.00	8.100%	.00
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESMERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.100%			7.100%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.475%			7.475%	
TOTALS	206,658.05	206,658.05	.00			.00		

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E 18a.

.00

SUM OF COLUMN H 18b.

.00

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025)

19.

20. NET SALES TAX (LINE 18a - LINE 19)

20.

.00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
 THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21.

.00

22. PENALTY (LINE 21 x 0%)

22.

23. INTEREST (See instructions for current rate and calculation)

23.

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24.

.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25.

.00

26. TOTAL AMOUNT DUE AND PAYABLE

26.

.00

27. TOTAL AMOUNT REMITTED WITH RETURN

27.

0.00

MAKE CHECKS PAYABLE TO:
 NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
 T2R-01.01c
 Revised 03/05/2014

DOT-THCNV000302

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00302
 SA003176

NEVADA DEPARTMENT OF TAXATION - Other Beneficial Contributions

COMBINED SALES AND USE TAX RETURN

TID No:001-TX-

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 52609
PHOENIX AZ 85072-2609

For Department Use Only

METROPOLITAN LAUNDRY & LINEN SERVICE

Return for month Ending 08312015

Due on or before

Date paid 09/30/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX

USE TAX

ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	203,104.47	203,104.47	.00	8.100%	.00	2,209.90	8.100%	179.00
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.100%			7.100%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.475%			7.475%	
TOTALS	203,104.47	203,104.47	.00			2,209.90		

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E 18a.

.00

SUM OF COLUMN H 18b.

179.00

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025)

19. .00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

20. NET SALES TAX (LINE 18a - LINE 19)

20. .00

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. 179.00

22. PENALTY (LINE 21 x 0%)

22. .00

23. INTEREST (See instructions for current rate and calculation)

23. .00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. .00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. .00

26. TOTAL AMOUNT DUE AND PAYABLE

26. 179.00

27. TOTAL AMOUNT REMITTED WITH RETURN

27. 179.00

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION



Sales/Use Tax Return
TXR-01.61c
Revised 08/05/2014

DOT-THCNV000303

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00303
SA003177

NEVADA DEPARTMENT OF TAXATION Paid - Other Beneficial Contributions

COMBINED SALES AND USE TAX RETURN

TID No:001-TX-

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 52609
PHOENIX AZ 85072-2609

For Department Use Only

Return for month Ending 09302015

Due on or before

Date paid 10/23/15

METROPOLITAN LAUNDRY & LINEN SERVICE

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	183,070.17	183,070.17	.00	8.100%	.00	9,767.41	8.100%	791.16
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESMERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANCER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.100%			7.100%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.475%			7.475%	
TOTALS	183,070.17	183,070.17	.00			9,767.41		

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E

18a. .00

SUM OF COLUMN H

18b. 791.16

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025)

19. .00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

20. NET SALES TAX (LINE 18a - LINE 19)

20. .00

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND IS TRUE AND CORRECT TO THE BEST OF MY BELIEF

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. 791.16

22. PENALTY (LINE 21 x 0%)

22. .00

23. INTEREST (See instructions for current rate and calculation)

23. .00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. .00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. .00

26. TOTAL AMOUNT DUE AND PAYABLE

26. 791.16

27. TOTAL AMOUNT REMITTED WITH RETURN

27. 791.16

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
TXR 01.01c
Revised 08/26/2014

DOT-THCNV000304

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00304
SA003178

NEVADA DEPARTMENT OF TAXATION - Other Beneficial Contributions

COMBINED SALES AND USE TAX RETURN

TID No:001-TX-

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 52609
PHOENIX AZ 85072-2609

For Department Use Only

METROPOLITAN LAUNDRY AND LINEN SERVICE

Return for month Ending 10312015

Due on or before

Date paid 11/28/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY
AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	X COLUMN D	= COLUMN E	COLUMN F	X COLUMN G	= COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	189,334.55	189,334.65	.00	8.100%	.00	1,040.25	8.100%	84.26
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESMEERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANCER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.100%			7.100%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.475%			7.475%	
TOTALS	189,334.65	189,334.65	.00			1,040.25		

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX SUM OF COLUMN E 18a. .00 SUM OF COLUMN H 18b. 84.26

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025) 19. .00 COLLECTION ALLOWANCE IS FOR SALES TAX ONLY

20. NET SALES TAX (LINE 18a - LINE 19) 20. .00 THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

ENTER NAME OF PERSON

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21. 84.26
22. PENALTY (LINE 21 x 0%)	22. .00
23. INTEREST (See instructions for current rate and calculation)	23. .00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24. .00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25. .00
26. TOTAL AMOUNT DUE AND PAYABLE	26. 84.26
27. TOTAL AMOUNT REMITTED WITH RETURN	27. 84.26

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION



Sales/Use Tax Return
TXR-01.31a
Revised 08/09/2014

DOT-THCNV000305

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00305
SA003179

SALES DEPARTMENT OF TAXATION Paid - Other Beneficial Contributions

COMBINED SALES AND USE TAX RETURN

TID No:001-TX-

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 52609
PHOENIX AZ 85072-2609

For Department Use Only

METROPOLITAN LAUNDRY AND LINEN SERVICE

Return for month Ending 11302015

Due on or before

Date paid 12/28/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	183,038.70	183,038.70	.00	8.100%	.00	3,519.37	8.100%	285.07
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESMEERAL DA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.100%			7.100%	
13 CARSON CITY				7.600%			7.600%	
14 PERISHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.475%			7.475%	
TOTALS	183,038.70	183,038.70	.00			3,519.37		

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E

18a. .00

SUM OF COLUMN H

18b. 285.07

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025)

19. .00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY

20. NET SALES TAX (LINE 18a - LINE 19)

20. .00

THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. 285.07

22. PENALTY (LINE 21 x 0%)

22. .00

23. INTEREST (See instructions for current rate and calculation)

23. .00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. .00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. .00

26. TOTAL AMOUNT DUE AND PAYABLE

26. 285.07

27. TOTAL AMOUNT REMITTED WITH RETURN

27. 285.07

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION



Sales/Use Tax Return
TXR-01.01c
Revised 08/05/2014

DOT-THCNV000306

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00306
SA003180

DEPARTMENT OF TAXATION
SALES AND USE TAX RETURN

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
 PO BOX 52609
 PHOENIX AZ 85072-2609

For Department Use Only

METROPOLITAN LAUNDRY & LINEN SERVICES

Return for month Ending 12312015

Due on or before

Date paid 01/28/16

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	% COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	151,814.86	151,814.86	.00	8.100%	.00	2,782.77	8.100%	225.40
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.100%			7.100%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.475%			7.475%	
TOTALS	151,814.86	151,814.86	.00			2,782.77		

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E 18a.

.00

SUM OF COLUMN H 18b.

225.40

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025)

19. .00

20. NET SALES TAX (LINE 18a - LINE 19)

20. .00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
 THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

21. NET SALES AND USE TAX (LINE 20 + LINE 19b)

21. 225.40

22. PENALTY (LINE 21 x 0%)

22. .00

23. INTEREST (See instructions for current rate and calculation)

23. .00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. .00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. .00

26. TOTAL AMOUNT DUE AND PAYABLE

26. 225.40

27. TOTAL AMOUNT REMITTED WITH RETURN

27. 225.40

MAKE CHECKS PAYABLE TO:
 NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
 TXR-01.01c
 Revised 08/05/2014

DOT-THCNV000307

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00307
 SA003181

NEVADA DEPARTMENT OF TAXATION
 520 Tab IX Evidence of Taxes Paid - Other Beneficial Contributions
COMBINED SALES AND USE TAX RETURN

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
 PO BOX 7165
 SAN FRANCISCO CA 94120-7165

METROPOLITAN LAUNDRY AND LINEN

For Department Use Only

Return for period ending 01/31/16

Due on or before

Date paid 03/22/16

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If your business name or address has changed, please contact the Call Center at (866) 982-3707 as soon as possible to update your account with the Department.

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	162,353.56	162,353.56	0.00	8.150%	0.00	5,908.19	8.150%	481.52
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESMEALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.600%			7.600%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.725%			7.725%	
TOTALS	162,353.56	162,353.56	0.00			5,908.19		

16. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E 18a. 0.00

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025)

19. 0.00

20. NET SALES TAX (LINE 18a - LINE 19)

20. 0.00

SUM OF COLUMN H 18b. 481.52

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
 THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. 481.52

22. PENALTY (LINE 21x)

22. 38.52

23. INTEREST (See Instructions for current rate and calculation)

23. 3.01

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. 0.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. 0.00

26. TOTAL AMOUNT DUE AND PAYABLE

26. 523.65

27. TOTAL AMOUNT REMITTED WITH RETURN

27. 523.65

MAKE CHECKS PAYABLE TO:
 NEVADA DEPARTMENT OF TAXATION

To e-mail, save this form to your computer and e-mail the attachment to nevadaolt@tax.state.nv.us with the subject of 'Sales and Use Tax Return'. Your email, including attachments, cannot exceed 10 MB.

Sales/Use Tax Return
 TXR-01.01c
 7/8/2016

DOT-THCNV000308

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00308
 SA003182

DEPARTMENT OF TAXATION
 520 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
COMBINED SALES AND USE TAX RETURN

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
 PO BOX 7165
 SAN FRANCISCO CA 94120-7165

METROPOLITAN LAUNDRY AND LINEN

For Department Use Only

Return for period ending 02/29/2016

Due on or before

Date paid 03/22/16

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL				7.600%			7.600%	
02 CLARK	154,760.56	154,760.56	0.00	8.150%	0.00	2,149.19	8.150%	175.16
03 DOUGLAS				7.100%			7.100%	
04 ELKO				6.850%			6.850%	
05 ESMERALDA				6.850%			6.850%	
06 EUREKA				6.850%			6.850%	
07 HUMBOLDT				6.850%			6.850%	
08 LANDER				7.100%			7.100%	
09 LINCOLN				7.100%			7.100%	
10 LYON				7.100%			7.100%	
11 MINERAL				6.850%			6.850%	
12 NYE				7.600%			7.600%	
13 CARSON CITY				7.600%			7.600%	
14 PERSHING				7.100%			7.100%	
15 STOREY				7.600%			7.600%	
16 WASHOE				7.725%			7.725%	
17 WHITE PINE				7.725%			7.725%	
TOTALS	154,760.56	154,760.56	0.00			2,149.19		

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E 18a. 0.00

SUM OF COLUMN H 18b. 175.16

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025)

19. 0.00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
 THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

20. NET SALES TAX (LINE 18a - LINE 19)

20. 0.00

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. RETURN MUST BE SIGNED.

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. 175.16

22. PENALTY (LINE 21 x)

22. 0.00

23. INTEREST (See instructions for current rate and calculation)

23. 0.00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. 0.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. 0.00

26. TOTAL AMOUNT DUE AND PAYABLE

26. 175.16

27. TOTAL AMOUNT REMITTED WITH RETURN

27. 175.16

MAKE CHECKS PAYABLE TO:
 NEVADA DEPARTMENT OF TAXATION

To e-mail, save this form to your computer and e-mail the attachment to nevadaolt@tax.state.nv.us with the subject of 'Sales and Use Tax Return'. Your email, including attachments, cannot exceed 10 MB.

Sales/Use Tax Return
 TXR-01.01c
 1/8/2015

DOT-THCNV000369

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00309
 SA003183

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

METROPOLITAN LAUNDRY AND LINEN SERVICE

For Department Use Only

Return for Month ending 3/31/2016
Due on or before 5/2/2016

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNT IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$182,567.29	\$182,567.29	\$0.00	8.150%	\$0.00	\$1,391.78	8.150%	\$113.43
03 DOUGLAS								
04 ELKO								
05 ESMEERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NV								
13 CARSON CITY								
14 PERSHING								
15 SIOUX								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (LINE 18b) TAX	SUM OF COLUMN E →	18a.	\$0.00	SUM OF COLUMN H →	18b.	\$113.43
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)		19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX		
20. NET SALES TAX (LINE 18a - LINE 19)		20.	\$0.00			

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$113.43
22. PENALTY (LINE 21 x %) SEE FAQs FOR RATES, MAX 10%	22.	\$0.00
23. INTEREST (SEE FAQs FOR CURRENT RATE AND CALCULATION)	23.	\$0.00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$113.43
27. TOTAL AMOUNT REMITTED WITH RETURN	27.	

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY
ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED
AND IS TRUE AND CORRECT FOR THE PERIOD COVERED BY THE RETURN.

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 16Z0003384553

Sales/Use Tax Return
QET SUT-1

DOT-THCNV000310

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00310
SA003184

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

METROPOLITAN LAUNDRY AND LINEN SERVICE

For Department Use Only

Return for Month ending 4/30/2016
Due on or before 5/31/2016

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNT IN COUNTY OF SALE/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$174,121.28	\$174,121.28		8.150%	\$0.00	\$14,782.75	8.150%	\$1,204.79
03 DOUGLAS								
04 ELKO								
05 ESMEKALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (LINE 18b) TAX	SUM OF COLUMN E →	18a.	\$0.00	SUM OF COLUMN H →	18b.	\$1,204.79
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)		19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX		
20. NET SALES TAX (LINE 18a - LINE 19)		20.	\$0.00			

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$1,204.79
22. PENALTY (LINE 21 x %) SEE FAQs FOR RATES, MAX 10%	22.	\$24.10
23. INTEREST (SEE FAQs FOR CURRENT RATE AND CALCULATION)	23.	\$9.04
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$1,237.93
27. TOTAL AMOUNT REMITTED WITH RETURN	27.	

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
OLT 507-1

DOT-THCNV000311

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00311
SA003185

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

METROPOLITAN LAUNDRY AND LINEN SERVICE

For Department Use Only

Return for Month ending 5/31/2016
Due on or before 6/30/2016

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, notify a Department of Taxation District Office immediately.

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNT IN COUNTY OF SALES/USE (OR COUNTY OF DEBITARY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	= COLUMN A	= COLUMN B	= COLUMN C	= COLUMN D	= COLUMN E	= COLUMN F	= COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$197,378.28	\$197,378.28	\$0.00	8.150%	\$0.00	\$2,465.00	8.150%	\$200.90
03 DOUGLAS								
04 ELKO								
05 ESMERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LINDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NIVE								
13 CARSON CITY								
14 PERSHING								
15 STORREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$200.90
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00	21.	\$200.90
21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$200.90	22.	\$0.00
22. PENALTY (LINE 21 x %) SEE FACTOR RATES: MAX 10%	22.	\$0.00	23.	\$0.00
23. INTEREST (SEE FAQS FOR CURRENT RATE AND CALCULATION)	23.	\$0.00	24.	\$0.00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00	25.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00	26.	\$200.90
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$200.90	27.	
27. TOTAL AMOUNT REMITTED WITH RETURN	27.			

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLIN: 1620003460999

Sales/Use Tax Return
DLT 50711

DOT-THCNV000312

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00312
SA003186

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 6/30/2016
Due on or before 8/1/2016

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$196,331.76	\$196,331.76	\$0.00	8.150%	\$0.00	\$2,475.56	8.150%	\$201.76
03 DOUGLAS								
04 ELKO								
05 ESCHERALDA								
06 ELIABA								
07 HUMBOLDT								
08 LAMDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$201.76
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% -)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00	21.	\$201.76
21. NET SALES AND USE TAX (LINE 20 + LINE 19b)	21.	\$201.76	22.	\$0.00
22. PENALTY (LINE 21 x 1% SEE PAGE FOR RATES; MAX 10%)	22.	\$0.00	23.	\$0.00
23. INTEREST (SEE PAGE FOR CURRENT RATE AND CALCULATION)	23.	\$0.00	24.	\$0.00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00	25.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00	26.	\$201.76
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$201.76	27.	
27. TOTAL AMOUNT REMITTED WITH RETURN	27.			

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLIN: 1620003611608

Sales/Use Tax Return
OLT SUT-1

DOT-THCNV000313

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00313
SA003187

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 7/31/2016
Due on or before 8/31/2016

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if
the ownership has changed, or if you are out of
business, **notify a Department of Taxation
District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS BY COUNTY OF SALE/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	= COLUMN A	= COLUMN B	= COLUMN C	= COLUMN D	= COLUMN E	= COLUMN F	= COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$196,108.42	\$106,108.42		\$0.00	\$0.00	\$673.93	8.150%	\$54.93
03 DOUGLAS								
04 ELKO								
05 ESMEERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LAMER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NVE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (LINE 18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$54.93
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00		

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$54.93
22. PENALTY (LINE 21 x %) SEE FAQS FOR RATES; MAX 10%	22.	\$0.00
23. INTEREST (SEE FAQS FOR CURRENT RATE AND CALCULATION)	23.	\$0.00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$54.93
27. TOTAL AMOUNT REMITTED WITH RETURN	27.	

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 16Z0003750165

Sales/Use Tax Return
OLT-SUT

DOT-THCNV000314

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00314
SA003188

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 8/31/2016
Due on or before 9/30/2016

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

18. AMOUNT IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	X COLUMN D	= COLUMN E	COLUMN F	= COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$202,215.14	\$202,215.14		\$0.00	\$0.00			
03 DOUGLAS						\$688.76	8.150%	\$56.13
04 ELKO								
05 ESPIRADO								
06 EUREKA								
07 HUMBOLDT								
08 LAMAR								
09 LINCOLN								
10 LYNN								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX	SUM OF COLUMN E →	18a.	\$0.00	SUM OF COLUMN F →	18b.	\$56.13
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)		19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX		
20. NET SALES TAX (LINE 18a - LINE 19)		20.	\$0.00			
21. NET SALES AND USE TAX (LINE 20 + (LINE 18b))		21.	\$56.13			
22. PENALTY (LINE 21 x 1% SEE FAQs FOR RATES; MAX 10%)		22.	\$0.00			
23. INTEREST (SEE FAQs FOR CURRENT RATE AND CALCULATION)		23.	\$0.00			
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT		24.	\$0.00			
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT		25.	\$0.00			
26. TOTAL AMOUNT DUE AND PAYABLE		26.	\$56.13			
27. TOTAL AMOUNT REMITTED WITH RETURN		27.				

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
OLT 5/11/11

DOT-THCNV000315

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00315
SA003189

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 9/30/2016
Due on or before 10/31/2016

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$154,642.06	\$164,842.06	\$0.00	8.150%	\$0.00	\$6,814.33	8.150%	\$799.87
03 DOUGLAS								
04 ELKO								
05 GONZALES								
06 EUREKA								
07 HUMBOLDT								
08 LAMAR								
09 LINCOLN								
10 LYNN								
11 MINERAL								
12 Nye								
13 CARSON CITY								
14 PERSHING								
15 SPENCER								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (LINE 18b) TAX	SUM OF COLUMN E →	18a.	\$0.00	SUM OF COLUMN H →	18b.	\$799.87
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)		19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY. THERE IS NO COLLECTION ALLOWANCE FOR USE TAX.		
20. NET SALES TAX (LINE 18a - LINE 19)		20.	\$0.00			

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$799.87
22. PENALTY ((LINE 21 x %) SEE PAGE FOR RATES) MAX 10%	22.	\$0.00
23. INTEREST (SEE PAGE FOR CURRENT RATE AND CALCULATION)	23.	\$0.00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$799.87
27. TOTAL AMOUNT REMITTED WITH RETURN	27.	

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 16Z0003928366

Sales/Use Tax Return
DOT-517-1

DOT-THCNV000316

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00316
SA003190

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 10/31/2016
Due on or before 11/30/2016

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS BY COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$180,870.82	\$180,870.82	\$0.00	8.150%	\$0.00	\$8,942.52	8.150%	\$728.82
03 DOUGLAS								
04 ELKO								
05 ESMEERALDA								
06 EVIEIRA								
07 HAMBOLDT								
08 LAMDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E → 18a. \$0.00

SUM OF COLUMN H → 18b. \$728.82

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)

19. \$0.00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

20. NET SALES TAX (LINE 18a - LINE 19)

20. \$0.00

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. \$728.82

22. PENALTY (LINE 21 x %) SEE FADS FOR RATES; MAX 10%

22. \$0.00

23. INTEREST (SEE FADS FOR CURRENT RATE AND CALCULATION)

23. \$0.00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. \$0.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. \$0.00

26. TOTAL AMOUNT DUE AND PAYABLE

26. \$728.82

27. TOTAL AMOUNT REMITTED WITH RETURN

27. \$0.00

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 16Z0003987090

Sales/Use Tax Return
DLT-SUT-1

DOT-THCNV000317

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00317
SA003191

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 11/30/2016
Due on or before 1/3/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS BY COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$159,775.58	\$159,775.58		8.150%	\$0.00	\$5,225.70	8.150%	\$425.89
03 DOUGLAS								
04 ELKO								
05 ESMEKALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 Nye								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$425.89
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00		

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$425.89
22. PENALTY (LINE 21 x %) SEE FAQS FOR RATES; MAX 10%	22.	\$0.00
23. INTEREST (SEE FAQS FOR CURRENT RATE AND CALCULATION)	23.	\$0.00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$425.89
27. TOTAL AMOUNT REMITTED (WITH RETURN)	27.	

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 16Z0004079822

Sales/Use Tax Return
DLT 5-07-11

DOT-THCNV000318

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00318
SA003192

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 12/31/2016
Due on or before 1/31/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, notify a Department of Taxation District Office immediately.

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$147,057.17	\$147,057.17	\$0.00	8.150%	\$0.00	\$28,364.60	8.150%	\$2,311.71
03 DOUGLAS								
04 ELKO								
05 ESMEERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E → 18a.

\$0.00

SUM OF COLUMN H → 18b.

\$2,311.71

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)

19.

\$0.00

20. NET SALES TAX (LINE 18a - LINE 19)

20.

\$0.00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. \$2,311.71

22. PENALTY (LINE 21 x %) SEE PAGE FOR RATES; MAX 10%

22. \$0.00

23. INTEREST (SEE PAGE FOR CURRENT RATE AND CALCULATION)

23. \$0.00

24. PLUG LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. \$0.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. \$0.00

26. TOTAL AMOUNT DUE AND PAYABLE

26. \$2,311.71

27. TOTAL AMOUNT REMITTED WITH RETURN

27.

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLTN 1720004138675

Sales/Use Tax Return
DLT-SUT-1

DOT-THCNV000319

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00319
SA003193

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 1/31/2017
Due on or before 2/28/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if
the ownership has changed, or if you are out of
business, **notify a Department of Taxation
District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS IN 10A BY TYPE OF SALES/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHEROKEE								
02 CLARK	\$178,174.46	\$178,174.46	\$0.00	8.150%	\$0.00	\$1,171.25	8.150%	\$95.46
03 DOUGLAS								
04 ELKO								
05 ESMEERALDA								
06 EUREKA								
07 HAWAII								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NVE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$95.46
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - 19)	20.	\$0.00	21.	\$95.46
21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$95.46	22.	\$0.00
22. PENALTY (LINE 21 x .5%) SEE FAQS FOR RATES; MAX 10%	22.	\$0.00	23.	\$0.00
23. INTEREST (SEE FAQS FOR CURRENT RATE AND CALCULATION)	23.	\$0.00	24.	\$0.00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00	25.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00	26.	\$95.46
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$95.46	27.	
27. TOTAL AMOUNT REMITTED WITH RETURN	27.			

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 17Z0004284848

SALES/USE Tax Return
CLT 507-1

DOT-THCNV000320

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00320
SA003194

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 2/28/2017
Due on or before 3/31/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER ADDRESS IN COUNTY OF BALDWIN (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$157,035.26	\$157,035.26	\$0.00	8.150%	\$0.00	\$901.70	8.150%	\$73.48
03 DOUGLAS								
04 ELKO								
05 COMMERCE								
06 EUREKA								
07 HUMBOLDT								
08 LAMAR								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 SHOSHONE								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (LINE 18b) TAX

SUM OF COLUMN E → 18a. \$0.00

SUM OF COLUMN H → 18b. \$73.48

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)

19. \$0.00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

20. NET SALES TAX (LINE 18a - LINE 19)

20. \$0.00

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. \$73.48

22. PENALTY (LINE 21 x 1%) SEE PAGE FOR RATES: MAX 10%

22. \$0.00

23. INTEREST (SEE PAGE FOR CURRENT RATE AND CALCULATION)

23. \$0.00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. \$0.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. \$0.00

26. TOTAL AMOUNT DUE AND PAYABLE

26. \$73.48

27. TOTAL AMOUNT REMITTED WITH RETURN

27. \$0.00

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 17Z0004362795

Sales/Use Tax Return
DLT SUT-1

DOT-THCNV000321

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00321
SA003195

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 3/31/2017
Due on or before 5/1/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS BY COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	X COLUMN D	= COLUMN E	COLUMN F	X COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$187,719.27	\$187,719.27	\$0.00	8.150%	\$0.00	\$10,147.57	8.150%	\$827.03
03 DOUGLAS								
04 ELKO								
05 ESMERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 16a) AND USE (LINE 18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$827.03
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a X 0.25%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00		
21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$827.03		
22. PENALTY (LINE 21 X 1% SEE FAQS FOR RATES: MAX 10%)	22.	\$0.00		
23. INTEREST (SEE FAQS FOR CURRENT RATE AND CALCULATION)	23.	\$0.00		
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00		
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00		
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$827.03		
27. TOTAL AMOUNT REMITTED WITH RETURN	27.			

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 17Z0004455478

Sales/Use Tax Return
OLT 507-1

DOT-THCNV000322

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00322
SA003196

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 4/30/2017
Due on or before 5/31/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS BY COUNTY OF SALES/USE (SEE COLUMN F FOR DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	= COLUMN A	= COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CLARK								
02 CLARK	\$188,168.95	\$188,168.95	\$0.00	8.250%	\$0.00	\$4,443.47	8.250%	\$366.59
03 DOUGLAS								
04 ELKO								
05 EMERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LAMAR								
09 LINCOLN								
10 LYNN								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (LINE 18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$366.59
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX.	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00		
21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$366.59		
22. PENALTY (LINE 21 x %) SEE FAQS FOR RATES; MAX 10%	22.	\$0.00		
23. INTEREST (SEE FAQS FOR CURRENT RATE AND CALCULATION)	23.	\$0.00		
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00		
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00		
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$366.59		
27. TOTAL AMOUNT REMITTED WITH RETURN	27.			

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 17Z0004566261

Sales/Use Tax Return
C.T. 3011

DOT-THCNV000323

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00323
SA003197

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 5/31/2017
Due on or before 6/30/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, notify a Department of Taxation District Office immediately.

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

SALES TAX						USE TAX		
ENTER AMOUNTS BY COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$203,496.78	\$203,496.78	\$0.00	8.250%	\$0.00	\$7,020.29	8.250%	\$579.17
03 DOUGLAS								
04 ELKO								
05 ESMECALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NIJE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (LINE 18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$579.17
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00		

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$579.17
22. PENALTY (LINE 21 x %) SEE FAQS FOR RATES, MAX 10%	22.	\$0.00
23. INTEREST (SEE FAQS FOR CURRENT RATE AND CALCULATION)	23.	\$0.00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$579.17
27. TOTAL AMOUNT REMITTED WITH RETURN	27.	

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
CLT 507-1

DOT-THCNV000324

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00324
SA003198

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 6/30/2017
Due on or before 7/31/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS BY COUNTY OF SALE/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	= COLUMN D	= COLUMN E	COLUMN F	= COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$189,564.58	\$189,564.58	\$0.00	8.250%	\$0.00	\$3,858.45	8.250%	\$318.33
03 DOUGLAS								
04 ELKO								
05 ESMERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 16a) AND USE (LINE 18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$318.33
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 6.75%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00		

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$318.33
22. PENALTY (LINE 21 x %) SEE FAQs FOR RATES - MAX 10%	22.	\$0.00
23. INTEREST (SEE FAQs FOR CURRENT RATE AND CALCULATION)	23.	\$0.00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$318.33
27. TOTAL AMOUNT REMITTED WITH RETURN	27.	

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 17Z0004885606

Sales/Use Tax Return
DOT-501-1

DOT-THCNV000325

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00325
SA003199

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 7/31/2017
Due on or before 8/31/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, notify a Department of Taxation District Office immediately.

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS BY COUNTY OF SALES/USE (OR UNIFORMITY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA A	COLUMN A	COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$193,893.51	\$193,893.51		8.250%	\$0.00	\$6,634.76	8.250%	\$547.37
03 DOUGLAS								
04 ELKO								
05 ESMERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 Nye								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$547.37
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00		
21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$547.37		
22. PENALTY (LINE 21 x %) SEE FAQs FOR RATES; MAX 10%	22.	\$0.00		
23. INTEREST (SEE FAQs FOR CURRENT RATE AND CALCULATION)	23.	\$0.00		
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00		
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00		
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$547.37		
27. TOTAL AMOUNT REMITTED WITH RETURN	27.			

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 17Z0004898065

Sales/Use Tax Return
DLT 3.07-1

DOT-THCNV000326

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00326
SA003200

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 8/31/2017
Due on or before 10/2/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, notify a Department of Taxation District Office immediately.

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	= COLUMN A	= COLUMN B	= COLUMN C	= COLUMN D	= COLUMN E	= COLUMN F	= COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$207,957.81	\$207,057.81	\$0.00	8.250%	\$0.00	\$1,875.46	8.250%	\$154.73
03 DOUGLAS								
04 ELKO								
05 ESMEERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 SIOUX								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (18b) TAX

SUM OF COLUMN E → 18a.

\$0.00

SUM OF COLUMN H → 18b.

\$154.73

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)

19.

\$0.00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

20. NET SALES TAX (LINE 18a - LINE 19)

20.

\$0.00

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21.

\$154.73

22. PENALTY (LINE 21 x %) SEE FAQs FOR RATES; MAX 10%

22.

\$0.00

23. INTEREST (SEE FAQs FOR CURRENT RATE AND CALCULATION)

23.

\$0.00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24.

\$0.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25.

\$0.00

26. TOTAL AMOUNT DUE AND PAYABLE

26.

\$154.73

27. TOTAL AMOUNT REMITTED WITH RETURN

27.

MAKE CHECKS PAYABLE TO
NEVADA DEPARTMENT OF TAXATION

DLIN 1720004989201

Sales/Use Tax Return
DLT SLT-1

DOT-THCNV000327

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00327
SA003201

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 9/30/2017
Due on or before 10/31/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS IN COUNTY OF SALES (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G	COLUMN H
01 CHURCHILL								
02 CLARK	\$182,715.65	\$182,715.05	\$0.00	8.250%	\$0.00	\$2,629.05	8.250%	\$216.90
03 DOUGLAS								
04 ELKO								
05 ESMEERALDA								
06 FIREAR								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STORZY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (LINE 18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$216.90
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00		
21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$216.90		
22. PENALTY (LINE 21 x %) SFF FACTOR FOR RATES: MAX 10%	22.	\$0.00		
23. INTEREST (SEE FACTOR FOR CURRENT RATE AND CALCULATION)	23.	\$0.00		
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00		
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00		
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$216.90		
27. TOTAL AMOUNT REMITTED WITH RETURN	27.			

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 17Z0005112302

Savefile Tax Return
DLT SUB-T

DOT-THCNV000328

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00328
SA003202

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 10/31/2017
Due on or before 11/30/2017

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS BY COUNTY OF SALE/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$200,045.68	\$200,045.68	\$0.00	8.250%	\$0.00	\$7,508.02	8.250%	\$619.25
03 DOUGLAS								
04 ELKO								
05 ESMERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDR								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
18 TOTALS								

18a. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX	SUM OF COLUMN F →	18a.	\$0.00	SUM OF COLUMN H →	18b.	\$619.25
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)		19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX		
20. NET SALES TAX (LINE 18a - LINE 19)		20.	\$0.00			

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$619.25
22. PENALTY (LINE 21 x %) SEE FAQs FOR RATES: MAX 10%	22.	\$0.00
23. INTEREST (SEE FAQs FOR CURRENT RATE AND CALCULATION)	23.	\$0.00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$619.25
27. TOTAL AMOUNT REMITTED WITH RETURN	27.	

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 17Z0005191818

Sales/Use Tax Return
0, T, SUT-1

DOT-THCNV000329

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00329
SA003203

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 11/30/2017
Due on or before 1/2/2018

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if
the ownership has changed, or if you are out of
business, **notify a Department of Taxation
District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNT IN COUNTY OF SALE/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	= COLUMN A	= COLUMN B	= COLUMN C	= COLUMN D	= COLUMN E	= COLUMN F	= COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$164,308.21	\$164,308.21	\$0.00	8.250%	\$0.00	\$2,133.08	8.250%	\$176.03
03 DOUGLAS								
04 ELKO								
05 ESMEERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX	SUM OF COLUMN E → 18a.	\$0.00	SUM OF COLUMN H → 18b.	\$176.03
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00		
21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$176.03		
22. PENALTY (LINE 21 x %) SEE PAGE FOR RATES; MAX 10%	22.	\$0.00		
23. INTEREST (SEE PAGE FOR CURRENT RATE AND CALCULATION)	23.	\$0.00		
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00		
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00		
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$176.03		
27. TOTAL AMOUNT REMITTED WITH RETURN	27.			

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 17ZC005269022

Sales/Use Tax Return
OLT-SUT-1

DOT-THCNV000330

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00330
SA003204

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 12/31/2017
Due on or before 1/31/2018

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if
the ownership has changed, or if you are out of
business, **notify a Department of Taxation
District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS IN COUNTY OF SALE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	= COLUMN A	= COLUMN B	= COLUMN C	= COLUMN D	= COLUMN E	= COLUMN F	= COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$142,319.72	\$142,319.72	\$0.00	8.250%	\$0.00	\$18,385.56	8.250%	\$1,351.81
03 DOUGLAS								
04 ELKO								
05 ESMEKLER								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (19a) AND USE (18b) TAX	SUM OF COLUMN E → 18a	\$0.00	SUM OF COLUMN H → 18b	\$1,351.81
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.22%)	19.	\$0.00	COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX	
20. NET SALES TAX (LINE 18a - LINE 19)	20.	\$0.00		

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)	21.	\$1,351.81
22. PENALTY (LINE 21 x 1%) SEE FAQ FOR RATES, MAX 10%	22.	\$0.00
23. INTEREST (SEE FAQ FOR CURRENT RATE AND CALCULATION)	23.	\$0.00
24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	24.	\$0.00
25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	25.	\$0.00
26. TOTAL AMOUNT DUE AND PAYABLE	26.	\$1,351.81
27. TOTAL AMOUNT REMITTED WITH RETURN	27.	

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 18Z0005397350

Sales/Use Tax Return
DLT-SUT-1

DOT-THCNV000331

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00331
SA003205

0012-00332
SA003206

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE INC

For Department Use Only

Return for Month ending 2/28/2018
Due on or before 4/2/2018

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, notify a Department of Taxation District Office Immediately.

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS BY COUNTY OF SALES USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$163,314.38	\$163,314.38	\$0.00	8.250%	\$0.00	\$2,487.79	8.250%	\$205.24
03 DOUGLAS								
04 ELKO								
05 ESMEERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NIVE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E → 18a.

\$0.00

SUM OF COLUMN H → 18b.

\$205.24

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)

19.

\$0.00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

20. NET SALES TAX (LINE 18a - LINE 19)

20.

\$0.00

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21.

\$205.24

22. PENALTY (LINE 21 x %) SEE FAQS FOR RATES; MAX 10%

22.

\$0.00

23. INTEREST (SEE FAQS FOR CURRENT RATE AND CALCULATION)

23.

\$0.00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24.

\$0.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25.

\$0.00

26. TOTAL AMOUNT DUE AND PAYABLE

26.

\$205.24

27. TOTAL AMOUNT REMITTED WITH RETURN

27.

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 18Z0005563093

Sales/Use Tax Return
OLT-SUT-1

DOT-THCNV000333

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00333
SA003207

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE INC

For Department Use Only

Return for Month ending 3/31/2018
Due on or before 4/30/2018

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNT IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	COLUMN B	= COLUMN C	* COLUMN D	= COLUMN E	COLUMN F	* COLUMN G	= COLUMN H
01 CLARK	\$184,904.95	\$184,904.95	\$0.00	8.250%	\$0.00	\$0,288.01	8.250%	\$518.76
02 DOUGLAS								
03 ELKO								
04 ESMEHALDA								
05 EUREKA								
06 HUMBOLDT								
07 LANDER								
08 LINCOLN								
09 LYON								
10 MINERAL								
11 WYE								
12 CARSON CITY								
13 PERSHING								
14 STOREY								
15 WASHOE								
16 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (LINE 18b) TAX

SUM OF COLUMN E → 18b. \$0.00

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)

19. \$0.00

20. NET SALES TAX (LINE 18a - LINE 19)

20. \$0.00

SUM OF COLUMN H → 18b. \$518.76
COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. \$518.76

22. PENALTY (LINE 21 x %) SEE PAGE FOR RATES: MAX 10%

22. \$0.00

23. INTEREST (SEE PAGE FOR CURRENT RATE AND CALCULATION)

23. \$0.00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. \$0.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. \$0.00

26. TOTAL AMOUNT DUE AND PAYABLE

26. \$518.76

27. TOTAL AMOUNT REMITTED WITH RETURN

27. \$0.00

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 18Z0005717192

Sales/Use Tax Return
OLT SUT-1

DOT-THCNV000334

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00334
SA003208

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 4/30/2018
Due on or before 5/31/2018

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNT IN COUNTY OF SALE/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	COLUMN B	COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$221,243.97	\$221,243.97	\$0.00	6.250%	\$0.00	\$11,817.51	8.250%	\$974.95
03 DOUGLAS								
04 ELKO								
05 ESMERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX:

SUM OF COLUMN E → 18a.

\$0.00

SUM OF COLUMN H → 18b.

\$974.95

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)

19.

\$0.00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

20. NET SALES TAX (LINE 18a - LINE 19)

20.

\$0.00

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21.

\$974.95

22. PENALTY (LINE 21 x %) SEE FAQS FOR RATES: MAX 10%

22.

\$0.00

23. INTEREST (SEE FAQS FOR CURRENT RATE AND CALCULATION)

23.

\$0.00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24.

\$0.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25.

\$0.00

26. TOTAL AMOUNT DUE AND PAYABLE

26.

\$974.95

27. TOTAL AMOUNT REMITTED WITH RETURN

27.

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 1820005817885

Sales/Use Tax Return
OLT 5/17/18

DOT-THCNV000335

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00335
SA003209

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 5/31/2018
Due on or before 7/2/2018

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNT IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	- COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	x COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$218,233.25	\$218,233.25	\$0.00	8.250%	\$0.00	\$5,534.53	8.250%	\$456.60
03 DOUGLAS								
04 ELKO								
05 ESMEERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STOREY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E → 18a.

\$0.00

SUM OF COLUMN H → 18b.

\$456.60

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)

19.

\$0.00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY. THERE IS NO COLLECTION ALLOWANCE FOR USE TAX.

20. NET SALES TAX (LINE 18a - LINE 19)

20.

\$0.00

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21.

\$456.60

22. PENALTY (LINE 21 x %) SEE PAGE FOR RATES; MAX 10%

22.

\$0.00

23. INTEREST (SEE PAGE FOR CURRENT RATE AND CALCULATION)

23.

\$0.00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24.

\$0.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25.

\$0.00

26. TOTAL AMOUNT DUE AND PAYABLE

26.

\$456.60

27. TOTAL AMOUNT REMITTED WITH RETURN

27.

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 18Z0005903721

Sales/Use Tax Return
OLT 5/17/18

DOT-THCNV000336

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00336
SA003210

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 6/30/2018
Due on or before 7/31/2018

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNT IN COUNTY OF SALES/USE (IN COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	x COLUMN D	= COLUMN E	COLUMN F	= COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$212,502.46	\$212,502.46	\$0.00	8.250%	\$0.00	\$2,752.22	8.250%	\$227.06
03 DOUGLAS								
04 ELKO								
05 ESMERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 NYE								
13 CARSON CITY								
14 PERSHING								
15 STONE								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (LINE 18a) AND USE (18b) TAX

SUM OF COLUMN E →

18a.	\$0.00
19.	\$0.00
20.	\$0.00

SUM OF COLUMN H →

18b. \$227.06

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)

20. NET SALES TAX (LINE 18a - LINE 19)

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

22. PENALTY (LINE 21 x %) SEE FAQ FOR RATES; MAX 10%

23. INTEREST (SEE FAQ FOR CURRENT RATE AND CALCULATION)

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

25. (LESS CREDIT(S) APPROVED BY THE DEPARTMENT)

26. TOTAL AMOUNT DUE AND PAYABLE

27. TOTAL AMOUNT REMITTED WITH RETURN

21.	\$227.06
22.	\$0.00
23.	\$0.00
24.	\$0.00
25.	\$0.00
26.	\$227.06
27.	

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 1820006083657

Notes/Use: Tax Return
OLT SJ-1

DOT-THCNV000337

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00337
SA003211

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

For Department Use Only

Return for Month ending 7/31/2018
Due on or before 8/31/2018

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS BY COUNTY OF CALCULATION (OR COUNTY OF DELIVERY)	SALES TAX					USE TAX		
	TOTAL SALES	EXEMPT SALES	TAXABLE SALES	TAX RATE	CALCULATED TAX	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	= COLUMN B	= COLUMN C	X COLUMN D	= COLUMN E	COLUMN F	X COLUMN G	= COLUMN H
01 CHURCHILL								
02 CLARK	\$256,145.97	\$256,145.97	\$0.00	8.250%	\$0.00	\$7,578.97	8.250%	\$625.27
03 DOUGLAS								
04 ELKO								
05 ESMERALDA								
06 EUREKA								
07 HUMBOLDT								
08 LANDER								
09 LINCOLN								
10 LYON								
11 MINERAL								
12 Nye								
13 CATSON CITY								
14 PERSHING								
15 STURKEY								
16 WASHOE								
17 WHITE PINE								
TOTALS								

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX

SUM OF COLUMN E → 18a.

\$0.00

SUM OF COLUMN H → 18b.

\$625.27

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%)

19. \$0.00

COLLECTION ALLOWANCE (0 FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX)

23. NET SALES TAX (LINE 18a - LINE 19)

20. \$0.00

21. NET SALES AND USE TAX (LINE 20 + LINE 18b)

21. \$625.27

22. PENALTY (LINE 21 x %) SEE FAQS FOR RATES; MAX 10%

22. \$0.00

23. INTEREST (SEE FAQS FOR CURRENT RATE AND CALCULATION)

23. \$0.00

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT

24. \$0.00

25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT

25. \$0.00

26. TOTAL AMOUNT DUE AND PAYABLE

26. \$625.27

27. TOTAL AMOUNT REMITTED WITH RETURN

27. \$0.00

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

DLN: 18Z0006204696

sales/use Tax Return
OLT 5/11/11

DOT-THCNV000338

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00338
SA003212

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Report
TXR-020.04

Nevada
Modified Business Tax Return
General Business

KEEP FOR YOUR RECORDS - DO NOT MAIL!

This report displays the QuickBooks data necessary to complete form TXR-020.04. Transfer each line to its corresponding field on the Nevada form. **Do not file this report.**

NOTE: Beginning July 1, 2009 all tax payments of \$10,000.00 or more must be paid using the NevadaTax online system. You may access NevadaTax at <https://www.nevadatax.nv.gov/web/>.
For more information, see "Details about this form" and Filing Instructions.

Name

SUNNY BRITE LLC

Address

TID Number

Period ending

Due by

Date paid

03/31/15

04/30/15

04/30/15

1	Total Gross Wages (Including Tips) Paid This Quarter (same amount as on line 3 of ESD Form NUCS 4072)	1	258,357.78
2	Enter Deduction For Paid Health Insurance/Health Benefits Plan	2	4,283.06
3	Line 1 minus line 2	3	254,074.72
4	Offset carried forward from previous quarter	4	
5	Line 3 minus line 4	5	254,074.72
6	Taxable Wages (if line 5 is greater than zero enter amount here, if less than zero enter on line 17)	6	254,074.72
7	Is amount on line 6 greater than \$ 85000 ?	7	0.00
<input type="checkbox"/> No. No tax is assessed on the first \$ 85000 of Taxable Wages. Enter \$0 on line 7			
<input checked="" type="checkbox"/> Yes. No tax is assessed on the first \$ 85000 of Taxable Wages. Enter \$0 on line 7			
8	Did you answer Yes on Line 7?		
<input type="checkbox"/> No. Enter \$0 on line 8.			
<input checked="" type="checkbox"/> Yes. Subtract \$ 85000 from line 6 and enter amount on line 8a. Multiply amount on Line 8a by 1.17% (.0117) and enter amount on line 8.			
	8a 169,074.72 x 0.0117	8	1,978.17
9	Calculated Tax (line 7 plus line 8)	9	1,978.17
10	Credits (overpayments as determined by the Department)	10	
11	Net Tax Due (line 9 minus line 10)	11	1,978.17
12	Penalty (line 11 multiplied by)	12	
13	Interest	13	
14	Previous debits (outstanding liabilities)	14	
15	Total Amount Due (line 11 plus line 12 plus line 13 plus line 14)	15	1,978.17
16	Amount Paid	16	1,978.17
17	Carry Forward (if line 5 is less than zero (0) enter amount here. This offset will be carried forward for the next quarter)	17	

Make Check Payable to Nevada Department of Taxation
A Return Must be Filed Even if no Tax Liability Exists
KEEP FOR YOUR RECORDS - DO NOT MAIL!

NVWA0301.SCR 11/14/14

DOT-THCNV000339

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00339
SA003213

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial ContributionsReport
TXR-020.04Nevada
Modified Business Tax Return
General Business**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

This report displays the QuickBooks data necessary to complete form TXR-020.04. Transfer each line to its corresponding field on the Nevada form. **Do not file this report.**

NOTE: Beginning July 1, 2009 all tax payments of \$10,000.00 or more must be paid using the NevadaTax online system. You may access NevadaTax at <https://www.nevadatax.nv.gov/web/>.
For more information, see "Details about this form" and Filing Instructions.

Name
SUNNY BRITE LLC

Address

TID Number
Period ending 06/30/15
Due by 07/31/15
Date paid 07/25/15

1	Total Gross Wages (Including Tips) Paid This Quarter (same amount as on line 3 of ESD Form NUCS 4072)	1	268,258.60
2	Enter Deduction For Paid Health Insurance/Health Benefits Plan	2	3,801.28
3	Line 1 minus line 2	3	264,457.32
4	Offset carried forward from previous quarter	4	
5	Line 3 minus line 4	5	264,457.32
6	Taxable Wages (if line 5 is greater than zero enter amount here, if less than zero enter on line 17)	6	264,457.32
7	Is amount on line 6 greater than \$ 85000 ? <input type="checkbox"/> No. No tax is assessed on the first \$ 85000 of Taxable Wages. Enter \$0 on line 7 <input checked="" type="checkbox"/> Yes. No tax is assessed on the first \$ 85000 of Taxable Wages. Enter \$0 on line 7	7	0.00
8	Did you answer Yes on Line 7? <input type="checkbox"/> No. Enter \$0 on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$ 85000 from line 6 and enter amount on line 8a. Multiply amount on Line 8a by 1.17% (.0117) and enter amount on line 8. 8a 179,457.32 x 0.0117	8	2,099.65
9	Calculated Tax (line 7 plus line 8)	9	2,099.65
10	Credits (overpayments as determined by the Department)	10	
11	Net Tax Due (line 9 minus line 10)	11	2,099.65
12	Penalty (line 11 multiplied by)	12	
13	Interest	13	
14	Previous debits (outstanding liabilities)	14	
15	Total Amount Due (line 11 plus line 12 plus line 13 plus line 14)	15	2,099.65
16	Amount Paid	16	2,099.65
17	Carry Forward (if line 5 is less than zero (0) enter amount here. This offset will be carried forward for the next quarter)	17	

Make Check Payable to Nevada Department of Taxation
A Return Must be Filed Even if no Tax Liability Exists
KEEP FOR YOUR RECORDS - DO NOT MAIL!

NVWA0301.SCR 11/14/14

DOT-THCNV000340

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00340
SA003214

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial ContributionsReport
TXR-020.04Nevada
Modified Business Tax Return
General Business**KEEP FOR YOUR RECORDS - DO NOT MAIL!**

This report displays the QuickBooks data necessary to complete form TXR-020.04. Transfer each line to its corresponding field on the Nevada form. **Do not file this report.**

NOTE: Beginning July 1, 2009 all tax payments of \$10,000.00 or more must be paid using the NevadaTax online system. You may access NevadaTax at <https://www.nevadatax.nv.gov/web/>.
For more information, see "Details about this form" and Filing Instructions.

Name
SUNNY BRITE LLC

TID Number
Period ending 09/30/15
Due by 11/02/15
Date paid 10/29/15

1	Total Gross Wages (Including Tips) Paid This Quarter	1	269,357.82
2 a	Enter Deduction For Paid Health Insurance/Health Benefits Plan	2 a	3,181.06
2 b	Enter Deduction For Qualified Veterans Wages	2 b	
3	Line 1 minus line 2a and line 2b	3	266,176.76
4	Offset carried forward from previous quarter	4	
5	Line 3 minus line 4	5	266,176.76
6	Taxable Wages (if line 5 is greater than zero enter amount here, if less than zero enter on line 17)	6	266,176.76
7	Enter Threshold of \$50,000.	7	50,000.00
8	Taxable Wages (line 5 minus line 7, but not less than \$0)	8	216,176.76
9	Calculated Tax (line 8 multiplied by .01475)	9	3,188.61
10	Credits (overpayments or other approved credits)	10	
11	Net Tax Due (line 9 minus line 10)	11	3,188.61
12	Penalty (line 12 multiplied by)	12	
13	Interest	13	
14	Previous Debits (outstanding liabilities)	14	
15	Total Amount Due (line 11 plus line 12 plus line 13 plus line 14)	15	3,188.61
16	Amount Paid	16	3,188.61
17	Carry Forward (if line 5 is less than zero (0) enter amount here. This offset will be carried forward for the next quarter)	17	

Make Check Payable to Nevada Dept of Taxation
A Return Must be Filed Even if no Tax Liability Exists
KEEP FOR YOUR RECORDS - DO NOT MAIL!

nw0301.SCR 08/10/15

DOT-THCNV000341

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00341
SA003215

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS**

Mail Original To:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

TID No:

FOR DEPARTMENT USE ONLY

PERIOD ENDING: 12/31/2015

DUE BY: 2/1/2016

DATE PAID: 1-29-16

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If your business name or address has changed, please
contact the Call Center at (866) 962-3707 as soon as
possible to update your account with the Department.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER
(Same amount as on Line 3 of ESD Form NUCS 4072)
- 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH
BENEFITS PLAN
- 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES
(See Instructions)
3. Line 1 minus Line 2a and Line 2b
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,
if less than zero enter on Line 17)
7. ENTER THRESHOLD OF \$50,000.
8. TAXABLE WAGES (Line 5 minus Line 7, but no less than \$0)
9. CALCULATED TAX (Line 8 x .01475)
10. CREDITS (Overpayments or other approved credits)
11. NET TAX DUE (Line 9 minus Line 10)
12. PENALTY (LINE 11 x 0% see Instructions)
13. INTEREST (See instructions for current rate and calculation)
14. PREVIOUS DEBITS (Outstanding liabilities)
15. TOTAL AMOUNT DUE (Line 11 + Line 12 + Line 13 + Line 14)
16. AMOUNT PAID
17. CARRY FORWARD (If Line 5 is less than zero (0) enter
amount here. This Offset will be carried forward for the next quarter)

1.	\$281,086.26
2a.	\$3,281.70
2b.	\$0.00
3.	\$277,804.56
4.	\$0.00
5.	\$277,804.56
6.	\$277,804.56
7.	\$0.00
8.	\$3,360.12
9.	\$3,360.12
10.	\$0.00
11.	\$3,360.12
12.	\$0.00
13.	\$0.00
14.	\$0.00
15.	\$3,360.12
16.	\$0.00
17.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Person that filed return		Date	01/29/2016
Title	FEIN of Business Named Above		

I hereby certify that this return,
including any accompanying
schedules and statements, has been
examined by me and to the best of
my knowledge and belief is a true,
correct and complete return. **THIS
RETURN MUST BE SIGNED**

TXR-020.04

MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 12/15/15

DLN: 16Z0003161453

DOT-THCNV000342

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00342
SA003216

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS**

Mail Original To:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

TID No:

FOR DEPARTMENT USE ONLY

PERIOD ENDING: 3/31/2016

DUE BY: 5/2/2016

DATE PAID: 4-28-16

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If your business name or address has changed, please
contact the Call Center at (866) 962-3707 as soon as
possible to update your account with the Department.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER
(Same amount as on Line 3 of ESD Form NUCS 4072)
- 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH
BENEFITS PLAN
- 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES
(See Instructions)
3. Line 1 minus Line 2a and Line 2b
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,
if less than zero enter on Line 17)
7. ENTER THRESHOLD OF \$50,000.
8. TAXABLE WAGES (Line 5 minus Line 7, but no less than \$0)
9. CALCULATED TAX (Line 8 x .01475)
10. CREDITS (Overpayments or other approved credits)
11. NET TAX DUE (Line 9 minus Line 10)
12. PENALTY (LINE 11 x 0% see instructions)
13. INTEREST (See instructions for current rate and calculation)
14. PREVIOUS DEBITS (Outstanding liabilities)
15. TOTAL AMOUNT DUE (Line 11 + Line 12 + Line 13 + Line 14)
16. AMOUNT PAID
17. CARRY FORWARD (If Line 5 is less than zero (0) enter
amount here. This Offset will be carried forward for the next quarter)

1.	\$255,007.32
2a.	\$3,632.12
2b.	\$0.00
3.	\$251,375.20
4.	\$0.00
5.	\$251,375.20
6.	\$251,375.20
7.	\$0.00
8.	\$2,970.28
9.	\$2,970.28
10.	\$0.00
11.	\$2,970.28
12.	\$0.00
13.	\$0.00
14.	\$0.00
15.	\$2,970.28
16.	\$2,970.28
17.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Person that filed return	Phone Number	Date
		04/28/2016
Title	FEIN of Business Named Above	

I hereby certify that this return,
including any accompanying
schedules and statements, has been
examined by me and to the best of
my knowledge and belief is a true,
correct and complete return. **THIS
RETURN MUST BE SIGNED**

TXR-020.04

MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 12/15/15

DLN: 16Z0003377991

DOT-THCNV000343

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00343
SA003217

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS**

Mail Original To:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

TID No:

FOR DEPARTMENT USE ONLY

PERIOD ENDING: 6/30/2016

DUE BY: 8/1/2016

DATE PAID: 7-27-16

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If your business name or address has changed, please
contact the Call Center at (866) 962-3707 as soon as
possible to update your account with the Department.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER
(Same amount as on Line 3 of ESD Form NUCS 4072)
- 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH
BENEFITS PLAN
- 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES
(See Instructions)
3. Line 1 minus Line 2a and Line 2b
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,
if less than zero enter on Line 17)
7. ENTER THRESHOLD OF \$50,000.
8. TAXABLE WAGES (Line 5 minus Line 7, but no less than \$0)
9. CALCULATED TAX (Line 8 x .01475)
10. CREDITS (Overpayments or other approved credits)
11. NET TAX DUE (Line 9 minus Line 10)
12. PENALTY (LINE 11 x 0% see instructions)
13. INTEREST (See instructions for current rate and calculation)
14. PREVIOUS DEBITS (Outstanding liabilities)
15. TOTAL AMOUNT DUE (Line 11 + Line 12 + Line 13 + Line 14)
16. AMOUNT PAID
17. CARRY FORWARD (If Line 5 is less than zero (0) enter
amount here. This Offset will be carried forward for the next quarter)

1.	\$265,285.71
2a.	\$3,324.86
2b.	\$0.00
3.	\$261,960.85
4.	\$0.00
5.	\$261,960.85
6.	\$261,960.85
7.	\$0.00
8.	\$3,126.42
9.	\$3,126.42
10.	\$0.00
11.	\$3,126.42
12.	\$0.00
13.	\$0.00
14.	\$0.00
15.	\$3,126.42
16.	\$0.00
17.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Person that filed return	Phone Number	Date
		07/27/2016
Title	FEIN of Business Named Above	

I hereby certify that this return,
including any accompanying
schedules and statements, has been
examined by me and to the best of
my knowledge and belief is a true,
correct and complete return. **THIS
RETURN MUST BE SIGNED**

TXR-020.04

MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 12/15/15

DLN: 16Z0003607891

DOT-THCNV000344

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00344
SA003218

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/15

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS** (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

TID NO:020-TX

FOR DEPARTMENT USE ONLY

PERIOD ENDING: 9/30/2016
DUE BY: 10/31/2016
DATE PAID: 10/28/16

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**
If your business name or address has changed, please
contact the Call Center at (866) 962-3707 as soon as
possible to update your account with the Department.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER
(Same amount as on Line 3 of ESD Form NUCS 4072)
- 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH
BENEFITS PLAN
- 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES
(See Instructions)
3. Line 1 minus Line 2a and Line 2b
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,
if less than zero enter on Line 17)
7. ENTER THRESHOLD OF \$50,000.
8. TAXABLE WAGES (Line 5 minus Line 7, but no less than \$0)
9. CALCULATED TAX (Line 8 x .01475)
10. COMMERCE TAX CREDIT
11. CREDITS (Overpayments or other approved credits)
12. NET TAX DUE (Line 9 minus Line 10)
13. PENALTY (See FAQs for current rate and calculation)
14. INTEREST (See FAQs for current rate and calculation)
15. PREVIOUS DEBITS (Outstanding liabilities)
16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15)
17. AMOUNT PAID
18. CARRY FORWARD (If Line 5 is less than zero (0) enter
amount here. This Offset will be carried forward for the next quarter)

1.	\$276,175.31
2a.	\$3,346.44
2b.	\$0.00
3.	\$272,828.87
4.	\$0.00
5.	\$272,828.87
6.	\$272,828.87
7.	\$0.00
8.	\$3,286.73
9.	\$3,286.73
10.	\$0.00
11.	\$0.00
12.	\$3,286.73
13.	\$0.00
14.	\$0.00
15.	\$0.00
16.	\$3,286.73
17.	\$0.00
18.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Person that filed return	Phone Number	Date
		10/28/2016
Title	FEIN of Business Named Above	

I hereby certify that this return,
including any accompanying
schedules and statements, has been
examined by me and to the best of
my knowledge and belief is a true,
correct and complete return. **THIS
RETURN MUST BE SIGNED**

DLN: 16Z0003927976

DOT-THCNV000345

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00345
SA003219

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/15

NEVADA DEPARTMENT OF TAXATION

MODIFIED BUSINESS TAX RETURN GENERAL BUSINESS (Effective July 1, 2016)

Mali Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA. 94120-7165

TID NO:020-TX

FOR DEPARTMENT USE ONLY

SUNNY BRITE LLC

PERIOD ENDING: 12/31/2016

DUE BY: 1/31/2017

DATE PAID: 1-13-17

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

If your business name or address has changed, please
contact the Call Center at (866) 962-3707 as soon as
possible to update your account with the Department.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)	1.	\$313,964.79
2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN	2a.	\$3,346.44
2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions)	2b.	\$0.00
3. Line 1 minus Line 2a and Line 2b	3.	\$310,618.35
4. Offset Carried Forward from Previous Quarter	4.	\$0.00
5. Line 3 minus Line 4	5.	\$310,618.35
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 17)	6.	\$310,618.35
7. ENTER THRESHOLD OF \$50,000.	7.	\$0.00
8. TAXABLE WAGES (Line 5 minus Line 7, but no less than \$0)	8.	\$3,844.12
9. CALCULATED TAX (Line 8 x .01475)	9.	\$3,844.12
10. COMMERCE TAX CREDIT	10.	\$0.00
11. CREDITS (Overpayments or other approved credits)	11.	\$0.00
12. NET TAX DUE (Line 9 minus Line 10)	12.	\$3,844.12
13. PENALTY (See FAQs for current rate and calculation)	13.	\$0.00
14. INTEREST (See FAQs for current rate and calculation)	14.	\$0.00
15. PREVIOUS DEBITS (Outstanding liabilities)	15.	\$0.00
16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15)	16.	\$3,844.12
17. AMOUNT PAID	17.	\$3,844.12
18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter)	18.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Person that filed return	Phone Number	Date
		1/13/2017
Title	Print or Business Named Above	

I hereby certify that this return,
including any accompanying
schedules and statements, has been
examined by me and to the best of
my knowledge and belief is a true,
correct and complete return. THIS
RETURN MUST BE SIGNED

DLN: 17Z0004132604

DOT-THCNV000346

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00346
SA003220

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/10

NEVADA DEPARTMENT OF TAXATION

MODIFIED BUSINESS TAX RETURN GENERAL BUSINESS (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

TID NO:020-TX

FOR DEPARTMENT USE ONLY

PERIOD ENDING: 3/31/2017

DUE BY: 5/1/2017

DATE PAID: 4.26.17

IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY

If your business name or address has changed, please
contact the Call Center at (866) 962-3707 as soon as
possible to update your account with the Department.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)	1.	\$270,616.17
2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN	2a.	\$3,346.44
2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions)	2b.	\$0.00
3. Line 1 minus Line 2a and Line 2b	3.	\$267,269.73
4. Offset Carried Forward from Previous Quarter	4.	\$0.00
5. Line 3 minus Line 4	5.	\$267,269.73
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 17)	6.	\$267,269.73
7. ENTER THRESHOLD OF \$50,000.	7.	\$0.00
8. TAXABLE WAGES (Line 5 minus Line 7, but no less than \$0)	8.	\$3,204.73
9. CALCULATED TAX (Line 8 x .01475)	9.	\$3,204.73
10. COMMERCE TAX CREDIT	10.	\$0.00
11. CREDITS (Overpayments or other approved credits)	11.	\$0.00
12. NET TAX DUE (Line 9 minus Line 10)	12.	\$3,204.73
13. PENALTY (LINE 12 x 0% see instructions)	13.	\$0.00
14. INTEREST (See Instructions for current rate and calculation)	14.	\$0.00
15. PREVIOUS DEBITS (Outstanding liabilities)	15.	\$0.00
16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15)	16.	\$3,204.73
17. AMOUNT PAID	17.	\$3,204.73
18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter)	18.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Person that filed return Ambria Gregorich	Phone Number [REDACTED]	Date 4/26/2017	I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. THIS RETURN MUST BE SIGNED
Title	FEIN of Business Named Above		

DLN: 17Z0004461619

DOT-THCNV000347

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00347
SA003221

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/18

NEVADA DEPARTMENT OF TAXATION

MODIFIED BUSINESS TAX RETURN GENERAL BUSINESS (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

TID NO:020-TX

FOR DEPARTMENT USE ONLY

PERIOD ENDING: 6/30/2017

DUE BY: 7/31/2017

DATE PAID: 7-12-17

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER
(Same amount as on Line 3 of ESD Form NUCS 4072)
- 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN
- 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES
(See Instructions)
3. Line 1 minus Line 2a and Line 2b
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 17)
7. ENTER THRESHOLD OF \$50,000.
8. TAXABLE WAGES (Line 5 minus Line 7, but no less than \$0)
9. CALCULATED TAX (Line 8 x .01475)
10. COMMERCE TAX CREDIT
11. CREDITS (Overpayments or other approved credits)
12. NET TAX DUE (Line 9 minus Line 10)
13. PENALTY (See FAQs for current rate and calculation)
14. INTEREST (See FAQs for current rate and calculation)
15. PREVIOUS DEBITS (Outstanding liabilities)
16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15)
17. AMOUNT PAID
18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter)

1.	\$287,305.33
2a.	\$3,346.44
2b.	\$0.00
3.	\$283,958.89
4.	\$0.00
5.	\$283,958.89
6.	\$283,958.89
7.	\$0.00
8.	\$3,450.89
9.	\$3,450.89
10.	\$0.00
11.	\$0.00
12.	\$3,450.89
13.	\$0.00
14.	\$0.00
15.	\$0.00
16.	\$3,450.89
17.	\$0.00
18.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Person that filed return Ambria Gregorich	Phone Number [REDACTED]	Date 7/12/2017
Title	FEIN of Business Named Above	

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. **THIS RETURN MUST BE SIGNED**

DLN: 17Z0004681227

DOT-THCNV000348

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00348
SA003222

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/16

NEVADA DEPARTMENT OF TAXATION

MODIFIED BUSINESS TAX RETURN GENERAL BUSINESS (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

SUNNY BRITE LLC

TID NO:020-TX

FOR DEPARTMENT USE ONLY

PERIOD ENDING: 9/30/2017

DUE BY: 10/31/2017

DATE PAID: 10-31-17

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)	1.	\$293,548.94
2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN	2a.	\$3,521.60
2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions)	2b.	\$0.00
3. Line 1 minus Line 2a and Line 2b	3.	\$290,027.34
4. Offset Carried Forward from Previous Quarter	4.	\$0.00
5. Line 3 minus Line 4	5.	\$290,027.34
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 17)	6.	\$290,027.34
7. ENTER THRESHOLD OF \$50,000.	7.	\$0.00
8. TAXABLE WAGES (Line 5 minus Line 7, but no less than \$0)	8.	\$3,540.40
9. CALCULATED TAX (Line 8 x .01475)	9.	\$3,540.40
10. COMMERCE TAX CREDIT	10.	\$0.00
11. CREDITS (Overpayments or other approved credits)	11.	\$0.00
12. NET TAX DUE (Line 9 minus Line 10)	12.	\$3,540.40
13. PENALTY (See FAQs for current rate and calculation)	13.	\$0.00
14. INTEREST (See FAQs for current rate and calculation)	14.	\$0.00
15. PREVIOUS DEBITS (Outstanding liabilities)	15.	\$0.00
16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15)	16.	\$3,540.40
17. AMOUNT PAID	17.	\$3,540.40
18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter)	18.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Person that filed return Ambria Gregorich	Phone Number [REDACTED]	Date 10/31/2017
Title	FEIN of Business Named Above	

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. THIS RETURN MUST BE SIGNED

DLN: 17Z0005123328

DOT-THCNV000349

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00349
SA003223

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/18

NEVADA DEPARTMENT OF TAXATION

MODIFIED BUSINESS TAX RETURN GENERAL BUSINESS (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

TID NO:020-TX

FOR DEPARTMENT USE ONLY

SUNNY BRITE LLC

PERIOD ENDING: 12/31/2017

DUE BY: 1/31/2018

DATE PAID: 1-19-18

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER
(Same amount as on Line 3 of ESD Form NUCS 4072)
- 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN
- 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES
(See Instructions)
3. Line 1 minus Line 2a and Line 2b
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 17)
7. ENTER THRESHOLD OF \$50,000.
8. TAXABLE WAGES (Line 5 minus Line 7, but no less than \$0)
9. CALCULATED TAX (Line 8 x .01475)
10. COMMERCE TAX CREDIT
11. CREDITS (Overpayments or other approved credits)
12. NET TAX DUE (Line 9 minus Line 10)
13. PENALTY (See FAQs for current rate and calculation)
14. INTEREST (See FAQs for current rate and calculation)
15. PREVIOUS DEBITS (Outstanding liabilities)
16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15)
17. AMOUNT PAID
18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter)

1.	\$337,720.00
2a.	\$3,976.48
2b.	\$0.00
3.	\$333,743.52
4.	\$0.00
5.	\$333,743.52
6.	\$333,743.52
7.	\$0.00
8.	\$4,185.22
9.	\$4,185.22
10.	\$0.00
11.	\$0.00
12.	\$4,185.22
13.	\$0.00
14.	\$0.00
15.	\$0.00
16.	\$4,185.22
17.	\$4,185.22
18.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Person that filed return Ambria Gregorich	Phone Number [REDACTED]	Date 1/19/2018
Title	FEIN of Business Named Above	

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. **THIS RETURN MUST BE SIGNED**

DLN: 18Z0005361814

DOT-THCNV000350

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00350
SA003224

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

pd ck #5917
4/27/18

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS (Revised 2016)**

Mail Original To: NEVADA DEPARTMENT OF TAXATION
P O BOX 7165
SAN FRANCISCO, CA 94120-7

To email, save this form to your computer and email the attachment to:
nevadao@tax.state.nv.us with the subject of 'Modified Business Tax Return'

Use this form for the quarterly period beginning July 1, 2016

--

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER
- 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN
- 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See instructions)
3. LINE 1 MINUS LINE 2a AND LINE 2b
4. OFFSET CARRIED FORWARD FROM PREVIOUS QUARTER
5. LINE 3 MINUS LINE 4
6. TAXABLE WAGES (If Line 5 is greater than zero (0) enter amount here, if less than zero enter on line 18)
7. ENTER THRESHOLD OF \$50,000
8. TAXABLE WAGES (Line 5 minus Line 7, but not less than \$0)
9. CALCULATED TAX (Line 8 x 0.01475)
10. COMMERCE TAX CREDIT
11. OTHER CREDITS (Overpayments or other approved credits, see instructions)
12. NET TAX DUE (Line 9 minus Line 10 minus Line 11)
13. PENALTY (LINE 12 x 0%) See Instructions
14. INTEREST (See Instructions for current rate and calculation)
15. PREVIOUS DEBITS (Outstanding liabilities)
16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15)
17. AMOUNT PAID
18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This offset will be carried forward for the next quarter)

TID No: 020-TX	
FOR DEPARTMENT USE ONLY	
PERIOD ENDING:	03/31/18
DUE BY:	04/30/18
DATE PAID:	04/27/18

IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY

1.	269,331.49
2a.	4,090.97
2b.	
3.	265,240.52
4.	
5.	265,240.52
6.	265,240.52
7.	50,000.00
8.	215,240.52
9.	3,174.80
10.	
11.	
12.	3,174.80
13.	
14.	
15.	
16.	3,174.80
17.	3,174.80
18.	

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO LIABILITY EXISTS

Signature	Phone Number	Date	I hereby certify this return, including any accompanying schedules and statements have been examined by me and to the best of my knowledge and belief is true, correct and complete.
		4/27/2018	
Title			
Office Manager			

THIS RETURN MUST BE SIGNED

*020\$1038118034\$000\$3312018

TXR-020.05
MODIFIED BUSINESS TAX RETURN
DOI-THCNV000351

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00351
SA003225

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

TXR-020.05
MODIFIED BUSINESS TAX RETURN-GENERAL BUSINESS
Revised 02/03/16

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS** (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

TID NO:020-TX

FOR DEPARTMENT USE ONLY

SUNNY BRITE LLC

PERIOD ENDING: 6/30/2018

DUE BY: 7/31/2018

DATE PAID: 7-30-18

**IF POSTMARKED AFTER DUE DATE,
PENALTY AND INTEREST WILL APPLY**

If your business name or address has changed, please
contact the Call Center at (866) 962-3707 as soon as
possible to update your account with the Department.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER
(Same amount as on Line 3 of ESD Form NUCS 4072)
- 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH
BENEFITS PLAN
- 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES
(See Instructions)
3. Line 1 minus Line 2a and Line 2b
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here,
if less than zero enter on Line 17)
7. ENTER THRESHOLD OF \$50,000.
8. TAXABLE WAGES (Line 5 minus Line 7, but no less than \$0)
9. CALCULATED TAX (Line 8 x .01475)
10. COMMERCE TAX CREDIT
11. CREDITS (Overpayments or other approved credits)
12. NET TAX DUE (Line 9 minus Line 10)
13. PENALTY (See FAQs for current rate and calculation)
14. INTEREST (See FAQs for current rate and calculation)
15. PREVIOUS DEBITS (Outstanding liabilities)
16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15)
17. AMOUNT PAID
18. CARRY FORWARD (If Line 5 is less than zero (0) enter
amount here. This Offset will be carried forward for the next quarter)

1.	\$305,049.69
2a.	\$4,120.23
2b.	\$0.00
3.	\$300,929.46
4.	\$0.00
5.	\$300,929.46
6.	\$300,929.46
7.	\$0.00
8.	\$3,701.21
9.	\$3,701.21
10.	\$0.00
11.	\$0.00
12.	\$3,701.21
13.	\$0.00
14.	\$0.00
15.	\$0.00
16.	\$3,701.21
17.	\$0.00
18.	\$0.00

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Person that filed return	Phone Number	Date
Title	FEIN of Business Named Above	

I hereby certify that this return,
including any accompanying
schedules and statements, has been
examined by me and to the best of
my knowledge and belief is a true,
correct and complete return. THIS
RETURN MUST BE SIGNED

DLN: 18Z0006076522

DOT-THCNV000352

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00352
SA003226

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3767 TRN S Y ST01

000059118 01 AB 0.408 106481674650062 P Y
SUNNY BRITE, LLC
DBA METROPOLITAN LAUNDRY AND LINEN
SERVICE



Business Statement

Account Number:

Statement Period:

Jul 2, 2018

through

Jul 31, 2018

Page 1 of 3



To Contact U.S. Bank

24-Hour Business

Solutions:

1-800-673-3555

U.S. Bank accepts Relay Calls

Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Effective September 14th, 2018 the "Your Deposit Account Agreement" booklet will include a number of updates and may affect your rights. Starting September 14, you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy. Please see the Additional Information Section of this statement for the main updates that were made to "Your Deposit Account Agreement" booklet.

If the scheduled assessment of an Extended Overdraft Fee does not fall on a business day, it will be posted to the account on the next business day.

GOLD BUSINESS CHECKING

U.S. Bank National Association

Member FDIC

Account Summary

Account Number 1-537-5511-6883

	# Items	\$	
Beginning Balance on Jul 2			331,101.37
Customer Deposits	5		214,825.59
Other Withdrawals	7		84,658.04-
Checks Paid	53		112,161.39-
Ending Balance on Jul 31, 2018		\$	349,107.53

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0012-00353

SA003227

2:03 PM
08/30/18
Accrual Basis

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Metropolitan Laundry & Linen Service

Account QuickReport

January 1, 2015 through August 30, 2018

Type	Date	Num	Name	Memo	Split	Amount
3900 · Retained Earnings	12/31/2015					9,350.00
Closing Entry	12/31/2015					9,350.00
Closing Entry	12/31/2016					16,461.74
Closing Entry	12/31/2017					16,512.50
Total 3900 · Retained Earnings						42,324.24
6140 · Contributions						9,350.00
6141 · Political Contribution						
Check	06/24/2018	59288	Thomas, Danny	Tark 1k, Lom...	1070 · US Ba...	4,500.00
Total 6141 · Political Contribution						4,500.00
6140 · Contributions - Other						
Bill	01/19/2018		Newspapers in Edu...		2001 · *Accou...	62.50
Bill	02/06/2018		GCPD Post 1911 E...		2001 · *Accou...	500.00
Check	07/19/2018	59337	Thomas, Danny	UNLV Ticket...	1070 · US Ba...	21,100.00
Bill	08/30/2018		Newspapers in Edu...		2001 · *Accou...	62.50
Total 6140 · Contributions - Other						21,725.00
Total 6140 · Contributions						26,225.00
TOTAL						68,549.24

+ 9,350.00

Total 77,899.24

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

MEIKROPOLITAN LAUNDRY LINEN SERVICE

Pay To The Order Of Reigns Rebels Club \$5,000.00

Date 8-28-2018

ACH RT 123400724

Bank of America

For Donation

Wesley Brown

Dollars

Photo Safe Deposits Limited Service

6810

54-12/1224 NV 61272

DOT-THCNV000355

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0012-00355
SA003229

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Nevada Property Taxes
Michele Tombari and David Grant

Address	Ownership	Parcel Number	Annual Tax
			1,290.57
			1,228.70
			7,846.00
			26,923.98

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DOT-THCNV000356

0012-00356
SA003230

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

State Taxes
2013 - 2017

	2017	2016	2015	2014	2013
Totals	321,329	329,577	297,623	289,808	268,967
Sierra	2017	2016	2015	2014	2013
Totals	14,182	23,189	19,581	11,977	10,078
Grand Total	335,511	352,766	317,204	301,785	279,045
Grand Total	1,586,311				

DOT-THCNV000357

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0012-00357
SA003231

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

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Page 1

State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-6300

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

EFS REPORTER

PLEASE CORRECT ANY NAME OR ADDRESS INFORMATION BELOW		1b. FOR QUARTER ENDING 2013/1 MARCH 31 2013		1a. FEDERAL I.D. NO. [REDACTED]	
1a. EMPLOYER ACCOUNT NUMBER [REDACTED]		1c. DELINQUENT AFTER APRIL 30 2013		IMPORTANT FOR FEDERAL PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE: A REPORT MUST BE FILED	
PULTEZ MOVING & STORAGE CO [REDACTED]		1d. YOUR RATES UI RATE = 1.75% CEF RATE = 0.05%			
3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions)		Dollars		Cents	
		996,216		30	
4. LESS WAGES IN EXCESS OF \$26,900.00 PER INDIVIDUAL (Cannot exceed amount in Item 3.) (See Instructions)		11,674		94	
5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.)		984,541		36	
6. UI AMOUNT DUE THIS QUARTER (Item 5 x your UI Rate shown in Item 1d.)		17,229		47	
7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the CEP Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.)		492		27	
8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract)					
9. CHARGE FOR LATE FILING OF THIS REPORT (One or more days late add \$5.00 forfeit.) (Add)					
10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Item 5 x 1/10% (.001) for each month or part of month delinquent.) (Add)					
11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Item 6 x 1% (.01) for each month or part of month delinquent.) (Add) (See Instructions)		17,721		74	
12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check.					
13. SOCIAL SECURITY NUMBER	14. EMPLOYEE NAME Do not make adjustments to prior quarters.	15. TOTAL TIPS REPORTED	16. TOTAL GROSS WAGES INCLUDING TIPS		
		Dollars	Cents	Dollars	Cents
	SEE ATTACHED				
19. TOTAL PAGES THIS REPORT	20. TOTAL TIPS AND TOTAL WAGES THIS PAGE	\$	\$		
21. I certify that the information contained on this report and the statements is true and correct.					
Name of Preparer if Other Than Employer					
Area Code Telephone Number					
Date 4/27/13					

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0012-00358
SA003232

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

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Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-5330

EMPLOYER'S QUARTERLY CONTRIBUTION
AND WAGE REPORT

EPS REPORTER

Page 1

PLEASE CORRECT ANY NAME OR ADDRESS INFORMATION BELOW.		1b. FOR QUARTER ENDING 2013/2 JUNE 30 2013		1a. FEDERAL I.D. NO. [REDACTED]	
1a. EMPLOYER ACCOUNT NUMBER [REDACTED] PULIZ MOVING & STORAGE CO [REDACTED]		1c. DELINQUENT AFTER JULY 31 2013		IMPORTANT FOR FEDERAL PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE: A REPORT MUST BE FILED INSTRUCTIONS ENCLOSED 2. REPORT OF CHANGES If any of the following changes have occurred, please check the appropriate box and provide details on page 2. <input type="checkbox"/> Business Discontinued <input type="checkbox"/> Ownership Change <input type="checkbox"/> Entire Business Sold <input type="checkbox"/> Part of Business Sold <input type="checkbox"/> Legal Ownership Change <input type="checkbox"/> Business Added	
		1d. YOUR RATES UI RATE = 1.75% CEP RATE = 0.05%			
3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions)		Dollars		Cents	
4. LESS WAGES IN EXCESS OF \$26,900.00 PER INDIVIDUAL (Cannot exceed amount in item 3.) (See Instructions)		916660		82	
5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.)		149486		42	
6. UI AMOUNT DUE THIS QUARTER (Item 5 x your UI Rate shown in Item 1d.)		767174		40	
7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the CEP Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.)		13425		55	
8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract)		383		59	
9. CHARGE FOR LATE FILING OF THIS REPORT (One or more days late add \$5.00 forfeit.) (Add)					
10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Item 5 x 1/10% (.001) for each month or part of month delinquent.) (Add)					
11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Item 6 x 1% (.01) for each month or part of month delinquent.) (Add) (See Instructions)					
12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check.		13809		14	
13. SOCIAL SECURITY NUMBER	14. EMPLOYEE NAME Do not make adjustments to prior quarters.	15. TOTAL TIPS REPORTED	16. TOTAL GROSS WAGES INCLUDING TIPS		
		Dollars	Cents	Dollars	Cents
	SEE ATTACHED				
19. TOTAL PAGES THIS REPORT	20. TOTAL TIPS AND TOTAL WAGES THIS PAGE	\$	\$		
21. I certify that the information contained on this report and the attached documents is true and correct.					

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DOT-THCNV000359

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0012-00359
SA003233

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

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Page 1

State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0000
Telephone (775) 684-6300

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

EPS REPORTER

PLEASE CORRECT ANY NAME OR ADDRESS INFORMATION BELOW		1b. FOR QUARTER ENDING 2013/3 SEPTEMBER 30 2013		1a. FEDERAL I.D. NO. [REDACTED]	
1a. EMPLOYER NAME [REDACTED] PULIZ MOVING & STORAGE CO [REDACTED]		1c. DELINQUENT AFTER OCTOBER 31 2013		IMPORTANT FOR FEDERAL PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE: A REPORT MUST BE FILED INSTRUCTIONS ENCLOSED 2. REPORT OF CHANGES If any of the following changes have occurred, please check the appropriate box and provide details on page 2. <input type="checkbox"/> Business Discontinued <input type="checkbox"/> Ownership Change <input type="checkbox"/> Entire Business Sold <input type="checkbox"/> Part of Business Sold <input type="checkbox"/> Legal Ownership Change <input type="checkbox"/> Business Added	
		1d. YOUR RATES UI RATE = 1.75% CEF RATE = 0.05%			
3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions)		Dollars 1,096,225		Cents 81	
4. LESS WAGES IN EXCESS OF \$26,900.00 PER INDIVIDUAL (Cannot exceed amount in Item 3.) (See Instructions)		Dollars 533,132		Cents 49	
5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.)		Dollars 563,093		Cents 32	
6. UI AMOUNT DUE THIS QUARTER (Item 5 x your UI Rate shown in Item 1d.)		Dollars 9,854		Cents 13	
7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the CEP Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.)		Dollars 281		Cents 55	
8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract)					
9. CHARGE FOR LATE FILING OF THIS REPORT (One or more days late add \$5.00 forfeit.) (Add)					
10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Item 5 x 1/10% (.001) for each month or part of month delinquent.) (Add)					
11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Item 6 x 1% (.01) for each month or part of month delinquent.) (See Instructions) (Add)					
12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check.		Dollars 10,135		Cents 68	
13. SOCIAL SECURITY NUMBER	14. EMPLOYEE NAME Do not make adjustments to prior quarters.	15. TOTAL TIPS REPORTED Dollars Cents		16. TOTAL GROSS WAGES INCLUDING TIPS Dollars Cents	
	SEE ATTACHED				
19. TOTAL PAGES THIS REPORT	20. TOTAL TIPS AND TOTAL WAGES THIS PAGE	\$		\$	
21. I certify that the information contained on this report and the attachments is true and correct.					
[REDACTED SIGNATURE]					
Area Code Telephone Number Area Code Telephone Number Date					

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EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone: (775) 684-6300

EPS REPORTER

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SA003235

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Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
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SA003236

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

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State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-8300

**EMPLOYER'S QUARTERLY CONTRIBUTION
AND WAGE REPORT**

EPS REPORTER

PLEASE CORRECT ANY NAME OR ADDRESS INFORMATION BELOW 1a. EMPLOYER NAME AND ADDRESS <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> PULIZ MOVING & STORAGE CO <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div>		1b. FOR QUARTER ENDING 2014/2 JUNE 30 2014	1e. FEDERAL I.D. NO. <div style="background-color: black; width: 100px; height: 20px;"></div>				
		1c. DELINQUENT AFTER JULY 31 2014	IMPORTANT FOR FEDERAL PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE: A REPORT MUST BE FILED INSTRUCTIONS ENCLOSED				
		1d. YOUR RATES UI RATE = 1.45% CEF RATE = 0.05%					
3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions) <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">904,084 61</div>		2. REPORT OF CHANGES If any of the following changes have occurred, please check the appropriate box and provide details on page 2. <input type="checkbox"/> Business Discontinued <input type="checkbox"/> Ownership Change <input type="checkbox"/> Entire Business Sold <input type="checkbox"/> Part of Business Sold <input type="checkbox"/> Legal Ownership Change <input type="checkbox"/> Business Added (FOR DIVISION USE ONLY)					
4. LESS WAGES IN EXCESS OF \$27,400.00 PER INDIVIDUAL (Cannot exceed amount in Item 3.) (See Instructions) <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">158,000 79</div>							
5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.) <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">746,083 82</div>							
6. UI AMOUNT DUE THIS QUARTER (Item 5 x your UI Rate shown in Item 1d.) <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">10,818 22</div>							
7. CEF AMOUNT DUE THIS QUARTER (Item 5 x the CEF Rate in Item 1d.) (Add) (Do not include the CEF amount on federal unemployment tax return Form 940.) <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">373 04</div>							
8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract) <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">11,191 26</div>							
9. CHARGE FOR LATE FILING OF THIS REPORT (One or more days late add \$5.00 forfeit.) (Add) <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">0 00</div>							
10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Item 5 x 1/10% (.001) for each month or part of month delinquent.) (Add) <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">0 00</div>							
11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Item 6 x 1% (.01) for each month or part of month delinquent.) (See Instructions) (Add) <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">0 00</div>							
12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check. <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">11,191 26</div>							
13. SOCIAL SECURITY NUMBER <div style="text-align: center;">SEE ATTACHED</div>	14. EMPLOYEE NAME Do not make adjustments to prior quarters. <div style="text-align: center;">SEE ATTACHED</div>	15. TOTAL TIPS REPORTED <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">0 00</div>	16. TOTAL GROSS WAGES INCLUDING TIPS <div style="text-align: right;">Dollars Cents</div> <div style="text-align: right;">904,084 61</div>				
		17. NUMBER OF WORKERS LISTED ON THIS REPORT <div style="text-align: center; border: 1px solid black; border-radius: 10px; padding: 5px; width: 100px; margin: 0 auto;">106</div>					
		18. FOR EACH MONTH, REPORT THE NUMBER OF WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1 MO</td> <td style="width: 33%;">2 MO</td> <td style="width: 33%;">3 MO</td> </tr> <tr> <td style="text-align: center;">88</td> <td style="text-align: center;">88</td> <td style="text-align: center;">103</td> </tr> </table>		1 MO	2 MO	3 MO	88
1 MO	2 MO	3 MO					
88	88	103					
19. TOTAL PAGES THIS REPORT <div style="background-color: black; width: 100px; height: 20px;"></div>	20. TOTAL TIPS AND TOTAL WAGES THIS PAGE <div style="background-color: black; width: 100px; height: 20px;"></div>						

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DOT-THCNV000363

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0012-00363
SA003237

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

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State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-6300

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

EPS REPORTER

PLEASE CORRECT ANY NAME OR ADDRESS INFORMATION BELOW. 1a. EMPLOYER ACCOUNT NUMBER PULIZ MOVING & STORAGE CO		1b. FOR QUARTER ENDING 2014/3 SEPTEMBER 30 2014		1e. FEDERAL I.D. NO. IMPORTANT FOR FEDERAL PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE: A REPORT MUST BE FILED	
1c. DELINQUENT AFTER NOVEMBER 3 2014		1d. YOUR RATES UI RATE = 1.45% CEP RATE = 0.05%		INSTRUCTIONS ENCLOSED 2. REPORT OF CHANGES If any of the following changes have occurred, please check the appropriate box and provide details on page 2. <input type="checkbox"/> Business Discontinued <input type="checkbox"/> Ownership Change <input type="checkbox"/> Entire Business Sold <input type="checkbox"/> Part of Business Sold <input type="checkbox"/> Legal Ownership Change <input type="checkbox"/> Business Added	
3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions)		Dollars 1,112,189			
4. LESS WAGES IN EXCESS OF \$27,400.00 PER INDIVIDUAL (Cannot exceed amount in item 3.) (See Instructions)		Dollars 492,231		Cents 62	
5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.)		Dollars 619,957		Cents 95	
6. UI AMOUNT DUE THIS QUARTER (Item 5 x your UI Rate shown in Item 1d.)		Dollars 8,989		Cents 39	
7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the CEP Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.)		Dollars 309		Cents 98	
8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract)					
9. CHARGE FOR LATE FILING OF THIS REPORT (One or more days late add \$5.00 forfeit.) (Add)					
10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Item 5 x 1/10% (.001) for each month or part of month delinquent.) (Add)					
11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Item 6 x 1% (.01) for each month or part of month delinquent.) (Add) (See Instructions)					
12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check.		Dollars 9,299		Cents 37	
13. SOCIAL SECURITY NUMBER	14. EMPLOYEE NAME Do not make adjustments to prior quarters.	15. TOTAL TIPS REPORTED	16. TOTAL GROSS WAGES INCLUDING TIPS		
		Dollars	Cents	Dollars	Cents
	SEE ATTACHED				
19. TOTAL PAGES THIS REPORT	20. TOTAL TIPS AND TOTAL WAGES THIS PAGE	\$	\$		
21. I certify that the information contained on this report and the attachments is true and correct.					

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DOT-THCNV000364

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0012-00364
SA003238

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

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Page 1

State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-6300

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

EPS REPORTER

PLEASE CORRECT ANY NAME OR ADDRESS INFORMATION BELOW.		1b. FOR QUARTER ENDING 2014/4 DECEMBER 31 2014		1e. FEDERAL I.D. NO. [REDACTED]	
1a. EMPLOYER ADDRESS [REDACTED] PULIZ MOVING & STORAGE CO [REDACTED]		1c. DELINQUENT AFTER FEBRUARY 2 2015		IMPORTANT FOR FEDERAL PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE: A REPORT MUST BE FILED INSTRUCTIONS ENCLOSED 2. REPORT OF CHANGES If any of the following changes have occurred, please check the appropriate box and provide details on page 2. <input type="checkbox"/> Business Discontinued <input type="checkbox"/> Ownership Change <input type="checkbox"/> Entire Business Sold <input type="checkbox"/> Part of Business Sold <input type="checkbox"/> Legal Ownership Change <input type="checkbox"/> Business Added	
		1d. YOUR RATES UI RATE = 1.45% CEP RATE = 0.05%			
3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions)		Dollars		Cents	
4. LESS WAGES IN EXCESS OF \$27,400.00 PER INDIVIDUAL (Cannot exceed amount in item 3.) (See Instructions)		1,822,374		60	
5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.)		1,488,974		51	
6. UI AMOUNT DUE THIS QUARTER (Item 5 x your UI Rate shown in Item 1d.)		333,400		09	
7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the CEP Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.)		4,834		30	
8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract)		166		70	
9. CHARGE FOR LATE FILING OF THIS REPORT (One or more days late add \$5.00 forfeit.) (Add)					
10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Item 5 x 1/10% (.001) for each month or part of month delinquent.) (Add)					
11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Item 6 x 1% (.01) for each month or part of month delinquent.) (Add) (See Instructions)					
12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check.		5,001		00	
13. SOCIAL SECURITY NUMBER	14. EMPLOYEE NAME Do not make adjustments to prior quarters.	15. TOTAL TIPS REPORTED	16. TOTAL GROSS WAGES INCLUDING TIPS		
		Dollars	Cents	Dollars	Cents
	SEE ATTACHED				
19. TOTAL PAGES THIS REPORT	20. TOTAL TIPS AND TOTAL WAGES THIS PAGE	\$	\$		
[REDACTED]					

NUCS-4072 (Rev. 9-06)

DOT-THCNV000365

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0012-00365
SA003239

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

DO NOT STAPLE THIS FORM

Page 1

State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-5300

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

EPS-REPORTER

PLEASE CORRECT ANY NAME OR ADDRESS INFORMATION BELOW		1b. FOR QUARTER ENDING 2015/1 MARCH 31 2015		1e. FEDERAL I.D. NO. [REDACTED]	
1a. EMPLOYER NAME [REDACTED] PULIZ MOVING & STORAGE CO [REDACTED]		1c. DELINQUENT AFTER APRIL 30 2015		IMPORTANT FOR FEDERAL PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE: A REPORT MUST BE FILED INSTRUCTIONS ENCLOSED 2. REPORT OF CHANGES If any of the following changes have occurred, please check the appropriate box and provide details on page 2. <input type="checkbox"/> Business Discontinued <input type="checkbox"/> Ownership Change <input type="checkbox"/> Entire Business Sold <input type="checkbox"/> Part of Business Sold <input type="checkbox"/> Legal Ownership Change <input type="checkbox"/> Business Added	
		1d. YOUR RATES UI RATE = 1.45% CEP RATE = 0.05%			
3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions)		Dollars		Cents	
4. LESS WAGES IN EXCESS OF \$27,800.00 PER INDIVIDUAL (Cannot exceed amount in item 3.) (See Instructions)		895,509		30	
5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.)		1,790		20	
6. UI AMOUNT DUE THIS QUARTER (Item 5 x your UI Rate shown in Item 1d.)		893,719		10	
7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the CEP Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.)		12,958		93	
8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract)		446		86	
9. CHARGE FOR LATE FILING OF THIS REPORT (One or more days late add \$5.00 forfeit.) (Add)					
10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Item 5 x 1/10% (.001) for each month or part of month delinquent.) (Add)					
11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Item 6 x 1% (.01) for each month or part of month delinquent.) (See Instructions) (Add)					
12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check.		13,405		79	
13. SOCIAL SECURITY NUMBER	14. EMPLOYEE NAME Do not make adjustments to prior quarters.	15. TOTAL TIPS REPORTED	16. TOTAL GROSS WAGES INCLUDING TIPS		
		Dollars	Cents	Dollars	Cents
	SEE ATTACHED				
19. TOTAL PAGES THIS REPORT	20. TOTAL TIPS AND TOTAL WAGES THIS PAGE	\$	\$		
[REDACTED]					

NUCS-4072 (Rev. 9-06)

DOT-THCNV000366

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0012-00366
SA003240

DO NOT STAPLE THIS FORM

State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-8300

EPS REPORTER

DOT-THCNV000367

0012-00367
SA003241

DO NOT STAPLE THIS FORM

State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-6300

EPS REPORTER

NUCS-4072 (Rev. 9-06)

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00368
SA003242

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Employment Security Division
Contributions Section
500 East Third Street
Carson City, NV, 89713-0030
(775) 684-6300



3128994
http://ui.nv.gov/ess

PULIZ MOVING & STORAGE CO

Employer's Quarterly Report

Use BLACK INK only. Instructions on separate page.

Please report any changes on the enclosed Employer's Report of Changes.

1. EMPLOYER ACCOUNT NO.	FEDERAL I.D. NO.	YOUR RATES
		UI 1.45%
		CEP 0.05%
QUARTER ENDING DATE 12/31/2015	DELINQUENT AFTER 02/01/2016	

2. LABOR MARKET STATISTICS

Enter for each month, the number of workers who worked during or received pay for the payroll period that includes the 12th of the month.

PAYMENT CALCULATION (Line 3 through Line 12)

If no wages were paid in this quarter, enter 0.00 on Line 3. Sign report and return.

3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER

Enter Grand Total amount from Wage Report.

4. LESS WAGES IN EXCESS OF \$27,800.00 PER INDIVIDUAL

(Cannot exceed amount on Line 3. See instructions on separate page.)

5. TAXABLE WAGES PAID THIS QUARTER

Line 3 less Line 4.

6. UI AMOUNT DUE THIS QUARTER

Line 5 x the UI Rate shown above in "Your Rates."

7. CEP AMOUNT DUE THIS QUARTER

Line 5 x the CEP Rate shown above.

MONTH 1	MONTH 2	MONTH 3
90	91	94

DOLLARS

CENTS

1	7	9	5	8	4	3	3	6
1	5	5	9	6	3	6	6	4
2	3	6	2	0	6		7	2
3	4	2	5				0	0
1	1	8					1	0

8. PRIOR CREDIT

(If applicable.)

9. CHARGE FOR LATE FILING OF THIS REPORT

(One or more days late add \$5.00 forfeit.)

10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS.

Line 5 x 1/10% (.001) for each month or part of month delinquent.

11. INTEREST ON PAST DUE UI CONTRIBUTIONS

Line 6 x 1% (.01) for each month or part of month delinquent.

12. TOTAL PAYMENT DUE

Total Line 6 through Line 11.

☐ Pay online at <http://ui.nv.gov/ess> then select Employer Self Service (ESS).

☒ Enclosing check payable to NEVADA EMPLOYMENT SECURITY DIVISION.
(Include Employer's name and address.)

I certify that no part

Authorized Signat

Print Signer's Name

Employer's Phone

If Other Than Emplo

Print Preparer's Name

Preparer's Phone Number/E-mail:

(FOR DIVISION USE ONLY)

NOTE: Information collected may also be provided to various federal and state agencies as required or permitted by federal and state law.



Report suspected UI Fraud online at <https://uifraud.nvdeir.org> or call (775) 684-0475

RPT3795_43.0.0

DOT-THCNV000369

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00369
SA003243

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Employment Security Division
 Contributions Section
 500 East Third Street
 Carson City, NV 89713-0030
 (775) 684-6300



3845771
<http://ui.nv.gov/ess>

PULIZ MOVING & STORAGE CO

Employer's Quarterly Report

Use BLACK INK only. Instructions on separate page.

Please report any changes on the enclosed Employer's Report of Changes.

1. EMPLOYER ACCOUNT NO.	FEDERAL I.D. NO.	YOUR RATES
		UI 1.45%
		CEP 0.05%
QUARTER ENDING DATE 03/31/2016	DELINQUENT AFTER 05/02/2016	

2. LABOR MARKET STATISTICS

Enter for each month, the number of workers who worked during or received pay for the payroll period that includes the 12th of the month.

PAYMENT CALCULATION (Line 3 through Line 12)

If no wages were paid in this quarter, enter 0.00 on Line 3. Sign report and return.

3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER

Enter Grand Total amount from Wage Report.

4. LESS WAGES IN EXCESS OF \$28,200.00 PER INDIVIDUAL

(Cannot exceed amount on Line 3. See instructions on separate page.)

5. TAXABLE WAGES PAID THIS QUARTER

Line 3 less Line 4.

6. UI AMOUNT DUE THIS QUARTER

Line 5 x the UI Rate shown above in "Your Rates."

7. CEP AMOUNT DUE THIS QUARTER

Line 5 x the CEP Rate shown above.

8. PRIOR CREDIT

(If applicable.)

9. CHARGE FOR LATE FILING OF THIS REPORT

(One or more days late add \$5.00 forfeit.)

10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS.

Line 5 x 1/10% (.001) for each month or part of month delinquent.

11. INTEREST ON PAST DUE UI CONTRIBUTIONS

Line 6 x 1% (.01) for each month or part of month delinquent.

12. TOTAL PAYMENT DUE

Total Line 6 through Line 11.

☐ Pay online at <http://ui.nv.gov/ess> then select Employer Self Service (ESS).

☒ Enclosing check payable to NEVADA EMPLOYMENT SECURITY DIVISION.
(Include Employer Account Number on check.)

I certify that no part of the wages reported on this report were paid to any individual who is currently receiving unemployment benefits.

Authorized Signer

Print Signer's Name

Employer's Phone

If Other Than Employer

Print Preparer's Name

Preparer's Phone

MONTH 1	MONTH 2	MONTH 3
9 5	9 6	9 5

DOLLARS

CENTS

8	7	6	9	3	1	4	7
1	1	8	0	5	6		
8	7	5	7	5	0	9	1
1	2	6	9	8	3	8	
4	3	7	8	8			

1	3	1	3	6	2	6
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(FOR DIVISION USE ONLY)

NOTE: Information collected may also be provided to various federal and state agencies as required or permitted by federal and state law.



Report suspected UI Fraud online at <https://uifraud.nvdetr.org>

RPT3795_44.0.0
 DOT-THCNV000370

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00370
 SA003244

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
Confirmation

Page 1 of 1

Confirmation Page

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Congratulations! You have successfully submitted your Contribution report with the Nevada Department of Employment, Training & Rehabilitation
Your confirmation number is 5341582

Account:	000299000
Legal Name:	PULIZ MOVING & STORAGE CO
Report Quarter:	2
Report Year:	2016
Report Amount Due:	\$12,155.60
Date/Time:	Wednesday, July 27, 2016 03:04:07 PM

[https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo= 5341582&...](https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo=5341582&...) 7/27/2016

DOT-THCNV000371

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00371
SA003245

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
Confirmation

Page 1 of 1

Confirmation Page

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Congratulations! You have successfully submitted your Contribution report with the Nevada Department of Employment, Training & Rehabilitation
Your confirmation number is 5691221

Account:	
Legal Name:	PULIZ MOVING & STORAGE CO
Report Quarter:	3
Report Year:	2016
Report Amount Due:	\$9,637.87
Date/Time:	Tuesday, October 25, 2016 09:40:05 AM

[https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo= 5691221...](https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo=5691221...) 10/25/2016

DOT-THCNV000372

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0012-00372
SA003246

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Confirmation

Page 1 of 1

Confirmation Page

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Congratulations! You have successfully submitted your Contribution report with the Nevada Department of Employment, Training & Rehabilitation
Your confirmation number is 6043758

Account:	
Legal Name:	PULIZ MOVING & STORAGE CO
Report Quarter:	4
Report Year:	2016
Report Amount Due:	\$5,438.98
Date/Time:	Thursday, January 19, 2017 04:05:22 PM

[https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo= 6043758&...](https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo=6043758&...) 1/19/2017
DOT-THCNV000373

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00373
SA003247

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Confirmation

Page 1 of 1

Confirmation Page

Congratulations! You have successfully submitted your Contribution report with the Nevada Department of Employment, Training & Rehabilitation
Your confirmation number is 6361086

Account:	
Legal Name:	PULIZ MOVING & STORAGE CO
Report Quarter:	1
Report Year:	2017
Report Amount Due:	\$13,435.14
Date/Time:	Tuesday, April 04, 2017 03:27:05 PM

[https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo= 6361086&n...](https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo=6361086&n...) 4/4/2017
DOT-THCNV000374

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0012-00374
SA003248

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions

Confirmation

Page 1 of 1

Confirmation Page

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Congratulations! You have successfully submitted your Contribution report with the Nevada Department of Employment, Training & Rehabilitation
Your confirmation number is 6739675

Account:	
Legal Name:	PULIZ MOVING & STORAGE CO
Report Quarter:	2
Report Year:	2017
Report Amount Due:	\$14,061.73
Date/Time:	Friday, July 14, 2017 01:47:56 PM

[https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo= 6739675&...](https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo=6739675&...) 7/14/2017

DOT-THCNV000375

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0012-00375
SA003249

5.2.9 Tab IX - Evidence of Taxes Paid - Other Beneficial Contributions
Confirmation

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Confirmation Page

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Congratulations! You have successfully submitted your Contribution report with the Nevada Department of Employment, Training & Rehabilitation
Your confirmation number is 7091445

Account:	
Legal Name:	PULIZ MOVING & STORAGE CO
Report Quarter:	3
Report Year:	2017
Report Amount Due:	\$8,783.22
Date/Time:	Friday, October 20, 2017 01:54:47 PM

[https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo= 7091445...](https://secure.ui.nv.gov/ESS/ESSConfirmationPrintController.htm?confirmNo=7091445...) 10/20/2017

DOT-THCNV000376

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0012-00376
SA003250