

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS



Credit Card Receipt

Chloe Rubio

Customer:	Date Received	01/03/2024
JULIANNE GREEP	Card #	XXXX-XXXX-XXXX-3656
5011 HILLSDALE BLVD,	Authorization	014598
NORTH HIGHLANDS, CA,	#	
95660	Amount	\$86.00

DATE	DTN	REFERENCE	FEES
01/03/2024	13207031	- Examination - SP	\$86.00
		Total Fees:	\$86.00
		Previously Paid:	\$0
		Paid Today:	\$86.00
		Balance Due:	\$0

Please Note: This payment does not complete your application. If you have any questions please contact (800) 952-8356 and reference your DTN number listed above.

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

003727

**Environmental Health Division**

Community Development Department

Physical: 48 Yaney Avenue, Sonora

Mailing: 2 S. Green Street, Sonora, CA 95370

209 533-5639

www.tuolumnecounty.ca.gov**INVOICE**

BILLING: MILL VILLA MHCLP
18006 SKY PARK CIRCLE, STE 200
IRVINE, CA 92614

ATTN:

FACILITY: MILL VILLA ESTATES - SPA
18717 MILL VILLA RD
SONORA, CA 95370

LICENSE #: REC-GF-23-5140

INVOICE DATE: January 9, 2024

INVOICE #: 24-GF-23-5140

PAYMENT DUE DATE: March 1, 2024

TOTAL DUE: \$696.75**PLEASE RETURN REMITTANCE NOTICE WITH PAYMENT TO:**

Tuolumne County Environmental Health
Mail to: 2 South Green St, Sonora, CA 95370
For billing questions call 209-533-5639

FEE DESCRIPTION	QTY	AMOUNT
PUBLIC SPA ANNUAL		\$696.75

Fees must be postmarked by due date to avoid permit expiration and/or further legal action by this division.

003728

STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM



**APPLICATION FOR MH-UNIT/COMMERCIAL MODULAR SALESPERSON
(PART A)**

SECTION 1 – APPLICANT INFORMATION (Type or Print)

NAME: Rubio Chloe Francine TELEPHONE NUMBER: 209 422-7330
Last First Middle

RESIDENCE ADDRESS: 2630 Novi Dr. Riverbank CA 95307
Number and Street City State ZIP Code

MAILING ADDRESS (If different): _____
Number and Street City State ZIP Code

E-MAIL ADDRESS (If applicable): millvilla-am@ipgliving.com

SECTION 2 – TYPE OF LICENSE REQUESTED

Check the appropriate box to indicate the purpose of this application submittal.

☒ MH-Unit Salesperson ☐ Commercial Modular Salesperson

SECTION 3 – EMPLOYER INFORMATION (Type or Print)

DEALERSHIP NAME: Brian L. Fitterer Inc

LICENSE NUMBER: DL 1501648

DEALERSHIP ADDRESS: 18006 Sky Park Circle, Suite 200 Irvine CA 92614
Number and Street City State ZIP Code

SECTION 4 – APPLICANT'S CERTIFICATION

I, Chloe Rubio, certify under penalty of perjury
Type or Print First and Last Name
under the laws of the State of California that the information given on this application is true and correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE Chloe Rubio DATE 2/1/24

SECTION 5 – EMPLOYING DEALER'S CERTIFICATION

I, Tanya Vidaurri, certify that I have reviewed
Type or Print First and Last Name
the completed application (Part A and Part B) and intend to employ the above named person as a MH-Unit and/or Commercial Modular Salesperson. I further certify and acknowledge that the above named person will not participate as a licensee in any MH-Unit or commercial modular sales activity, until he/she receives a Salesperson Temporary Permit or License from the California Department of Housing and Community Development.

DocuSigned by:
DEALER'S SIGNATURE Tanya Vidaurri TITLE Vice President Property Management
62462ABDE92F493...

DATE 2/9/2024 EXECUTED IN THE COUNTY OF Orange STATE OF California

SUBMIT APPLICATION TO: DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM
P. O. BOX 278690
SACRAMENTO, CA 95827-8690

STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM



**APPLICATION FOR MH-UNIT/COMMERCIAL MODULAR
MANUFACTURERS, DISTRIBUTORS, DEALERS AND SALESPERSONS
(PART B)**

SECTION 1 – PERSONAL INFORMATION (Type or Print)

NAME: Rubio Chloe Francine
Last First Middle
 RESIDENCE ADDRESS: 2630 Novi Dr. Riverbank CA 95367
Number and Street City State ZIP Code
 TELEPHONE NUMBER: (209) 533-3151 (209) 422-7330
Business Home
 PHYSICAL DESCRIPTION: F / Brown / Hazel / 5'8 / 280 / 3/14/93
Sex Hair Color Eye Color Height Weight Birth Date
 E-MAIL ADDRESS (If applicable): millvilla-am@ipgliving.com

SECTION 2 – EMPLOYMENT HISTORY (Type or Print)

ALL APPLICANTS: LIST EMPLOYMENT RECORD (INCLUDING PERIODS OF UNEMPLOYMENT, MILITARY SERVICE OR SCHOOLING) FOR THE PAST 5 YEARS, WITH THE MOST RECENT SHOWN FIRST.

FROM		TO		TITLE AND DUTIES PERFORMED	EMPLOYER'S NAME, ADDRESS, TYPE OF BUSINESS
MO.	YR.	MO.	YR.		
12	23	Current		Assistant manager	IPG Living; mill villa Estates; SS+ Community
8	18	8	23	Guest Services manager	Residence Inn; Modesto, CA, Hotel

☐ CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 3 – EDUCATION

FOR DEALER APPLICANTS ONLY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY

TYPE DEGREE EARNED

(Type or Print)
DATE DEGREE GRANTED

Explain how your experience and/or education qualify you to be issued an occupational license pursuant to Health and Safety Code 18050.7. Attach a copy of your certified transcripts or other acceptable evidence from an accredited college/university, if you are using a college/university education to qualify for a MH-Unit dealer's license.

☐ CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 4 – PERSONAL HISTORY QUESTIONNAIRE (Type or Print)

READ AND ANSWER EACH QUESTION CAREFULLY.

- Have you previously been or are you now licensed in any state as a MH-Unit or commercial modular salesperson, distributor, dealer or manufacturer, etc.? YES ☐ NO ☒
 If yes, provide the following information:

<u>LICENSE NUMBER</u>	<u>TYPE ISSUED</u>	<u>EXPIRATION DATE</u>	<u>STATE</u>
-----------------------	--------------------	------------------------	--------------
- Have you previously been or are you now in possession of an Occupational License (contractor, real estate salesperson or broker, vehicle salesperson, etc.)? YES ☐ NO ☒
 If yes, disclose the name you used (if different than shown in Section 1), the name of the state and issuing department, and type of license.
- Do you hold a valid California Driver License? YES ☒ NO ☐
 If yes, list the license number: E3874167

☐ CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 4 – PERSONAL HISTORY QUESTIONNAIRE - Continued (Type or Print)

4. Have you ever been known by or used any name other than the name appearing in Section 1 of this questionnaire?

YES ☐ NO ☒

If yes, list all names. _____

5. Have you had a business or occupational license refused, revoked, suspended or subject to other disciplinary action or were you ever a Partner, a Member of an LLC, Officer, Director or Stockholder in a corporation whose license was refused, revoked, suspended or subject to other disciplinary action in the past five (5) years?

YES ☐ NO ☒

If yes, disclose the name you used (if different than shown in Section 1), the business name, the name of the state and issuing department, and the type of license. _____

6. Have you had any civil judgments rendered against you within the past five (5) years?

YES ☐ NO ☒

If yes, were any of the judgments a result of your activity under any occupational license?

YES ☐ NO ☒

If yes, on a separate sheet, disclose for each case the name you used (if different than shown in Section 1), the name of the state and court, the department and type of license, the amount and date of any judgment and whether the judgment has been paid.

7. Were you an Owner, a Partner, a Member of an LLC, Officer, Director, Controlling Stockholder or General Manager in a corporation that had a civil or criminal judgment rendered against it within the past five (5) years?

YES ☐ NO ☒

If yes, on a separate sheet, disclose for each case the name you used (if different than shown in Section 1), the business name, the name of the state, the name and address of the court, the amount and date of any civil judgment or criminal penalty and whether the judgment or penalty has been paid.

8. Have you declared bankruptcy or were you an Owner, a Partner, a Member of an LLC, Officer, Director or Controlling Stockholder in a corporation that declared bankruptcy within the past five (5) years?

YES ☐ NO ☒

If yes, disclose the name you used (if different than shown in Section 1), the business name, the date bankruptcy was filed, and the name and address of the court. _____

9. Excluding traffic offenses, have you ever been convicted, fined or placed on probation or parole for any crime or offense, either felony or misdemeanor?

YES ☐ NO ☒

If yes, list each separate offense below, even if you were pardoned or if the offense was expunged from the record of the court. State if you are currently on probation or parole, show the name and address of your probation or parole officer.

DATE OF CONVICTION	NATURE OF OFFENSE	COURT AND JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation	Jail or Prison Term	Date Released

☐ CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION**SECTION 5 – CERTIFICATION BY APPLICANT**I, Chloe Francine Rubio, certify

Type or Print First, Middle and Last Name

under penalty of perjury under the laws of the State of California that the answers and information contained herein and any attachments hereto are true and correct to the best of my knowledge and belief. I acknowledge that I am not authorized to act in the capacity of a licensee until I receive a Temporary Permit or License from the California Department of Housing and Community Development.

SIGNATURE

Chloe Rubio

DATE

1-23-24

EXECUTED IN THE COUNTY OF

Tuolumne

STATE OF

California

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission



ORI: 000000 Type of Application: LICENSE CERT OR PERMIT
 Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: Manufactured Home Salesperson
 SEE BACKSIDE FOR LIST OF APPLICABLE HCD APPLICATION TYPES

Agency Address Set Contributing Agency:
Calif. Dept. of Housing & Community Development
 Agency authorized to receive criminal history information
01050
0000000000
0000000000
Sacramento CA 95827-8690 (800) 952-8356
 City State Zip Code Contact Telephone No.

Name of Applicant: Rubio Chloe Francine
 (Please print) Last First MI
 Alias: _____ Driver's License No. E38741107
 Last First
 Date of Birth: 03/14/93 Sex ☐ Male ☒ Female Misc. No. BIL - 100104
 Height: 5'8 Weight: 280 Misc. No.: _____
 Eye Color: Hazel Hair Color: Brown Home Address: 2030 Novi Dr.
 Place of Birth: Modesto, CA Riverbank CA 95307
 City State Zip Code
 SSN: 003-666-2568

Your Number: NA Level of Service ☒ DOJ ☒ FBI
 OCA No. (Agency Identifying No.)
 If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
NA
 Employer Name
 Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)
 City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: Linda Lowry Date: 1-31-24
 Name of Operator
CSV Jamestown 296 I031RUC074
 Transmitting Agency ATI No. Amount Collected/Billed

NOTE: Illegible, incomplete, or incorrect information may result in processing delays or the denial of your application.

HCDOL 8016 (New 11/05) ORIGINAL - Live Scan Operator; SECOND COPY - HCD; THIRD COPY - Applicant

003732



003733



003734

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
OCCUPATIONAL LICENSING PROGRAM



CERTIFICATE OF COMPLETION

(TYPE OR PRINT) CERTIFICATE NUMBER: 120184

COURSE PROVIDER NAME: New World Enterprises, Inc.

COURSE PROVIDER ADDRESS: 30031 Westlake Drive, Menifee, CA 92584

COURSE PROVIDER APPROVAL NUMBER: 1286473 COURSE APPROVAL NUMBER: 1286473-01

COURSE TITLE: Preliminary Education

DATE OF PRESENTATION: 12/27/2023 CLOCK HOURS: 6

ADDRESS OF PRESENTATION: (Except Correspondence Courses)

INSTRUCTOR NAME: Ashley Eldam (IN1593009)

COURSE TYPE: (Check one box) ☒ Preliminary Education ☐ Continuing Education, Correspondence

☐ Continuing Education, Classroom ☐ Continuing Education, Challenge

THIS WILL CERTIFY THAT Chloe Rubio HCD License Number, if applicable

HAS SUCCESSFULLY COMPLETED THIS COURSE.

DATE OF ISSUANCE: 12/27/2023

[Signature] Instructor

Authorized Signature Title

NOTICE TO RECIPIENT

DO NOT DISCARD THIS CERTIFICATE

For persons making application to the California Department of Housing and Community Development for a MH-Unit dealer or salesperson license, present this Certificate when taking the license examination.

For licensees applying for the renewal of a MH-Unit dealer or salesperson license, list the Certificate number on the renewal application.



STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING

FOR DEPARTMENT USE ONLY

DATE OF COLLECTION:

FEE AMOUNT:

DTN:

OFFICE:

PROCTOR:

SCORE:

TEST NO:

APPLICATION FOR OCCUPATIONAL LICENSING EXAMINATION FOR
MH-UNIT/COMMERCIAL MODULAR SALESPERSON

NAME Rubio Chloe Francine
Last First Middle
RESIDENCE 2030 Novi Dr Riverbank CA 95367
Number and Street City State Zip Code

CALIFORNIA DRIVER'S LICENSE NUMBER E3874167

APPLICATION TYPE: ☒ MH-UNIT SALESPERSON
☐ COMMERCIAL MODULAR SALESPERSON

PRELIMINARY EDUCATION COMPLIANCE: Course Approval No. 1286473-01

Date Course Completed 12/27/23 Certificate of Completion Serial No. 120184

NOTICE TO APPLICANT

1. MH-Units include: Manufactured homes, multifamily manufactured homes, and mobilehomes.
2. The examination fee specified in Title 25, California Code of Regulations, Chapter 4, Section 5040(f), is required for each examination taken. Currently the Salesperson Exam fee is \$86.
3. The application for your license must be submitted within six (6) months of the date you successfully complete your examination.
4. Applicants found cheating, reading the OL Study Guide, reading notes, taking notes, using telephones, discussing the examination with others, or leaving the exam area without notifying the Proctor and giving the Proctor both the exam book and answer sheet during the examination will be given a failing grade.
5. Read the instructions provided in the examination booklet before you begin the examination.
6. An examination answer sheet is provided on the reverse side of this application.
7. Post examination reviews of the examination booklet or answer sheet are not permitted. Any complaints need to be submitted in writing to the HCD OL Program at PO Box 31, Sacramento, CA 95812-0031 or via email at ol@hcd.ca.gov.

DO NOT WRITE IN THE TEST BOOKLET.

SIGNATURE

DATE

1/17/24

APPLICANT RECEIPT

APPLICANT NAME

DATE

HCD OFFICE

PROCTOR

SCORE

TEST NUMBER

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS



Credit Card Receipt

Customer:	Date Received	01/17/2024
VALERIE AVILA	Card #	XXXX-XXXX-XXXX-9003
18006 SKY PARK CIRCLE # 200,	Authorization	033254
IRVINE, CA, 92614	#	
	Amount	\$86.00

DATE	DTN	REFERENCE	FEES
01/17/2024	13214168	- Examination - SP	\$86.00
		Total Fees:	\$86.00
		Previously Paid:	\$0
		Paid Today:	\$86.00
		Balance Due:	\$0

Please Note: This payment does not complete your application. If you have any questions please contact (800) 952-8356 and reference your DTN number listed above.

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

003737

STATE OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

**STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS
FOR
STATE PUBLIC BENEFITS**

Print Name of Applicant (Applicant is the person who wants a license, certificate, approval or permit to operate)	Date
Chloe Rubio	2/1/24
Print Name of Person Acting for Applicant, if any	Relationship to Applicant
Type of Application (check all that apply)	Type of Application (check all that apply)
☐ MANUFACTURER LICENSE ☐ DEALER LICENSE ☒ SALESPERSON LICENSE ☐ 90-DAY CERTIFICATE ☐ PERMIT TO OPERATE MOBILEHOME PARK	☐ COURSE PROVIDER APPROVAL ☐ INSTRUCTOR APPROVAL ☐ THIRD-PARTY AGENCY APPROVAL ☐ QUALITY ASSURANCE INSPECTOR APPROVAL ☐ PERMIT TO OPERATE EMPLOYEE HOUSING

CITIZENSHIP/IMMIGRATION STATUS DECLARATION

Citizens and nationals of the United States who meet all eligibility requirements may receive Occupational Licenses, Certificates, Approvals and/or Permits to Operate and must fill out SECTIONS A and D.

Aliens who meet all eligibility requirements may also receive Occupational Licenses, Certificates, Approvals and/or Permits to Operate and must complete SECTIONS A, B, and D, and if necessary, SECTION C of this form.

SECTION A: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

1. Are you a citizen or national of the United States?

Yes ☒

No ☐

If the answer to the above question is yes, where were you born?

modesto, CA United States of America
(City/State/Country)

2. To establish citizenship or nationality, please submit a legible and unaltered copy of one of the documents on LIST A.

IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE COMPLETE SECTION B, AND, IF NECESSARY, SECTION C.

SECTION B: ALIEN STATUS DECLARATION

IMPORTANT: Please indicate your alien status below, and submit documents evidencing such status. The alien status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provide to aliens in those categories. You can provide other acceptable evidence of your alien status even if not listed below.

- ☐ An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form 1-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
 - Unexpired Temporary 1-551 stamp in foreign passport or on INS Form 1-94.
- ☐ An alien who is granted asylum under section 208 of the INA. Evidence includes:
- INS Form 1-94 annotated with stamp showing grant of asylum under section 208 of the INA;
 - INS Form 1-688B (Employment Authorization Card annotated "274a.12(a)(5)".
 - INS Form 1-766 (Employment Authorization Document) annotated "A5".
 - Grant letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
- ☐ A refugee admitted to the United States under section 207 of the INA. Evidence includes:
- INS Form 1-94 annotated with stamp showing admission under s207 of the INA;
 - INS Form 1-688B (Employment Authorization Card) annotated "274a.12(a)(3)".

Page 2

- INS Form I-766 (Employment Authorization Document) annotated "A3"; or
- INS Form I-571 (Refugee Travel Document).



An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:

- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)



An alien whose deportation is being withheld under section 243(h) of the INA (as in effect immediately prior to September 30, 1996) of Section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:

- INS Form I-688B (Employment Authorization Card) annotated "247a. 12(a)(10)".
- INS Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order form an immigration judge showing deportation withheld under s 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under s 241(b)(3) of the INA.



An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:

- INS Form I-94 with stamp showing admission under s203(a)(7) of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "274a. 12(a)(3)"; or
- INS Form I-766 (Employment Authorization Document) annotated "A3."



An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:

- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
- INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.



An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)



An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a non-immigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)

SECTION C: DECLARATION FOR BATTERED ALIENS

IMPORTANT: Complete this section if the applicant, the applicant's child or the applicant child's parent has been battered or subjected to extreme cruelty in the United States.



Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case? Evidence includes one of the documents on List B (attached hereto).



Has the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to, or acquiesced in the battery or cruelty)?

SECTION D: DECLARATION

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: *Cur Rio*Date: 2/1/24

Signature of Person

Acting For Applicant: _____

Date: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF STANISLAUS

MODESTO, CALIFORNIA

104-

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1 93 50 001679

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A NAME OF CHILD—FIRST, MIDDLE, LAST CHLOE		1B MIDDLE FRANCINE		1C LAST NAME RUBIO	
	2 SEX FEMALE	3A TIME BIRTH—HOUR, MINUTE, SECOND SINGLE	3B IF MULTIPLE, PRECEDED BY FIRST, SECOND, ETC. -	3A DATE OF BIRTH—MONTH—DAY—YEAR MARCH 14, 1993		4B HOUR—124 HOUR CLOCK—TIME 0815
PLACE OF BIRTH	5A PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY DOCTORS MEDICAL CENTER			5B STREET ADDRESS—STREET ADDRESS OR LOCATION 1441 FLORIDA AVENUE		
	5C CITY MODESTO			5D COUNTY STANISLAUS		5E PLANNED PLACE OF BIRTH HOSPITAL
FATHER OF CHILD	6A NAME OF FATHER—FIRST, MIDDLE, LAST LEONARD		6B MIDDLE THOMAS		6C LAST NAME RUBIO	7 STATE OF BIRTH CA
MOTHER OF CHILD	8A NAME OF MOTHER—FIRST, MIDDLE, LAST NICOLE		8B MIDDLE -		8C LAST NAME DIFRANCIA	9 STATE OF BIRTH CA
PARENT'S CERTIFICATION	10A I HAVE REVIEWED THE STATE INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		10B PARENT OR OTHER INFORMATION <i>Nicole D. Difrancia</i>		10C RELATIONSHIP TO CHILD MOTHER	
CERTIFICATION OF BIRTH	11 I CERTIFY THAT THE CHILD WAS BORN AT THE DATE, HOUR AND PLACE STATED		11A ATTENDANT OF CERTIFICATION—NAME, ADDRESS OR TITLE <i>Tamara S. Toombs, ART</i>		11B LICENSE NUMBER C-39593	
	12 TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT DAVID HENRY, MD, 1444 COFFEE RD, MODESTO		12A TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT Tamara S. Toombs, ART			
LOCAL REGISTRAR	13A DATE OF DEATH		13B STATE FILE NO.		13C LOCAL REGISTRATION—800A	
			<i>LS Faircliff MD Anderson</i>		17 DATE ACCEPTED FOR REGISTRATION MAR 25 1993	

Donna Linder
DONNA LINDER, CLERK-RECORDER
STANISLAUS COUNTY, CALIFORNIA

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF STANISLAUS



DATE ISSUED

MAR 17 2020

BY

Jennife Creekmore
Deputy

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Stanislaus County Clerk-Recorder.
This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk-Recorder.

003740

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASTANIS02

#1

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS



Credit Card Receipt

Customer: MELISSA MONTGOMERY
18717 MILL VILLA,
239, JAMESTOWN, CA,
95327

Date Received 02/07/2024
Card # XXXX-XXXX-XXXX-9088
Authorization # 922452
Amount \$86.00

DATE	DTN	REFERENCE	FEES
02/07/2024	13237914	- Examination - SP	\$86.00
		Total Fees:	\$86.00
		Previously Paid:	\$0
		Paid Today:	\$86.00
		Balance Due:	\$0

Please Note: This payment does not complete your application. If you have any questions please contact (800) 952-8356 and reference your DTN number listed above.

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

003741

8

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS



Credit Card Receipt

Customer: Date Received 02/21/2024
MILISSA MONTGOMERY Card # XXXX-XXXX-XXXX-9088
18717 MILL VILLA RD #239, Authorization # 762437
JAMESTOWN, CA, 95327 Amount \$86.00

DATE	DTN	REFERENCE	FEES
02/21/2024	13245683	- Examination - SP	\$86.00
Total Fees:			\$86.00
Previously Paid:			\$0
Paid Today:			\$86.00
Balance Due:			\$0

Please Note: This payment does not complete your application. If you have any questions please contact (800) 952-8356 and reference your DTN number listed above.

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

003742

#1

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS



Credit Card Receipt

Customer:	Date Received	02/07/2024
MELISSA MONTGOMERY	Card #	XXXX-XXXX-XXXX-9088
18717 MILL VILLA,	Authorization #	922452
239, JAMESTOWN, CA, 95327	Amount	\$86.00

DATE	DTN	REFERENCE	FEES
02/07/2024	13237914	- Examination - SP	\$86.00
		Total Fees:	\$86.00
		Previously Paid:	\$0
		Paid Today:	\$86.00
		Balance Due:	\$0

Please Note: This payment does not complete your application. If you have any questions please contact (800) 952-8356 and reference your DTN number listed above.

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

003743

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS



Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

003744

Tuolumne County Sheriff's Office

"Serving with Professionalism and Pride"

Bill Pooley
Sheriff-Coroner

LIVESCAN FINGERPRINT SERVICES

Bill To

Chloe Rubio
2630 Novi Dr
Riverbank, CA 95367

Invoice

Date

2/8/2024

This is the portion of the bill that you are responsible for. If you feel this is not your responsibility, contact us immediately.

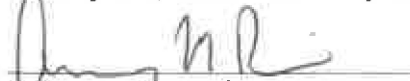
Invoice #

Terms

0173

Date of Scan	Applicant's Name	Amount
1/31/24	Chloe Rubio	30.00
		Total \$30.00
		Payment Accepted: Cash or Check
Remit to:	Tuolumne County Sheriff's Office Attn: Jill Wagner 28 N. Lower Sunset Sonora, CA 95370	
Questions:	Jill Wagner, Fiscal Technician 209-533-59891	

I certify that, to the best of my knowledge, the above bill is true and accurate.


Ashley Price, Senior Accountant

28 N. Lower Sunset, Sonora, CA 95370
Attn: Brittany Haste
209-533-5946

003745

STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM



APPLICATION FOR MH-UNIT/COMMERCIAL MODULAR SALESPERSON
(PART A)

SECTION 1 – APPLICANT INFORMATION (Type or Print)

NAME: Montgomery Melilla Nicole TELEPHONE NUMBER: 504 479 6500
Last First Middle
RESIDENCE ADDRESS: 18717 Mill Villa Rd Space 239 Sacramento CA
Number and Street City State ZIP Code 95327
MAILING ADDRESS (If different):
Number and Street City State ZIP Code

E-MAIL ADDRESS (If applicable): melillagracion@yahoo.com

SECTION 2 – TYPE OF LICENSE REQUESTED

Check the appropriate box to indicate the purpose of this application submittal.

☒ MH-Unit Salesperson

☐ Commercial Modular Salesperson

SECTION 3 – EMPLOYER INFORMATION (Type or Print)

DEALERSHIP NAME: Brian L Fitterer, Inc.

LICENSE NUMBER: DL1501648

DEALERSHIP ADDRESS: 18006 Sky Park Circle, STE 200 Irvine, CA 92614
Number and Street City State ZIP Code

SECTION 4 – APPLICANT'S CERTIFICATION

I, Melilla Montgomery, certify under penalty of perjury
Type or Print First and Last Name
under the laws of the State of California that the information given on this application is true and correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE Melilla Montgomery DATE 3/25/2024

SECTION 5 – EMPLOYING DEALER'S CERTIFICATION

I, Tanya Vidaurri, certify that I have reviewed
Type or Print First and Last Name
the completed application (Part A and Part B) and intend to employ the above named person as a MH-Unit and/or Commercial Modular Salesperson. I further certify and acknowledge that the above named person will not participate as a licensee in any MH-Unit or commercial modular sales activity, until he/she receives a Salesperson Temporary Permit or License from the California Department of Housing and Community Development.

DEALER'S SIGNATURE Tanya Vidaurri TITLE Responsible Managning Employer
DocuSigned by:
62462ABDE92F493
DATE 3/29/2024 EXECUTED IN THE COUNTY OF Orange STATE OF California

SUBMIT APPLICATION TO: DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM
P. O. BOX 278690
SACRAMENTO, CA 95827-8690

STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM



**APPLICATION FOR MH-UNIT/COMMERCIAL MODULAR
MANUFACTURERS, DISTRIBUTORS, DEALERS AND SALESPERSONS
(PART B)**

SECTION 1 - PERSONAL INFORMATION (Type or Print)

NAME: Montgomery Melissa Nicole
Last First Middle
 RESIDENCE ADDRESS: 18717 Mill Villa Rd Space 239 San Gabriel CA
Number and Street City State ZIP Code
 TELEPHONE NUMBER: () 504 79-6500 96327
Business Home
 PHYSICAL DESCRIPTION: F Brown Brown 5'2 170 6-9-77
Sex Hair Color Eye Color Height Weight Birth Date
 E-MAIL ADDRESS (if applicable): melissagracia@yahoo.com

SECTION 2 - EMPLOYMENT HISTORY (Type or Print)

ALL APPLICANTS: LIST EMPLOYMENT RECORD (INCLUDING PERIODS OF UNEMPLOYMENT, MILITARY SERVICE OR SCHOOLING) FOR THE PAST 5 YEARS, WITH THE MOST RECENT SHOWN FIRST.

FROM		TO		TITLE AND DUTIES PERFORMED	EMPLOYER'S NAME, ADDRESS, TYPE OF BUSINESS
MO.	YR.	MO.	YR.		
1-24	Current			Community Manager	IPG
1-22	4-23			Community Manager	BLD Commercial
10-2018	6-21			Community Manager	Tishan

☐ CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 3 - EDUCATION

FOR DEALER APPLICANTS ONLY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY

TYPE DEGREE EARNED

(Type or Print)
DATE DEGREE GRANTED

n/a

n/a

n/a

Explain how your experience and/or education qualify you to be issued an occupational license pursuant to Health and Safety Code 18050.7. Attach a copy of your certified transcripts or other acceptable evidence from an accredited college/university, if you are using a college/university education to qualify for a MH-Unit dealer's license.

I have been working in property management for 13 yrs, and
hold both ITH in CA and feel this will enhance my career.

☐ CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 4 - PERSONAL HISTORY QUESTIONNAIRE (Type or Print)

READ AND ANSWER EACH QUESTION CAREFULLY.

1. Have you previously been or are you now licensed in any state as a MH-Unit or commercial modular salesperson, distributor, dealer or manufacturer, etc.? YES ☐ NO ☒

If yes, provide the following information:

LICENSE NUMBER

TYPE ISSUED

EXPIRATION DATE

STATE

2. Have you previously been or are you now in possession of an Occupational License (contractor, real estate salesperson or broker, vehicle salesperson, etc.)? YES ☐ NO ☒

If yes, disclose the name you used (if different than shown in Section 1), the name of the state and issuing department, and type of license.

3. Do you hold a valid California Driver License? YES ☒ NO ☐

If yes, list the license number.

87532920

☐ CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION

SECTION 4 – PERSONAL HISTORY QUESTIONNAIRE - Continued (Type or Print)

4. Have you ever been known by or used any name other than the name appearing in Section 1 of this questionnaire?

YES ☒ NO ☐

If yes, list all names.

Melissa Graciano

5. Have you had a business or occupational license refused, revoked, suspended or subject to other disciplinary action or were you ever a Partner, a Member of an LLC, Officer, Director or Stockholder in a corporation whose license was refused, revoked, suspended or subject to other disciplinary action in the past five (5) years?

YES ☐ NO ☒

If yes, disclose the name you used (if different than shown in Section 1), the business name, the name of the state and issuing department, and the type of license.

6. Have you had any civil judgments rendered against you within the past five (5) years?

YES ☐ NO ☒
YES ☐ NO ☒

If yes, were any of the judgments a result of your activity under any occupational license?

If yes, on a separate sheet, disclose for each case the name you used (if different than shown in Section 1), the name of the state and court, the department and type of license, the amount and date of any judgment and whether the judgment has been paid.

7. Were you an Owner, a Partner, a Member of an LLC, Officer, Director, Controlling Stockholder or General Manager in a corporation that had a civil or criminal judgment rendered against it within the past five (5) years?

YES ☐ NO ☒

If yes, on a separate sheet, disclose for each case the name you used (if different than shown in Section 1), the business name, the name of the state, the name and address of the court, the amount and date of any civil judgment or criminal penalty and whether the judgment or penalty has been paid.

8. Have you declared bankruptcy or were you an Owner, a Partner, a Member of an LLC, Officer, Director or Controlling Stockholder in a corporation that declared bankruptcy within the past five (5) years?

YES ☐ NO ☒

If yes, disclose the name you used (if different than shown in Section 1), the business name, the date bankruptcy was filed, and the name and address of the court.

9. Excluding traffic offenses, have you ever been convicted, fined or placed on probation or parole for any crime or offense, either felony or misdemeanor?

YES ☐ NO ☒

If yes, list each separate offense below, even if you were pardoned or if the offense was expunged from the record of the court. State if you are currently on probation or parole, show the name and address of your probation or parole officer.

DATE OF CONVICTION	NATURE OF OFFENSE	COURT AND JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation	Jail or Prison Term	Date Released

☐ CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO PROVIDE THE REQUESTED INFORMATION**SECTION 5 – CERTIFICATION BY APPLICANT**I, Melissa Montgomery, certify

under penalty of perjury under the laws of the State of California that the answers and information contained herein and any attachments hereto are true and correct to the best of my knowledge and belief. I acknowledge that I am not authorized to act in the capacity of a licensee until I receive a Temporary Permit or License from the California Department of Housing and Community Development.

SIGNATURE Melissa Montgomery DATE 3/25/2024
EXECUTED IN THE COUNTY OF Tuolumne STATE OF California

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission



ORI: **A0040** Type of Application: **LICENSE CERT OR PERMIT**

Code assigned by DOJ

Job Title or Type of License, Certification or Permit:

SEE BACKSIDE FOR LIST OF APPLICABLE HCD APPLICATION TYPES

Agency Address Set Contributing Agency:

Calif. Dept. of Housing & Community Development

Agency authorized to receive criminal history information

01059

Mail Code (five digit code assigned by DOJ)

P.O. BOX 31

Street No.

Street or P.O. Box

Occupational Licensing Staff

Contact Name (Mandatory for all school submissions)

Sacramento

City

CA

State

95812-0031

Zip Code

(916) 323-9803

Contact Telephone No.

Name of Applicant
(Please print)

Last

First

MI

Alias

Last

First

Driver's License No.

87532920

Date of Birth: **06-09-1977**

Sex

☐ Male

☒ Female

Misc. No. BIL -

100194

Agency Billing Number (if applicable)

Height: **5'2"**

Weight: **170**

Misc. No.:

Eye Color: **Brown**

Hair Color: **Brown**

Home Address:

18717 Mullville Rd #239

Place of Birth:

Sacramento, CA

Alameda

Schenectady, NY

SOC: **563-47-7570**

County

Alameda, CA 94607

Your Number:

NA

Level of Service

☒ DOJ

☒ FBI

QCA No. (Agency Identifying No.)

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

NA

Employer Name

Street No.

Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

B. A. ...
Name of Operator

Date:

3/28/14

Transmitting Agency

TESO

I 888 MOM312

ATI No.

Amount Collected/Billed

\$23

NOTE: Illegible, incomplete, or incorrect information may result in processing delays or the denial of your application.

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
OCCUPATIONAL LICENSING PROGRAM

**CERTIFICATE OF COMPLETION**

CERTIFICATE NUMBER: **120205**

(TYPE OR PRINT)

COURSE PROVIDER NAME: **New World Enterprises, Inc.**

COURSE PROVIDER ADDRESS: **30031 Westlake Drive, Menifee, CA 92584**

COURSE PROVIDER APPROVAL NUMBER: **1286473** COURSE APPROVAL NUMBER: **1286473-01**

COURSE TITLE: **Preliminary Education**

DATE OF PRESENTATION: **1/22/2024** CLOCK HOURS: **6**

ADDRESS OF PRESENTATION: **(Except Correspondence Courses)**

INSTRUCTOR NAME: **Ashley Eidam (IN1593009)**

COURSE TYPE: (Check one box) ☒ Preliminary Education ☐ Continuing Education, Classroom ☐ Continuing Education, Correspondence ☐ Continuing Education, Challenge

THIS WILL CERTIFY THAT **Melissa Montgomery** HCD License Number, if applicable

HAS SUCCESSFULLY COMPLETED THIS COURSE.

DATE OF ISSUANCE: **1/22/2024**

A. Eidam Authorized Signature Instructor Title

NOTICE TO RECIPIENT**DO NOT DISCARD THIS CERTIFICATE**

For persons making application to the California Department of Housing and Community Development for a MH-Unit dealer or salesperson license, present this Certificate when taking the license examination.

For licensees applying for the renewal of a MH-Unit dealer or salesperson license, list the Certificate number on the renewal application.



STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING

APPLICATION FOR OCCUPATIONAL LICENSING EXAMINATION FOR
MH-UNIT/COMMERCIAL MODULAR SALESPERSON

FOR DEPARTMENT USE ONLY

DATE OF COLLECTION: 3/20/24
FEE AMOUNT: \$6
DTN: 13276525
OFFICE: HQ
PROCTOR: C. STEWART
SCORE: 13 74%
TEST NO: 1

NAME Montgomery Melissa N
Last First Middle

RESIDENCE 18705 Willow Rd. Spokane WA 99027
Number and Street City State Zip Code

CALIFORNIA DRIVER'S LICENSE NUMBER 87532928

APPLICATION TYPE: ☒ MH-UNIT SALESPERSON
☐ COMMERCIAL MODULAR SALESPERSON

PRELIMINARY EDUCATION COMPLIANCE: Course Approval No. 1286473-01

Date Course Completed 1-22-24 Certificate of Completion Serial No. 120205

NOTICE TO APPLICANT

1. MH-Units Include: Manufactured homes, multifamily manufactured homes, and mobilehomes.
2. The examination fee specified in Title 25, California Code of Regulations, Chapter 4, Section 5040(f), is required for each examination taken. Currently the Salesperson Exam fee is \$86.
3. The application for your license must be submitted within six (6) months of the date you successfully complete your examination.
4. Applicants found cheating, reading the OL Study Guide, reading notes, taking notes, using telephones, discussing the examination with others, or leaving the exam area without notifying the Proctor and giving the Proctor both the exam book and answer sheet during the examination will be given a failing grade.
5. Read the instructions provided in the examination booklet before you begin the examination.
6. An examination answer sheet is provided on the reverse side of this application.
7. Post examination reviews of the examination booklet or answer sheet are not permitted. Any complaints need to be submitted in writing to the HCD OL Program at PO Box 31, Sacramento, CA 95812-0031 or via email at ol@hcd.ca.gov.

DO NOT WRITE IN THE TEST BOOKLET.

SIGNATURE Melissa Montgomery

DATE 3-20-24

APPLICANT RECEIPT

APPLICANT NAME Melissa Montgomery DATE 3/20/24

HCD OFFICE HQ PROCTOR C. STEWART

SCORE 13 74% TEST NUMBER 1

(SEE REVERSE)

STATE OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS
FOR
STATE PUBLIC BENEFITS

Print Name of Applicant (Applicant is the person who wants a license, certificate, approval or permit to operate)		Date
<u>Melissa Montgomery</u>		<u>3/25/2024</u>
Print Name of Person Acting for Applicant, if any		Relationship to Applicant
Type of Application (check all that apply)	Type of Application (check all that apply)	
☒ MANUFACTURER LICENSE ☐ DEALER LICENSE ☒ SALESPERSON LICENSE ☐ 90-DAY CERTIFICATE ☐ PERMIT TO OPERATE MOBILEHOME PARK	☐ COURSE PROVIDER APPROVAL ☐ INSTRUCTOR APPROVAL ☐ THIRD-PARTY AGENCY APPROVAL ☐ QUALITY ASSURANCE INSPECTOR APPROVAL ☐ PERMIT TO OPERATE EMPLOYEE HOUSING	

CITIZENSHIP/IMMIGRATION STATUS DECLARATION

Citizens and nationals of the United States who meet all eligibility requirements may receive Occupational Licenses, Certificates, Approvals and/or Permits to Operate and must fill out SECTIONS A and D.

Aliens who meet all eligibility requirements may also receive Occupational Licenses, Certificates, Approvals and/or Permits to Operate and must complete SECTIONS A, B, and D, and if necessary, SECTION C of this form.

SECTION A: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

1. Are you a citizen or national of the United States?

If the answer to the above question is yes, where were you born?

Yes ☒ No ☐
San Leandro CA, Alameda
 (City/State/Country)

2. To establish citizenship or nationality, please submit a legible and unaltered copy of one of the documents on LIST A.

IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE COMPLETE SECTION B, AND, IF NECESSARY, SECTION C.

SECTION B: ALIEN STATUS DECLARATION

IMPORTANT: Please indicate your alien status below, and submit documents evidencing such status. The alien status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provide to aliens in those categories. You can provide other acceptable evidence of your alien status even if not listed below.

- ☐ An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form 1-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
 - Unexpired Temporary 1-551 stamp in foreign passport or on INS Form 1-94.
- ☐ An alien who is granted asylum under section 208 of the INA. Evidence includes:
- INS Form 1-94 annotated with stamp showing grant of asylum under section 208 of the INA;
 - INS Form 1-688B (Employment Authorization Card annotated "274a.12(a)(5)";
 - INS Form 1-766 (Employment Authorization Document) annotated "A5";
 - Grant letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
- ☐ A refugee admitted to the United States under section 207 of the INA. Evidence includes:
- INS Form 1-94 annotated with stamp showing admission under 207 of the INA;
 - INS Form 1-688B (Employment Authorization Card) annotated "274a.12(a)(3)".

Page 2

- INS Form I-766 (Employment Authorization Document) annotated "A3"; or
- INS Form I-571 (Refugee Travel Document).

- ☐ An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
- ☐ An alien whose deportation is being withheld under section 243(h) of the INA (as in effect immediately prior to September 30, 1996) of Section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
- INS Form I-688B (Employment Authorization Card) annotated "247a. 12(a)(10)".
 - INS Form I-766 (Employment Authorization Document) annotated "A10"; or
 - Order form an immigration judge showing deportation withheld under s 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under s 241(b)(3) of the INA.
- ☐ An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
- INS Form I-94 with stamp showing admission under s203(a)(7) of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a. 12(a)(3)"; or
 - INS Form I-766 (Employment Authorization Document) annotated "A3."
- ☐ An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.
- ☐ An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
- ☐ An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a non-immigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)

SECTION C: DECLARATION FOR BATTERED ALIENS

IMPORTANT: Complete this section if the applicant, the applicant's child or the applicant child's parent has been battered or subjected to extreme cruelty in the United States.

- ☐ Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case? Evidence includes one of the documents on List B (attached hereto).
- ☐ Has the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to, or acquiesced in the battery or cruelty)?

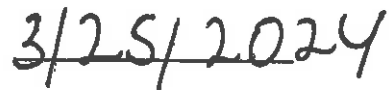
SECTION D: DECLARATION

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature:



Date:



Signature of Person
Acting For Applicant:

Date:

CERTIFICATE OF LIVE BIRTH

6018

6296

STATE BIRTH CERTIFICATE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1a. NAME OF CHILD—FIRST NAME MELISSA		1b. MIDDLE NAME NICOLE		1c. LAST NAME MONTGOMERY	
	2. SEX FEMALE	3a. THIS BIRTH: SINGLE, TWIN, OR TRIPLET? SINGLE	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD? 1ST		4a. DATE OF BIRTH—MONTH, DAY, YEAR JUNE 9, 1977	4b. HOUR 5:51 A.
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL VESPER MEMORIAL HOSPITAL OF SAN LEANDRO			5b. STREET ADDRESS (STREET, AND NUMBER, OR LOCATION) 2800 BENEDICT DRIVE		5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES
	5d. CITY OR TOWN SAN LEANDRO		5e. COUNTY ALAMEDA			
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME VIRGINIA		6b. MIDDLE NAME MARIE		6c. LAST NAME (MAIDEN SURNAME) MARTINEZ	
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 20 YEARS		8a. SOCIAL SECURITY NUMBER OF MOTHER 563-23-1241		10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS, OR LOCATION) 15248 HARDIN STREET	
	9. COLOR OR RACE OF MOTHER CAUCASIAN		10b. RESIDENCE OF MOTHER—COUNTY ALAMEDA		10c. RESIDENCE OF MOTHER—STATE CALIFORNIA	
	10c. RESIDENCE OF MOTHER—CITY OR TOWN SAN LEANDRO		10d. RESIDENCE OF MOTHER—COUNTY ALAMEDA		10e. RESIDENCE OF MOTHER—STATE CALIFORNIA	
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME SCOTT		11b. MIDDLE NAME EDSON		11c. LAST NAME MONTGOMERY	
	13. AGE OF FATHER (AT TIME OF THIS BIRTH) 22 YEARS		13a. SOCIAL SECURITY NUMBER OF FATHER 555-91-5671		14. COLOR OR RACE OF FATHER CAUCASIAN	
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>Virginia Martinez</i>		16b. DATE REVIEWED AND SIGNED BY INFORMANT 6-10-77
	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.			17a. PHYSICIAN OR OTHER PERSON WHO ATTENDED THIS BIRTH: SIGNATURE—DEGREE OR TITLE <i>James E. Huston, M.D.</i> JAMES E. HUSTON, M.D.		17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT 6-10-77
ATTENDANT'S CERTIFICATION				17c. ADDRESS 20032 LAKE CHABOT ROAD CASTRO VALLEY, CA.		17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER C 20204
	18. REQUEST OMISSION FROM SOLICITATION LIST			18. LOCAL REGISTRAR—SIGNATURE <i>Carl L. Smith</i>		20. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR JUN 28 1977

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: *Carl L. Smith* DEPUTYDATE: **JUL 8 - 1977**

003754





Date Incurred

3/27/2024

Category

Administrative Expenses

Vendor

DEPT OF HOUSING/COMMUN

Payment Type

US Bank Corporate Card

GL Code

MHC-6080-* Split

Property Name Reference Only

☐ Personal Expense

☒ Receipt Included

Expense Description for GL Notes

Dealer License Renewal

Split Allocation of Properties

King Arthur 61; Rancho Huntington 80; Prado Verde 79; Fairway

Attendees

\$0.00 USD

Currency

United States Dollar

Exchange Rate

Taxes

Receipt Total

\$12,960.00 USD

Total

\$12,960.00 USD

3-27-2024 - HCD Dealer License renewal - split CA MHC parks SP CC \$12,960

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY
DEVELOPMENT
DIVISION OF CODES AND STANDARDS



Credit Card Receipt

Customer:	Date Received	03/27/2024
STEPHANIE PEARL	Card #	XXXX-XXXX-XXXX-7056
18006 SKY PARK CIR STE 200,	Authorization #	070362
IRVINE, CA, 92614	Amount	\$12960.00

DATE	DTN	REFERENCE	FEES
03/27/2024	13221879 - Renew Dealer MH License		\$12960.00
		Total Fees:	\$12960.00
		Previously Paid:	\$0
		Paid Today:	\$12960.00
		Balance Due:	\$0

Please Note: This payment does not complete your application. If you have any questions please contact (800) 952-8356 and reference your DTN number listed above.

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

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Environmental Health Division
Community Development Department
Physical: 48 Yaney Avenue, Sonora
Mailing: 2 S Green Street, Sonora, CA 95370
209 533-5639
www.tuolumnecounty.ca.gov

ANNUAL PERMIT TO OPERATE INVOICE

BILLING:	MILL VILLA MHCLP 18717 MILL VILLA RD JAMESTOWN, CA 95327	LICENSE #:	REC-GF-23-5036
ATTN:	C/O LEASING OFFICE	INVOICE DATE:	April 24, 2024
FACILITY:	MILL VILLA ESTATES - POOL 18717 MILL VILLA RD SONORA, CA 95370	INVOICE #:	24-GF-23-5036
		PAYMENT DUE DATE:	UPON RECEIPT
		TOTAL DUE:	\$696.75

PLEASE RETURN REMITTANCE NOTICE WITH PAYMENT TO:
Tuolumne County Environmental Health
Mail to: 2 S Green Street, Sonora, CA 95370
For billing questions call 209-533-5639

FEE DESCRIPTION	QTY	AMOUNT
PUBLIC POOL ANNUAL		\$696.75

Fees must be postmarked by due date to avoid permit expiration and/or further legal action by this division.

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live #1
scan
Finger print



**Tuolumne County
Superintendent of Schools**

176 Fairview Lane
Sonora, CA 95370
(209) 536-2000
www.tpsos.us

Mar 26, 2024
11:12 AM
Blanca

Receipt: bfjL
Authorization: 981078

TCSOS Rolling Fee x 1	\$23.00
Regular	

Total	\$23.00
Visa 9088 (Swipe)	\$23.00
Mallisa Montgomery	

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COMMUNITY DEVELOPMENT DEPARTMENT

Quincy Yaley, AICP
Director

Land Use and Natural Resources – Housing and Community Programs – Environmental Health – Building and Safety – Code Compliance

May 30, 2024

48 Yaney Avenue, Sonora
Mailing: 2 S. Green Street
Sonora, CA 95370
(209) 533-5633
(209) 533-5616 (Fax)
(209) 533-5909 (Fax – EHD)
www.tuolumnecounty.ca.gov

TO: All Mobilehome, RV and Specialty Park Owners

FROM: Rachel Bell, Business Manager

SUBJECT: Fiscal Year 2024-2025 Mobilehome Rent Control Registration & Annual Fee Payment

If you are receiving this letter, it is because you are the resident manager, property manager, or designated park owner on file with Tuolumne County for Mobilehome Rent Control. If you are no longer the correct contact for the park referenced above, contact Jodi Shoemake at JShoemake@co.tuolumne.ca.us or (209)533-5689 to provide the updated contact and mailing information. Please note that the attachments referenced below have been sent to the authorized representative that completed the registration packet last year. If you would like a copy of the attachments and did not receive them, please contact Jodi Shoemake at JShoemake@co.tuolumne.ca.us or (209)533-5689.

The County of Tuolumne has established a \$14 annual fee per space for the administration and defense of the County of Tuolumne Mobilehome Park Rent Control Ordinance for Fiscal Year 2021-2022.

It is time again to register your park for the Mobilehome Rent Control Ordinance, Chapter 5.28 of the Tuolumne County Ordinance Code. Please complete **ALL** paperwork in the packet which includes:

1. Mobilehome Park Registration Form
2. Attachment A (Management and Owner information)
3. Attachment B (Space Report) – this form must be filled out completely, including the monthly rent, anniversary date and marked whether or not the space is subject to rent control
4. A map of your park
5. Your annual fee payment (if applicable)

Please be advised that the Mobilehome Park Registration form and Attachment A are open to the public for review. Attachments B is not open to the public.

All parks are required to fill out all the attached forms annually regardless of whether or not your park has spaces protected under rent control.

You will indicate on the attached forms which spaces in your park are protected by rent control and which spaces are exempt. Not all spaces are subject to rent control.

As a general guide, a space where a homeowner owns their mobilehome and has a space lease that is 12 months or less, is covered under rent control. Exemptions include but are not limited to the following:

- RV and tent spaces,

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- Vacant spaces (no resident living in the mobilehome)
- New spaces developed after January 1, 1990
- Spaces where the resident has entered into a lease with a term greater than 12 months
- Spaces in a resident owned park
- Spaces where the park owner owns both the home and the space
-

If you have questions about which spaces are exempt, please refer to Section 5.28.030 of the County Ordinance Code. For your convenience, the County of Tuolumne website has copies of the annual registration forms, and other documents related to mobilehome park rent control at <http://www.tuolumnecounty.ca.gov/index.aspx?NID=723> or go to www.tuolumnecounty.ca.gov and click on *Housing Division* and then the *Mobilehome Rent Control* page.

To review the County Ordinance on Mobilehome Rent Control, you may go to our web page at www.tuolumnecounty.ca.gov, click Ordinance Code, then click on Title 5 Business Regulations, and Section 5.28.

Those spaces subject to rent control are required to pay the **\$14.00** annual registration fee per space.

Under the Ordinance, a park owner is permitted to pass along half of the fee to the park residents under rent control. Section 5.28.100(E) of the ordinance discusses how 50% of the fee may be passed through to affected residents. It reads as follows:

The park owner may pass through fifty-percent (50%) of said fee to the affected residents on a pro-rata monthly basis. Said fee shall be shown separately on the monthly rent statement. If a resident fails to pay for more than ninety (90) days the passed through fee provided for in this section, the resident shall be assessed a one time per annum twenty-five dollars (\$25.00) failure to pay penalty. The failure to pay penalty shall be kept by the park owner.

Please submit all information and fees, if applicable, to our office no later than June 30, 2024. Failure to complete the forms and/or pay fees on time will result in late fees.

Please make checks payable to “County of Tuolumne”. You may drop off your paperwork at the Community Development Department public counter, 48 Yaney Avenue, 4th Floor, Sonora, CA 95370.

Or you can mail your paperwork to:

County of Tuolumne CDD

Housing Division

2 South Green Street

Sonora, CA 95370.

If you have any questions regarding the billing for Mobilehome Rent Control, please contact Jodi Shoemake at JShoemake@co.tuolumne.ca.us or (209)533-5689. If you have questions regarding the Mobilehome Ordinance, please refer to our County website or contact Rachel Bell rbbell@co.tuolumne.ca.us at 209-533-5612.

Sincerely,

Rachel Bell

Business Manager

ATTACHMENTS

MOBILEHOME PARK REGISTRATION FORM
(Annual Registration is required by all parks, even if exempt 5.28.100)

Park Name: Mill Villa

Park Physical Address: 18717 Mill Villa Rd Jamestown, CA 95327

Mailing Address (if different): 18006 Sky Park Circle, STE 200 Irvine, CA 92614

Total <u>number of spaces</u> in park (includes mobilehome, RV and tent spaces)	228
Total <u>number of mobilehome spaces</u> (even if currently occupied by RV)	228

EXEMPTIONS WORKSHEET

(This area is for your use to determine if you have space exemptions. These numbers may not add up to the total number of spaces in your park as some spaces may have multiple qualifiers.)

Total # of RV, tent, or camping spaces	0
Total # of vacant spaces (for Mobilehome spaces only)	24
Total # of Mobilehome spaces in a resident-owned park	0
Total # of new spaces developed after 1/1/1990 – please designate these on your Space Report	73
Total # of spaces where park owner owns the mobilehome & rents the home & space to a tenant - please designate these on your Space Report	1
Total occupied mobilehome spaces covered by lease/rental agreements GREATER than 12 months	1

Total number of spaces under rent control	153
Annual Fee = \$14 x Number of Spaces Listed in Row Above Please make check payable to <i>County of Tuolumne CDD</i> and mail to: Tuolumne County Community Development Department 2 South Green Street, Sonora, CA 95370	\$ <u>2,142</u> Amount Due

I declare under penalty of perjury under the laws of the State of California that the foregoing information, including the information in attachments A and B, which are incorporated by reference, is true and correct and that I am the authorized representative for the park owner.

Signature Alex Hollen Date 5/31/2024

Printed Name and Title Alex Hollen - Legal Secretary

Your Phone 949-486-7170 Your Email: permits@ipgliving.com

Did you remember to complete and include:

- ☒ Mobilehome Park Registration Form (this page)?
- ☒ Attachment A – Ownership & Management Information?
- ☒ Attachment B – Space Report?
- ☒ A map of your park?
- ☒ Your annual fee payment (if applicable)?

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OWNERSHIP & MANAGEMENT INFORMATION

PARK NAME: Mill Villa

MANAGEMENT

Resident Manager(s): Melissa Montgomery

Mailing Address: 18717 Mill Villa Rd - Office Jamestown, CA 95327

Phone: 209-533-3151 Email: millvilla@ipgliving.com

Property Management Company: Investment Property Group UT

Contact Person: Permits Department - Alex Hollen

Mailing Address: 18006 Sky Park Circle, STE 200 Irvine, CA 92614

Phone: 949-440-2300 Email: permits@ipgliving.com

OWNERSHIP

☐ Individual ☒ Partnership ☐ Corporation ☐ Other (type: _____)

Owner 1: Mill Villa MHC, LP

(Designated to receive mailings)

Mailing Address: 18006 Sky Park Circle, STE 200 Irvine, CA 92614

Phone: 949-440-2300 Email: permits@ipgliving.com

Percentage of Ownership 100%

Owner 2 Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Percentage of Ownership _____

If more than two owners, please attach additional information.

Please make sure that you provide both your mailing address and email address to help us better serve you. We will mail and email forms as we transition to an email process.

Park Name: Mill Villa

SPACE REPORT

Check Each Box if it Applies

Space #	Type of Space (MH or RV)	Occupied by (MH, RV, Tent, Vacant)	Resident Name/Owner of Mobilehome	Resident Mailing Address	City State Zip	Monthly Space Rent Amount	Annual Space Rent Anniversary Date	Sublet to a Tenant?	Spaces Developed after 1990	MH and Space owned by Park and rent to a tenant	Under Rent Control
100	MH	MH	Floyd and Mary Jane Varvell	18717 Mill Villa Rd., #100	Jamestown, CA 95327	\$ 1,001.46	4/1/2025				Yes
101	MH	MH	Sharon Kroll	18717 Mill Villa Rd., #101	Jamestown, CA 95327	\$ 735.08	3/1/2025				Yes
102	MH	MH	Monica Sloneker	18717 Mill Villa Rd., #102	Jamestown, CA 95327	\$ 601.47	3/1/2025				Yes
103	MH	MH	Cathryn Joyce Loberg	18717 Mill Villa Rd., #103	Jamestown, CA 95327	\$ 870.83	3/1/2025				Yes
104	MH	MH	Michael Krone	18717 Mill Villa Rd., #104	Jamestown, CA 95327	\$ 664.14	3/1/2025				Yes
106	MH	MH	Jack Reel	18717 Mill Villa Rd., #106	Jamestown, CA 95327	\$ 625.43	3/1/2025				Yes
107	MH	MH	Huguette Touchetta-Moore	18717 Mill Villa Rd., #107	Jamestown, CA 95327	\$ 769.11	10/1/2024				Yes
108	MH	MH	Geri Ramirez	18717 Mill Villa Rd., #108	Jamestown, CA 95327	\$ 734.50	3/1/2025				Yes
109	MH	MH	Diana Newington	18717 Mill Villa Rd., #109	Jamestown, CA 95327	\$ 617.97	3/1/2025				Yes
110	MH	MH	Janet Wiesenfeld	P.O. Box 4341	Sonora, CA 95370	\$ 669.08	11/1/2024				Yes
111	MH	MH	Kimberly Wheeler	18717 Mill Villa Rd., #111	Jamestown, CA 95327	\$ 740.21	12/1/2024				Yes
112	MH	MH	James K Hokeness	18717 Mill Villa Rd., #112	Jamestown, CA 95327	\$ 850.67	3/1/2025				Yes
113	MH	MH	John Burkett	18717 Mill Villa Rd., #113	Jamestown, CA 95327	\$ 816.99	3/1/2025				Yes
114	MH	MH	William Rasor	18717 Mill Villa Rd., #114	Jamestown, CA 95327	\$ 850.69	8/1/2024				Yes
115	MH	MH	Timothy Tucker	18717 Mill Villa Rd., #115	Jamestown, CA 95327	\$ 707.95	8/1/2024				Yes
116	MH	MH	Robert Duke	18717 Mill Villa Rd., #116	Jamestown, CA 95327	\$ 674.64	3/1/2025				Yes
117	MH	MH	Joel Rivas	18717 Mill Villa Rd., #117	Jamestown, CA 95327	\$ 798.31	5/1/2025				Yes
118	MH	MH	John and Pamela Mendiola	18717 Mill Villa Rd., #118	Jamestown, CA 95327	\$ 690.83	2/1/2025				Yes
119	MH	MH	Jo Dee Mason	18717 Mill Villa Rd., #119	Jamestown, CA 95327	\$ 728.27	7/1/2024				Yes
120	MH	MH	Randy Barnes	18717 Mill Villa Rd., #120	Jamestown, CA 95327	\$ 704.81	3/1/2025				Yes
121	MH	MH	Darius Bray	18717 Mill Villa Rd., #121	Jamestown, CA 95327	\$ 668.05	3/1/2025				Yes
122	MH	MH	Kimberly Blakemore	18717 Mill Villa Rd., #122	Jamestown, CA 95327	\$ 718.96	3/1/2025				Yes
123	MH	MH	Valerie Langfeldt	18717 Mill Villa Rd., #123	Jamestown, CA 95327	\$ 737.17	3/1/2025				Yes
124	MH	MH	James Bryant	18717 Mill Villa Rd., #124	Jamestown, CA 95327	\$ 968.22	10/1/2024				Yes
125	MH	MH	Margery Searcy	18717 Mill Villa Rd., #125	Jamestown, CA 95327	\$ 619.32	3/1/2025				Yes
126	MH	MH	Lee Kimball	18717 Mill Villa Rd., #126	Jamestown, CA 95327	\$ 768.21	3/1/2025				Yes
127	MH	MH	Paul Serkin	18717 Mill Villa Rd., #127	Jamestown, CA 95327	\$ 667.83	9/1/2024				Yes
128	MH	MH	Kenneth and Marie Fischer	18717 Mill Villa Rd., #128	Jamestown, CA 95327	\$ 637.38	7/1/2024				Yes
129	MH	MH	Angela Doyle Jones	18717 Mill Villa Rd., #129	Jamestown, CA 95327	\$ 667.10	3/1/2025				Yes
130	MH	MH	Joyce Hooton	18717 Mill Villa Rd., #130	Jamestown, CA 95327	\$ 735.08	3/1/2025				Yes
131	MH	MH	Dan Bruno	18717 Mill Villa Rd., #131	Jamestown, CA 95327	\$ 768.31	3/1/2025				Yes
133	MH	MH	Michael Jensen	18717 Mill Villa Rd., #133	Jamestown, CA 95327	\$ 608.53	3/1/2025				Yes
134	MH	MH	Mark Deming	18717 Mill Villa Rd., #134	Jamestown, CA 95327	\$ 704.31	11/1/2024				Yes
135	MH	MH	Ray Hurtado	18717 Mill Villa Rd., #135	Jamestown, CA 95327	\$ 727.60	4/1/2025				Yes
136	MH	MH	Steven Ramirez	18717 Mill Villa Rd., #136	Jamestown, CA 95327	\$ 726.31	7/1/2024				Yes
137	MH	MH	Betty Joan Kelterer	18717 Mill Villa Rd., #137	Jamestown, CA 95327	\$ 704.32	8/1/2024				Yes
138	MH	MH	Linda Campbell	18717 Mill Villa Rd., #138	Jamestown, CA 95327	\$ 650.48	3/1/2025				Yes
139	MH	MH	Andrew Arechiga	18717 Mill Villa Rd., #139	Jamestown, CA 95327	\$ 665.66	5/1/2025				Yes
141	MH	MH	Lora Bowen	18717 Mill Villa Rd., #141	Jamestown, CA 95327	\$ 819.66	11/1/2024				Yes
143	MH	MH	Tim Newton	18717 Mill Villa Rd., #143	Jamestown, CA 95327	\$ 671.89	3/1/2025				Yes
144	MH	MH	Sue Juarez	18717 Mill Villa Rd., #144	Jamestown, CA 95327	\$ 619.31	3/1/2025				Yes
145	MH	MH	Lawrence Coar	18717 Mill Villa Rd., #145	Jamestown, CA 95327	\$ 679.36	3/1/2025				Yes
146	MH	MH	Ramona Arquilla	18717 Mill Villa Rd., #146	Jamestown, CA 95327	\$ 729.53	11/1/2024				Yes
147	MH	MH	Stuart Polson	18717 Mill Villa Rd., #147	Jamestown, CA 95327	\$ 856.20	8/1/2024				Yes
148	MH	MH	Helen Hildreth	18717 Mill Villa Rd., #148	Jamestown, CA 95327	\$ 646.49	3/1/2025				Yes
149	MH	MH	Dona Elliott	18717 Mill Villa Rd., #149	Jamestown, CA 95327	\$ 675.08	8/1/2024				Yes
150	MH	MH	Paul and Deborah Simonson	18717 Mill Villa Rd., #150	Jamestown, CA 95327	\$ 616.88	8/1/2024				Yes

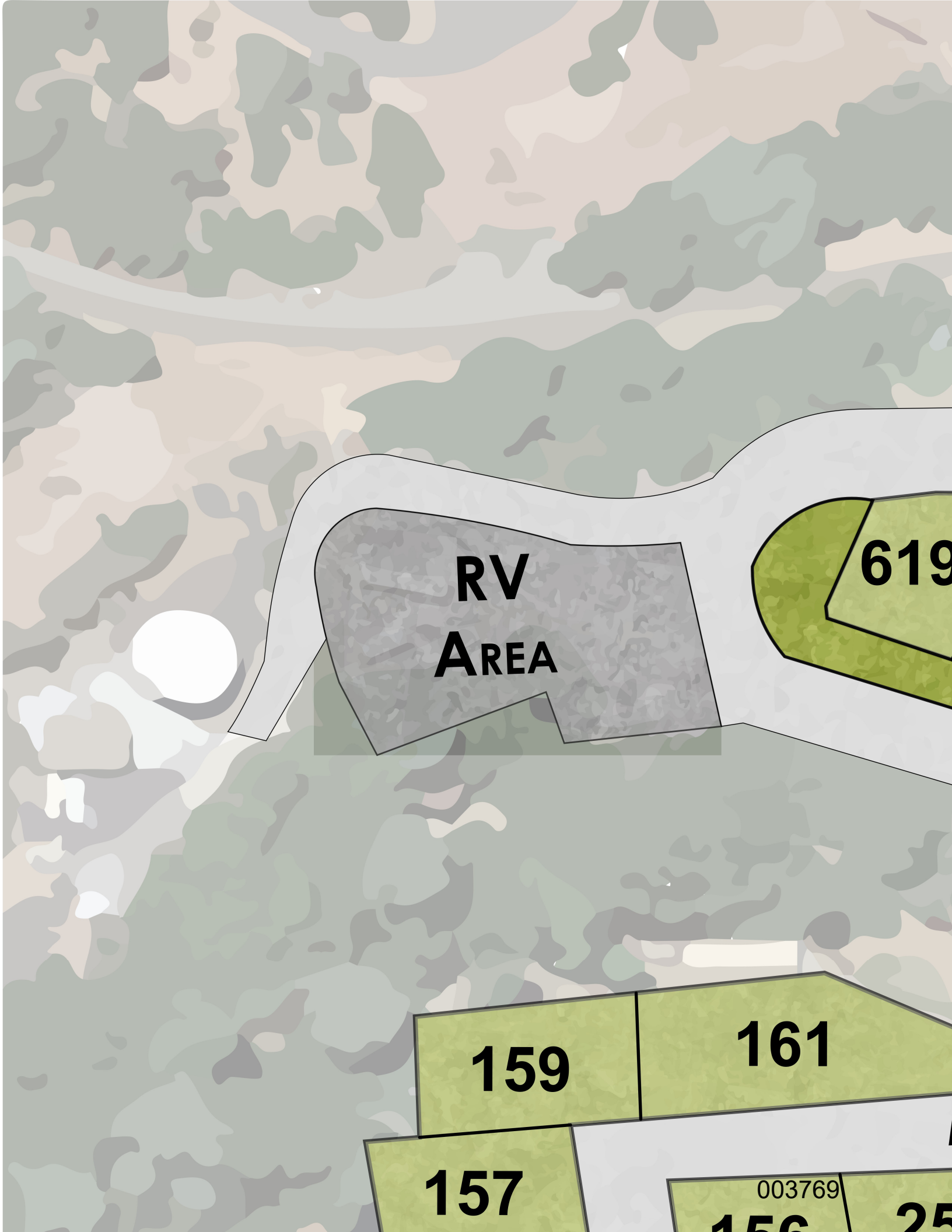
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Space #	Type of Space (MH or RV)	Occupied by (MH, RV, Tent, Vacant)	Resident Name/Owner of Mobilehome	Resident Mailing Address	City State Zip	Monthly Space Rent Amount	Annual Space Rent Anniversary Date	Sublet to a Tenant?	Spaces Developed after 1990	MH and Space owned by Park and rent to a tenant	Under Rent Control
151	MH	MH	Sharon Certo	18717 Mill Villa Rd., #151	Jamestown, CA 95327	\$ 744.63	3/1/2025				Yes
152	MH	MH	Gerald Fagundes	18717 Mill Villa Rd., #152	Jamestown, CA 95327	\$ 714.85	11/1/2024				Yes
153	MH	MH	Lucy Hines	18717 Mill Villa Rd., #153	Jamestown, CA 95327	\$ 619.30	3/1/2025				Yes
154	MH	MH	Patricia Ryan	18717 Mill Villa Rd., #154	Jamestown, CA 95327	\$ 639.78	3/1/2025				Yes
155	MH	MH	Howard Stephens	18717 Mill Villa Rd., #155	Jamestown, CA 95327	\$ 747.37	3/1/2025				Yes
156	MH	MH	Cathy Samuels	18717 Mill Villa Rd., #156	Jamestown, CA 95327	\$ 688.90	3/1/2025				Yes
157	MH	MH	Ron and Shirley Goble	18717 Mill Villa Rd., #157	Jamestown, CA 95327	\$ 777.78	5/1/2025				Yes
159	MH	MH	Willard Mendenhall	18717 Mill Villa Rd., #159	Jamestown, CA 95327	\$ 686.33	7/1/2024				Yes
161	MH	MH	Preston Lum	18717 Mill Villa Rd., #161	Jamestown, CA 95327	\$ 743.81	3/1/2025				Yes
201	MH	MH	James McFarland	18717 Mill Villa Rd., #201	Jamestown, CA 95327	\$ 742.49	1/1/2025				Yes
203	MH	MH	Susan Halliburton Marques	18717 Mill Villa Rd., #203	Jamestown, CA 95327	\$ 787.61	3/1/2025				Yes
205	MH	MH	Beverly Krieg	18717 Mill Villa Rd., #205	Jamestown, CA 95327	\$ 729.86	3/1/2025				Yes
207	MH	MH	Gary Burns	18717 Mill Villa Rd., #207	Jamestown, CA 95327	\$ 788.61	2/1/2025				Yes
209	MH	MH	Gregory Redhorse	18717 Mill Villa Rd., #209	Jamestown, CA 95327	\$ 734.95	3/1/2025				Yes
211	MH	MH	David Camacho	18717 Mill Villa Rd., #211	Jamestown, CA 95327	\$ 692.98	10/1/2024				Yes
213	MH	MH	Virginia George	18717 Mill Villa Rd., #213	Jamestown, CA 95327	\$ 640.56	3/1/2025				Yes
215	MH	MH	Peter Tucker	18717 Mill Villa Rd., #215	Jamestown, CA 95327	\$ 728.47	3/1/2025				Yes
217	MH	MH	David Flores	18717 Mill Villa Rd., #217	Jamestown, CA 95327	\$ 637.24	10/1/2024				Yes
219	MH	MH	Lisa Tebaldi	18717 Mill Villa Rd., #219	Jamestown, CA 95327	\$ 726.85	3/1/2025				Yes
221	MH	MH	Richard Noll	18717 Mill Villa Rd., #221	Jamestown, CA 95327	\$ 714.43	3/1/2025				Yes
223	MH	MH	Denny Nicolson	19324 Donora Avenue	Torrance, CA 90503	\$ 703.00	3/1/2025				Yes
225	MH	MH	Julio Denys	18717 Mill Villa Rd., #225	Jamestown, CA 95327	\$ 748.99	3/1/2025				Yes
227	MH	MH	Robert Blackard	18717 Mill Villa Rd., #227	Jamestown, CA 95327	\$ 667.81	3/1/2025				Yes
229	MH	MH	Phyllis Carraher	18717 Mill Villa Rd., #229	Jamestown, CA 95327	\$ 798.89	8/1/2024				Yes
231	MH	MH	Carmella Cagnetti	18717 Mill Villa Rd., #231	Jamestown, CA 95327	\$ 714.89	10/1/2024				Yes
233	MH	MH	Elizabeth Palmer	18717 Mill Villa Rd., #233	Jamestown, CA 95327	\$ 727.61	3/1/2025				Yes
235	MH	MH	John Myers	572 Amberwood Way	Livermore, CA 94551	\$ 653.35	3/1/2025				Yes
237	MH	MH	Valerie Klingler	18717 Mill Villa Rd., #237	Jamestown, CA 95327	\$ 737.10	2/1/2025				Yes
239	MH	MH	Park Owned - Manager Home	18717 Mill Villa Rd., #239	Jamestown, CA 95327	\$ 995.00	1/1/2025			✓	No
241	MH	MH	Carl Johnson	18717 Mill Villa Rd., #241	Jamestown, CA 95327	\$ 693.62	3/1/2025				Yes
242	MH	MH	Joanne Keeler	18717 Mill Villa Rd., #242	Jamestown, CA 95327	\$ 715.82	5/1/2025				Yes
243	MH	MH	Gerald Campbell	18717 Mill Villa Rd., #243	Jamestown, CA 95327	\$ 763.71	5/1/2025				Yes
244	MH	MH	James Medina	18717 Mill Villa Rd., #244	Jamestown, CA 95327	\$ 661.48	3/1/2025				Yes
245	MH	MH	Lynda LaFlamme	18717 Mill Villa Rd., #245	Jamestown, CA 95327	\$ 684.30	3/1/2025				Yes
246	MH	MH	Delphine Doucette	18717 Mill Villa Rd., #246	Jamestown, CA 95327	\$ 754.14	3/1/2025				Yes
247	MH	MH	Elizabeth Brinkley	18717 Mill Villa Rd., #247	Jamestown, CA 95327	\$ 657.09	11/1/2024				Yes
248	MH	MH	Marshall Reeves	18717 Mill Villa Rd., #248	Jamestown, CA 95327	\$ 618.06	3/1/2025				Yes
249	MH	MH	Diane Penna	18717 Mill Villa Rd., #249	Jamestown, CA 95327	\$ 667.13	3/1/2025				Yes
250	MH	MH	George Gavin	18717 Mill Villa Rd., #250	Jamestown, CA 95327	\$ 748.84	3/1/2025				Yes
251	MH	MH	Larry Henderson	18717 Mill Villa Rd., #251	Jamestown, CA 95327	\$ 616.74	3/1/2025				Yes
252	MH	MH	Laurie Trejo	18717 Mill Villa Rd., #252	Jamestown, CA 95327	\$ 691.62	3/1/2025				Yes
253	MH	MH	Catherine Duncan	18717 Mill Villa Rd., #253	Jamestown, CA 95327	\$ 687.58	10/1/2024				Yes
254	MH	MH	Fred Warde	18717 Mill Villa Rd., #254	Jamestown, CA 95327	\$ 624.76	3/1/2025				Yes
301	MH	MH	Peggy Florence	18717 Mill Villa Rd., #301	Jamestown, CA 95327	\$ 722.33	3/1/2025				Yes
302	MH	MH	Dolores Puppe	18717 Mill Villa Rd., #302	Jamestown, CA 95327	\$ 736.68	3/1/2025				Yes
303	MH	MH	Kenneth Dow	18717 Mill Villa Rd., #303	Jamestown, CA 95327	\$ 881.68	11/1/2024				Yes
304	MH	MH	Robert and Constance Newton	18717 Mill Villa Rd., #304	Jamestown, CA 95327	\$ 717.54	2/1/2025				Yes
305	MH	MH	Tracy Collie	18717 Mill Villa Rd., #305	Jamestown, CA 95327	\$ 676.59	9/1/2024				Yes
306	MH	MH	Kathy Chaty	18717 Mill Villa Rd., #306	Jamestown, CA 95327	\$ 841.34	11/1/2024				Yes

Space #	Type of Space (MH or RV)	Occupied by (MH, RV, Tent, Vacant)	Resident Name/Owner of Mobilehome	Resident Mailing Address	City State Zip	Monthly Space Rent Amount	Annual Space Rent Anniversary Date	Sublet to a Tenant?	Spaces Developed after 1990	MH and Space owned by Park and rent to a tenant	Under Rent Control
307	MH	MH	Susan Julian	18717 Mill Villa Rd., #307	Jamestown, CA 95327	\$ 714.36	3/1/2025				Yes
308	MH	MH	Joseph Hirsch	18717 Mill Villa Rd., #308	Jamestown, CA 95327	\$ 702.32	8/1/2024				Yes
309	MH	MH	Ruth Decker	18717 Mill Villa Rd., #309	Jamestown, CA 95327	\$ 715.75	10/1/2024				Yes
310	MH	MH	Stanley Thomas	18717 Mill Villa Rd., #310	Jamestown, CA 95327	\$ 684.00	3/1/2025				Yes
311	MH	MH	Cheryl Kitchen	18717 Mill Villa Rd., #311	Jamestown, CA 95327	\$ 695.77	3/1/2025				Yes
312	MH	MH	Gregory Gideon	18717 Mill Villa Rd., #312	Jamestown, CA 95327	\$ 704.31	11/1/2024				Yes
313	MH	MH	Peter Gnerlich	18717 Mill Villa Rd., #313	Jamestown, CA 95327	\$ 710.09	3/1/2025				Yes
314	MH	MH	Vicki Arellano	18717 Mill Villa Rd., #314	Jamestown, CA 95327	\$ 717.22	3/1/2025				Yes
315	MH	MH	Chester Crawford	18717 Mill Villa Rd., #315	Jamestown, CA 95327	\$ 752.85	12/1/2024				Yes
316	MH	MH	Carol Cope	18717 Mill Villa Rd., #316	Jamestown, CA 95327	\$ 707.66	3/1/2025				Yes
317	MH	MH	Rene Mayo	18717 Mill Villa Rd., #317	Jamestown, CA 95327	\$ 691.16	3/1/2025				Yes
318	MH	MH	Marial Peterson	18717 Mill Villa Rd., #318	Jamestown, CA 95327	\$ 669.73	11/1/2024				Yes
319	MH	MH	Roger Hanlon	18717 Mill Villa Rd., #319	Jamestown, CA 95327	\$ 753.17	2/1/2025				Yes
320	MH	MH	David Kuraitis	18717 Mill Villa Rd., #320	Jamestown, CA 95327	\$ 655.14	3/1/2025				Yes
321	MH	MH	Russell Citti	18717 Mill Villa Rd., #321	Jamestown, CA 95327	\$ 760.90	11/1/2024				Yes
322	MH	MH	Stephen Golay	18717 Mill Villa Rd., #322	Jamestown, CA 95327	\$ 739.81	3/1/2025				Yes
324	MH	MH	Harry Fields	5614 Old San Jose Road	Soquel, CA 95073	\$ 699.43	3/1/2025				Yes
326	MH	MH	Thomas Penhallegon	18717 Mill Villa Rd., #326	Jamestown, CA 95327	\$ 658.89	3/1/2025				Yes
328	MH	MH	Richard Hebert Jr.	18717 Mill Villa Rd., #328	Jamestown, CA 95327	\$ 720.60	3/1/2025				Yes
330	MH	MH	Joan Smalling	18717 Mill Villa Rd., #330	Jamestown, CA 95327	\$ 789.46	3/1/2025				Yes
332	MH	MH	Melanie Mason	18717 Mill Villa Rd., #332	Jamestown, CA 95327	\$ 684.15	3/1/2025				Yes
334	MH	MH	James McIntyre	18717 Mill Villa Rd., #334	Jamestown, CA 95327	\$ 659.79	3/1/2025				Yes
336	MH	MH	Shirley Lawrie	18717 Mill Villa Rd., #336	Jamestown, CA 95327	\$ 849.90	3/1/2025				Yes
338	MH	MH	John Logan	18717 Mill Villa Rd., #338	Jamestown, CA 95327	\$ 633.50	3/1/2025				Yes
340	MH	MH	Sandra Gershater	18717 Mill Villa Rd., #340	Jamestown, CA 95327	\$ 702.86	3/1/2025				Yes
401	MH	MH	Regina Hendrick	18717 Mill Villa Rd., #401	Jamestown, CA 95327	\$ 733.47	3/1/2025				Yes
402	MH	MH	Kenneth Roy	18717 Mill Villa Rd., #402	Jamestown, CA 95327	\$ 695.42	8/1/2024				Yes
403	MH	MH	David Warrick	18717 Mill Villa Rd., #403	Jamestown, CA 95327	\$ 714.37	3/1/2025				Yes
404	MH	MH	David and Wendy Hankin	18717 Mill Villa Rd., #404	Jamestown, CA 95327	\$ 760.14	5/1/2025				Yes
405	MH	MH	Gary D Jackson	18717 Mill Villa Rd., #405	Jamestown, CA 95327	\$ 649.36	3/1/2025				Yes
406	MH	MH	Paul Harris	18717 Mill Villa Rd., #406	Jamestown, CA 95327	\$ 822.60	9/1/2024				Yes
407	MH	MH	Patt Copeland	18717 Mill Villa Rd., #407	Jamestown, CA 95327	\$ 741.43	3/1/2025				Yes
408	MH	MH	Joan Lenerd	18717 Mill Villa Rd., #408	Jamestown, CA 95327	\$ 747.81	6/1/2025				Yes
409	MH	MH	Darrell Johnson	18717 Mill Villa Rd., #409	Jamestown, CA 95327	\$ 749.61	5/1/2025				Yes
410	MH	MH	Linda Martin	18717 Mill Villa Rd., #410	Jamestown, CA 95327	\$ 959.00	5/1/2025				No
411	MH	MH	Susan Winters	18717 Mill Villa Rd., #411	Jamestown, CA 95327	\$ 691.40	6/1/2025				Yes
412	MH	MH	James Langston	18717 Mill Villa Rd., #412	Jamestown, CA 95327	\$ 771.06	4/1/2025				Yes
413	MH	MH	Anthony Kronenberg	18717 Mill Villa Rd., #413	Jamestown, CA 95327	\$ 834.61	2/1/2025				Yes
414	MH	MH	Larry Griffith	18717 Mill Villa Rd., #414	Jamestown, CA 95327	\$ 659.76	3/1/2025				Yes
415	MH	MH	Jeanette Lambert	18717 Mill Villa Rd., #415	Jamestown, CA 95327	\$ 754.14	11/1/2024				Yes
416	MH	MH	Lee and Sheila Mortier	18717 Mill Villa Rd., #416	Jamestown, CA 95327	\$ 605.21	5/1/2025				Yes
417	MH	MH	Sally Singer	18717 Mill Villa Rd., #417	Jamestown, CA 95327	\$ 688.44	3/1/2025				Yes
418	MH	MH	Charles Eastman	18717 Mill Villa Rd., #418	Jamestown, CA 95327	\$ 758.16	10/1/2024				Yes
419	MH	MH	Marlene Grundstrom	18717 Mill Villa Rd., #419	Jamestown, CA 95327	\$ 742.58	7/1/2024				Yes
420	MH	MH	William Bondi	18717 Mill Villa Rd., #420	Jamestown, CA 95327	\$ 771.74	3/1/2025				Yes
421	MH	MH	Gina Vernazza	140 Peralta Avenue	San Francisco, CA 94110	\$ 741.42	3/1/2025				Yes
422	MH	MH	Robert Erdelyi	18717 Mill Villa Rd., #422	Jamestown, CA 95327	\$ 798.25	3/1/2025				Yes
423	MH	MH	Stephen A. Anderson	18717 Mill Villa Rd., #423	Jamestown, CA 95327	\$ 815.58	3/1/2025				Yes
424	MH	MH	Rita Bettencourt	18717 Mill Villa Rd., #424	Jamestown, CA 95327	\$ 717.55	3/1/2025				Yes

Space #	Type of Space (MH or RV)	Occupied by (MH, RV, Tent, Vacant)	Resident Name/Owner of Mobilehome	Resident Mailing Address	City State Zip	Monthly Space Rent Amount	Annual Space Rent Anniversary Date	Sublet to a Tenant?	Spaces Developed after 1990	MH and Space owned by Park and rent to a tenant	Under Rent Control
425	MH	MH	Eric Wrede	18717 Mill Villa Rd., #425	Jamestown, CA 95327	\$ 835.81	6/1/2025				Yes
426	MH	MH	Arlene Laeng	18717 Mill Villa Rd., #426	Jamestown, CA 95327	\$ 714.37	3/1/2025				Yes
428	MH	MH	Verna Davis	18717 Mill Villa Rd., #428	Jamestown, CA 95327	\$ 855.90	5/1/2025				Yes
430	MH	MH	Margaret Kling	18717 Mill Villa Rd., #430	Jamestown, CA 95327	\$ 766.97	3/1/2025				Yes
432	MH	MH	Marion Crivello	18717 Mill Villa Rd., #432	Jamestown, CA 95327	\$ 740.68	3/1/2025				Yes
434	MH	MH	Arlin Sanford	18717 Mill Villa Rd., #434	Jamestown, CA 95327	\$ 738.31	10/1/2024				Yes
436	MH	MH	Ron and Ruth Neri	18717 Mill Villa Rd., #436	Jamestown, CA 95327	\$ 639.12	3/1/2025				Yes
438	MH	MH	Suzanne Daniel	18717 Mill Villa Rd., #438	Jamestown, CA 95327	\$ 652.02	3/1/2025				Yes
440	MH	MH	Anna Fuller	18717 Mill Villa Rd., #440	Jamestown, CA 95327	\$ 639.78	3/1/2025				Yes
442	MH	MH	Debbi McCown	18717 Mill Villa Rd., #442	Jamestown, CA 95327	\$ 684.50	3/1/2025				Yes
501	MH	VACANT	VACANT	18717 Mill Villa Rd., #501	Jamestown, CA 95327	\$ -	N/A				No
503	MH	VACANT	VACANT	18717 Mill Villa Rd., #503	Jamestown, CA 95327	\$ -	N/A				No
505	MH	MH	Francis Lebon	18717 Mill Villa Rd., #505	Jamestown, CA 95327	\$ 995.00	9/1/2024				Yes
507	MH	MH	Alan Paul Leeman	18717 Mill Villa Rd., #507	Jamestown, CA 95327	\$ 995.00	5/1/2025				Yes
509	MH	MH	Lynn Sheeder	18717 Mill Villa Rd., #509	Jamestown, CA 95327	\$ 995.00	11/1/2024				Yes
511	MH	MH	Louis Brandt	18717 Mill Villa Rd., #511	Jamestown, CA 95327	\$ 995.00	5/1/2025				Yes
513	MH	MH	Catherine Garcia	18717 Mill Villa Rd., #513	Jamestown, CA 95327	\$ 995.00	10/1/2024				Yes
515	MH	MH	Raymond Franklin Zanutto	18717 Mill Villa Rd., #515	Jamestown, CA 95327	\$ 995.00	2/1/2025				Yes
517	MH	MH	Lex Paul Villines	18717 Mill Villa Rd., #517	Jamestown, CA 95327	\$ 995.00	3/1/2025				Yes
519	MH	MH	Ronald Waldron	18717 Mill Villa Rd., #519	Jamestown, CA 95327	\$ 995.00	9/1/2024				Yes
521	MH	VACANT	VACANT	18717 Mill Villa Rd., #521	Jamestown, CA 95327	\$ -	N/A				No
523	MH	VACANT	VACANT	18717 Mill Villa Rd., #523	Jamestown, CA 95327	\$ -	N/A				No
525	MH	VACANT	VACANT	18717 Mill Villa Rd., #525	Jamestown, CA 95327	\$ -	N/A				No
527	MH	VACANT	VACANT	18717 Mill Villa Rd., #527	Jamestown, CA 95327	\$ -	N/A				No
528	MH	VACANT	VACANT	18717 Mill Villa Rd., #528	Jamestown, CA 95327	\$ -	N/A				No
529	MH	VACANT	VACANT	18717 Mill Villa Rd., #529	Jamestown, CA 95327	\$ -	N/A				No
530	MH	VACANT	VACANT	18717 Mill Villa Rd., #530	Jamestown, CA 95327	\$ -	N/A				No
531	MH	VACANT	VACANT	18717 Mill Villa Rd., #531	Jamestown, CA 95327	\$ -	N/A				No
532	MH	VACANT	VACANT	18717 Mill Villa Rd., #532	Jamestown, CA 95327	\$ -	N/A				No
533	MH	VACANT	VACANT	18717 Mill Villa Rd., #533	Jamestown, CA 95327	\$ -	N/A				No
534	MH	VACANT	VACANT	18717 Mill Villa Rd., #534	Jamestown, CA 95327	\$ -	N/A				No
535	MH	VACANT	VACANT	18717 Mill Villa Rd., #535	Jamestown, CA 95327	\$ -	N/A				No
536	MH	VACANT	VACANT	18717 Mill Villa Rd., #536	Jamestown, CA 95327	\$ -	N/A				No
537	MH	VACANT	VACANT	18717 Mill Villa Rd., #537	Jamestown, CA 95327	\$ -	N/A				No
538	MH	VACANT	VACANT	18717 Mill Villa Rd., #538	Jamestown, CA 95327	\$ -	N/A				No
539	MH	VACANT	VACANT	18717 Mill Villa Rd., #539	Jamestown, CA 95327	\$ -	N/A				No
540	MH	VACANT	VACANT	18717 Mill Villa Rd., #540	Jamestown, CA 95327	\$ -	N/A				No
541	MH	MH	Pamela Cotton	18717 Mill Villa Rd., #541	Jamestown, CA 95327	\$ 1,015.00	6/1/2025				Yes
542	MH	VACANT	VACANT	18717 Mill Villa Rd., #542	Jamestown, CA 95327	\$ -	N/A				No
543	MH	MH	George Burton	18717 Mill Villa Rd., #543	Jamestown, CA 95327	\$ 1,015.00	6/1/2025				Yes
544	MH	MH	Harry Edward Duarte III	18717 Mill Villa Rd., #544	Jamestown, CA 95327	\$ 995.00	2/1/2025				Yes
545	MH	VACANT	VACANT	18717 Mill Villa Rd., #545	Jamestown, CA 95327	\$ -	N/A				No
547	MH	VACANT	VACANT	18717 Mill Villa Rd., #547	Jamestown, CA 95327	\$ -	N/A				No
549	MH	VACANT	VACANT	18717 Mill Villa Rd., #549	Jamestown, CA 95327	\$ -	N/A				No
551	MH	VACANT	VACANT	18717 Mill Villa Rd., #551	Jamestown, CA 95327	\$ -	N/A				No
601	MH	MH	Judith Sanderson	18717 Mill Villa Rd., #601	Jamestown, CA 95327	\$ 888.00	11/1/2024				No
602	MH	MH	Deanna Tribble	18717 Mill Villa Rd., #602	Jamestown, CA 95327	\$ 882.00	8/1/2024				No
603	MH	MH	Hayes Wenner	18717 Mill Villa Rd., #603	Jamestown, CA 95327	\$ 811.00	3/1/2025				No
604	MH	MH	Andrew Hesse	18717 Mill Villa Rd., #604	Jamestown, CA 95327	\$ 867.00	12/1/2024				No

Space #	Type of Space (MH or RV)	Occupied by (MH, RV, Tent, Vacant)	Resident Name/Owner of Mobilehome	Resident Mailing Address	City State Zip	Monthly Space Rent Amount	Annual Space Rent Anniversary Date	Sublet to a Tenant?	Spaces Developed after 1990	MH and Space owned by Park and rent to a tenant	Under Rent Control
605	MH	MH	James Cosgrove	18717 Mill Villa Rd., #605	Jamestown, CA 95327	\$ 987.00	3/1/2025		✓		No
606	MH	MH	Steve Taylor	18717 Mill Villa Rd., #606	Jamestown, CA 95327	\$ 939.00	5/1/2025		✓		No
607	MH	MH	Carolyn Gossage	18717 Mill Villa Rd., #607	Jamestown, CA 95327	\$ 982.00	10/1/2024		✓		No
608	MH	MH	Lloyd Zweigle	18717 Mill Villa Rd., #608	Jamestown, CA 95327	\$ 797.00	11/1/2024		✓		No
609	MH	MH	Barbara Barnes	18717 Mill Villa Rd., #609	Jamestown, CA 95327	\$ 823.00	3/1/2025		✓		No
610	MH	MH	Arthur Drouin	18717 Mill Villa Rd., #610	Jamestown, CA 95327	\$ 909.00	11/1/2024		✓		No
611	MH	MH	Roberta Trimeloni-Walker	18717 Mill Villa Rd., #611	Jamestown, CA 95327	\$ 815.00	11/1/2024		✓		No
612	MH	MH	Robert Gilliatt	18717 Mill Villa Rd., #612	Jamestown, CA 95327	\$ 858.00	7/1/2024		✓		No
613	MH	MH	Mimi Rainak	18717 Mill Villa Rd., #613	Jamestown, CA 95327	\$ 966.00	5/1/2025		✓		No
614	MH	MH	Andrew Kappl	18717 Mill Villa Rd., #614	Jamestown, CA 95327	\$ 980.00	5/1/2025		✓		No
615	MH	MH	Virginia Ponce	18717 Mill Villa Rd., #615	Jamestown, CA 95327	\$ 987.00	3/1/2025		✓		No
616	MH	MH	Patricia Wassenaar	18717 Mill Villa Rd., #616	Jamestown, CA 95327	\$ 966.00	5/1/2025		✓		No
617	MH	MH	Karen Andridge	18717 Mill Villa Rd., #617	Jamestown, CA 95327	\$ 1,015.00	1/1/2025		✓		No
618	MH	MH	William Foulds	18717 Mill Villa Rd., #618	Jamestown, CA 95327	\$ 987.00	3/1/2025		✓		No
619	MH	MH	Colleen Reece	18717 Mill Villa Rd., #619	Jamestown, CA 95327	\$ 858.00	11/1/2024		✓		No
620	MH	MH	Barbara Hart	18717 Mill Villa Rd., #620	Jamestown, CA 95327	\$ 932.00	11/1/2024		✓		No
621	MH	MH	Joan Baker	18717 Mill Villa Rd., #621	Jamestown, CA 95327	\$ 964.00	11/1/2024		✓		No
622	MH	MH	Kendra Soderer	18717 Mill Villa Rd., #622	Jamestown, CA 95327	\$ 1,001.00	8/1/2024		✓		No
623	MH	MH	Paul Padavana	18717 Mill Villa Rd., #623	Jamestown, CA 95327	\$ 973.00	11/1/2024		✓		No
624	MH	MH	Sharon Hemsworth	18717 Mill Villa Rd., #624	Jamestown, CA 95327	\$ 850.00	11/1/2024		✓		No
625	MH	MH	Terry Marburger	18717 Mill Villa Rd., #625	Jamestown, CA 95327	\$ 940.00	12/1/2024		✓		No
626	MH	MH	Carolyn Hatler	18717 Mill Villa Rd., #626	Jamestown, CA 95327	\$ 861.00	11/1/2024		✓		No
627	MH	MH	Coralie Pusley	18717 Mill Villa Rd., #627	Jamestown, CA 95327	\$ 995.00	12/1/2024		✓		No
628	MH	MH	Frederick Kish	18717 Mill Villa Rd., #628	Jamestown, CA 95327	\$ 1,006.00	10/1/2024		✓		No
629	MH	MH	Loren Benjamin	18717 Mill Villa Rd., #629	Jamestown, CA 95327	\$ 932.00	11/1/2024		✓		No
630	MH	MH	Donna Arias	18717 Mill Villa Rd., #630	Jamestown, CA 95327	\$ 1,023.00	8/1/2024		✓		No
631	MH	MH	James Hill	18717 Mill Villa Rd., #631	Jamestown, CA 95327	\$ 1,006.00	7/1/2024		✓		No
632	MH	MH	Kevin Ray Barger	18717 Mill Villa Rd., #632	Jamestown, CA 95327	\$ 995.00	4/1/2025		✓		No
633	MH	MH	Cindy Chatfield	18717 Mill Villa Rd., #633	Jamestown, CA 95327	\$ 995.00	9/1/2024		✓		No
634	MH	MH	Shirley Fluty	18717 Mill Villa Rd., #634	Jamestown, CA 95327	\$ 987.00	3/1/2025		✓		No
635	MH	MH	Julio/Jane Estrada	18717 Mill Villa Rd., #635	Jamestown, CA 95327	\$ 987.00	3/1/2025		✓		No
636	MH	MH	Carleton Penwell	18717 Mill Villa Rd., #636	Jamestown, CA 95327	\$ 1,008.00	7/1/2024		✓		No
637	MH	MH	Harold Caton	30381 St. Annes pl.	Hayward , CA 94544	\$ 897.00	12/1/2024		✓		No
638	MH	MH	Sandra Ostrander	18717 Mill Villa Rd., #638	Jamestown, CA 95327	\$ 943.00	2/1/2025		✓		No



**RV
AREA**

619

159

161

157

003769

156

25

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY
DEVELOPMENT
DIVISION OF CODES AND STANDARDS



Credit Card Receipt

Customer:	Date Received	05/20/2024
STEPHANIE PEARL	Card #	XXXX-XXXX-XXXX-7056
18006 SKY PARK CIRCLE, STE 200,	Authorization #	090602
IRVINE, CALIFORNIA, 92614	Amount	\$5544.00

DATE	DTN	REFERENCE	FEES
05/20/2024	13314390 - MP-PTO Renewal		\$5544.00
		Total Fees:	\$5544.00
		Previously Paid:	\$0
		Paid Today:	\$5544.00
		Balance Due:	\$0

Please Note: This payment does not complete your application. If you have any questions please contact (800) 952-8356 and reference your DTN number listed above.

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

003770

Save Comments History Translate

Date Incurred

5/6/2024

Category

Administrative Expenses

Vendor

PLATINUM FILINGS

Payment Type

US Bank Corporate Card

GL Code

MHC-6080-* All Properties;

Property Name Reference Only

☐ Personal Expense☒ Receipt Included

Expense Description for GL Notes

Annual Registered agent representation

Split Allocation of Properties

Attendees

Currency

United States Dollar

Exchange Rate

Taxes

Receipt Total

Total

\$16,874.00 USD

\$16,874.00 USD

From: Auto-Receipt
To: Alexandra Hoffman
Subject: Transaction Receipt from Platinum Filings for \$16874.00 (USD)
Date: Monday, May 6, 2024 1:15:46 PM

Order Information

Description: Agent Changes
Invoice Number 2023-53828

Billing Information

Stephanie Pearl
18006 Sky Park Circle, STE 200
Irvine, CA 92614
ahoffen@pgliving.com

Shipping Information

Total: \$16874.00 (USD)

Payment Information

DateTime: 6-May-2024 16:15:37 EDT
Transaction ID: 120421844491
Payment Method: MasterCard xxxx7056
Transaction Type: Purchase
Auth Code: 091409

Merchant Contact Information

Platinum Filings
Brooklyn, NY 11210
US
info@platinumfilings.com

003771

#3

310 title

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY
DEVELOPMENT
DIVISION OF CODES AND STANDARDS

**Credit Card Receipt**

Customer:	Date Received	07/24/2024
MELISSA MONTGOMERY	Card #	XXXX-XXXX-XXXX-9088
18717 MILL VILLA RD. SPACE#239,	Authorization #	384046
JAMESTOWN, CA, 95327	Amount	\$25.00

DATE	DTN	REFERENCE	FEES
07/24/2024	13395948 - Informal Title Search - Fee	LAM2360	\$25.00
			Total Fees: \$25.00
			Previously Paid: \$0
			Paid Today: \$25.00
			Balance Due: \$0

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

003772

#4
153 title

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY
DEVELOPMENT
DIVISION OF CODES AND STANDARDS



Credit Card Receipt

Customer: MELISSA MONTGOMERY 18717 MILL VILLA RD. # 239, JAMESTOWN, CA, 95327	Date Received	07/18/2024
	Card #	XXXX-XXXX-XXXX-9088
	Authorization #	542325
	Amount	\$25.00

DATE	DTN	REFERENCE	FEES
07/18/2024	13393141 - Informal Title Search - Fee	LAG8371	\$25.00
			Total Fees: \$25.00
			Previously Paid: \$0
			Paid Today: \$25.00
			Balance Due: \$0

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

003773

#5
143 title

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY
DEVELOPMENT
DIVISION OF CODES AND STANDARDS



Credit Card Receipt

Customer: MELISSA MONTGOMERY 18717 MILL VILLARD. #239, JAMESTOWN, CA, 95327	Date Received	07/18/2024
	Card #	XXXX-XXXX-XXXX-9088
	Authorization #	377335
	Amount	\$25.00

DATE	DTN	REFERENCE	FEES
07/18/2024	13392749 - Informal Title Search - Fee	LAJ4537	\$25.00
			Total Fees: \$25.00
			Previously Paid: \$0
			Paid Today: \$25.00
			Balance Due: \$0

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

Save Comments History Translate

Date Incurred

9/27/2024

Category

Administrative Expenses

Vendor

ACI*NMLS PMT

Payment Type

US Bank Corporate Card

GL Code

MHC-6080-* Split

Property Name Reference Only

☐ Personal Expense☒ Receipt Included

Expense Description for GL Notes

NMLS Company application for MLO License

Split Allocation of Properties

Camarillo 25; Fairway Estates 49; Garden Terrace 50; King

Attendees

1.0000000000

Currency

United States Dollar

Exchange Rate

1

Taxes

Receipt Total

\$400.00 USD

Total

\$400.00 USD

NMLS company application - MLO license - BLF, Inc. SP CC \$410

Invoice

HELP

User Name: FITTEREBL

Invoice ID: 10196851

Invoice Source: Filing

Invoice Date: 9/27/2024

Invoice Amount: \$410.00

Invoice Status: Paid

Invoice Status Date: 9/27/2024

Filing ID: 27663555

Charges

Entity	Subject	Charge Name	Amount
BRIAN L. FITTERER, INC. (2651645)	California - DFPI Financing Law License	Application Fee	\$300.00
BRIAN L. FITTERER, INC. (2651645)	California - DFPI Financing Law License	NMLS Processing Fee	\$100.00
	Service Fee	Service Fee	\$10.00

Payment

Confirmation Number	Payment Method	Paid By	Acceptance Date	Processed On	Status	Status Date
1163361856	Credit Card	FITTEREBL	9/27/2024 11:40:55 AM	9/27/2024	Processed	9/27/2024

003775

#10

602'

Mill Villa

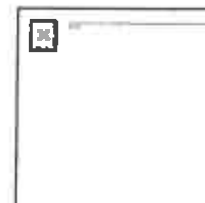
From: noreply@salesforce.com on behalf of No Reply <donotreplycsos@hcd.ca.gov>
Sent: Wednesday, October 9, 2024 12:38 PM
To: Mill Villa
Subject: HCD Payment Receipt

**STATE OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND
 HOUSING AGENCY**

**GAVIN NEWSOM,
 Governor**

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF CODES AND STANDARDS**

Registration and Titling Program
 P.O. Box 277820
 Sacramento, CA 95827-7820
 1-800-952-8356, (916)323-9224
 From TDD Phones: 1-800-735-2929



Thank you for submitting your application to the Registration and Titling program. We will review your application and will contact you if additional information and/or fees are required. If you have any questions, please contact us at: ContactRT@hcd.ca.gov.

**STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY
 DEVELOPMENT
 DIVISION OF CODES AND STANDARDS**



Credit Card Receipt

Customer: MELISSA MONTGOMERY 18717 MILL VILLA ROAD., 239, JAMESTOWN, CA, 95327		Date Received	10/09/2024
		Card #	XXXX-XXXX-XXXX-9088
		Authorization #	663636
		Amount	\$25.00
DATE	DTN	REFERENCE	FEES
10/09/2024	13471548 - Informal Title Search - Fee	LBG1684	\$25.00
		Total Fees:	\$25.00
		Previously Paid:	\$0
		Paid Today:	\$25.00
		Balance Due:	\$0

Contact: California Department of Housing & Community Development
 Headquarters Phone: (800) 952-8356

#11

633

Mill Villa

From: noreply@salesforce.com on behalf of No Reply <donotreplycsos@hcd.ca.gov>
Sent: Wednesday, October 9, 2024 12:32 PM
To: Mill Villa
Subject: HCD Payment Receipt

STATE OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

**GAVIN NEWSOM,
Governor**

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS**

Registration and Titling Program
 P.O. Box 277820
 Sacramento, CA 95827-7820
 1-800-952-8356, (916)323-9224
 From TDD Phones: 1-800-735-2929



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**STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY
 DEVELOPMENT
 DIVISION OF CODES AND STANDARDS**



Credit Card Receipt

Customer:		Date Received	10/09/2024
MELISSA MONTGOMERY		Card #	XXXX-XXXX-XXXX-9088
18717 MILL VILLA ROAD.,		Authorization #	659846
239, JAMESTOWN, CA, 95327		Amount	\$25.00
DATE	DTN	REFERENCE	FEES
10/09/2024	13471539 - Informal Title Search - Fee	LAY9042	\$25.00
		Total Fees:	\$25.00
		Previously Paid:	\$0
		Paid Today:	\$25.00
		Balance Due:	\$0

Contact: California Department of Housing & Community Development
 Headquarters Phone: (800) 952-8356

#12

632

Mill Villa

From: noreply@salesforce.com on behalf of No Reply <donotreplycsos@hcd.ca.gov>
Sent: Wednesday, October 9, 2024 12:30 PM
To: Mill Villa
Subject: HCD Payment Receipt

**STATE OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND
 HOUSING AGENCY**

**GAVIN NEWSOM,
 Governor**

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF CODES AND STANDARDS**

Registration and Titling Program
 P.O. Box 277820
 Sacramento, CA 95827-7820
 1-800-952-8356, (916)323-9224
 From TDD Phones: 1-800-735-2929



Thank you for submitting your application to the Registration and Titling program. We will review your application and will contact you if additional information and/or fees are required. If you have any questions, please contact us at: ContactRT@hcd.ca.gov.

**STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY
 DEVELOPMENT
 DIVISION OF CODES AND STANDARDS**



Credit Card Receipt

Customer:		Date Received	10/09/2024
MELISSA MONTGOMERY		Card #	XXXX-XXXX-XXXX-9088
18717 MILL VILLA ROAD.,		Authorization #	658253
239, JAMESTOWN, CA, 95327		Amount	\$35.00
DATE	DTN	REFERENCE	FEES
10/09/2024	13471537 - Formal Title Search - Fee	LBH7313	\$35.00
		Total Fees:	\$35.00
		Previously Paid:	\$0
		Paid Today:	\$35.00
		Balance Due:	\$0

Contact: California Department of Housing & Community Development
 Headquarters Phone: (800) 952-8356

#13

611

Mill Villa

From: noreply@salesforce.com on behalf of No Reply <donotreplycsos@hcd.ca.gov>
Sent: Wednesday, October 9, 2024 12:34 PM
To: Mill Villa
Subject: HCD Payment Receipt

**STATE OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND
HOUSING AGENCY**

**GAVIN NEWSOM,
Governor**

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS**

Registration and Titling Program
P.O. Box 277820
Sacramento, CA 95827-7820
1-800-952-8356, (916)323-9224
From TDD Phones: 1-800-735-2929



Thank you for submitting your application to the Registration and Titling program. We will review your application and will contact you if additional information and/or fees are required. If you have any questions, please contact us at: ContactRT@hcd.ca.gov.

**STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY
DEVELOPMENT
DIVISION OF CODES AND STANDARDS**



Credit Card Receipt

Customer:		Date Received	10/09/2024
MELISSA MONTGOMERY		Card #	XXXX-XXXX-XXXX-9088
18717 MILL VILLA ROAD.,		Authorization #	661348
239, JAMESTOWN, CA, 95327		Amount	\$25.00
DATE	DTN	REFERENCE	FEES
10/09/2024	13471541 - Informal Title Search - Fee	LBF4291	\$25.00
		Total Fees:	\$25.00
		Previously Paid:	\$0
		Paid Today:	\$25.00
		Balance Due:	\$0

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356

#15

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY
DEVELOPMENT
DIVISION OF CODES AND STANDARDS

**Credit Card Receipt**

Customer:	Date Received	10/07/2024
MELISSA MONTGOMERY	Card #	XXXX-XXXX-XXXX-9088
18717 MILL VILLA ROAD.,	Authorization #	439387
239, JAMESTOWN, CA, 95327	Amount	\$25.00

DATE	DTN	REFERENCE	FEES
10/07/2024	13470118 - Informal Title Search - Fee	LBG1684	\$25.00
			Total Fees: \$25.00
			Previously Paid: \$0
			Paid Today: \$25.00
			Balance Due: \$0

Contact: California Department of Housing & Community Development
Headquarters Phone: (800) 952-8356
Mailing Address: PO Box 277820
Sacramento, CA 95827

#16

Mill Villa

From: noreply@salesforce.com on behalf of No Reply <donotreplycsos@hcd.ca.gov>
Sent: Thursday, October 3, 2024 3:00 PM
To: Mill Villa
Subject: HCD Payment Receipt

STATE OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

**GAVIN NEWSOM,
Governor**

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS**

Registration and Titling Program
 P.O. Box 277820
 Sacramento, CA 95827-7820
 1-800-952-8356, (916)323-9224
 From TDD Phones: 1-800-735-2929



Thank you for submitting your application to the Registration and Titling program. We will review your application and will contact you if additional information and/or fees are required. If you have any questions, please contact us at: ContactRT@hcd.ca.gov.

**STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY
DEVELOPMENT
DIVISION OF CODES AND STANDARDS**

**Credit Card Receipt**

Customer:		Date Received	10/03/2024
MELISSA MONTGOMERY		Card #	XXXX-XXXX-XXXX-9088
18717 MILL VILLA ROAD.,		Authorization #	648373
239, JAMESTOWN, CA, 95327		Amount	\$25.00
DATE	DTN	REFERENCE	FEES
10/03/2024	13457859 - Informal Title Search - Fee	LBE5480	\$25.00
		Total Fees:	\$25.00
		Previously Paid:	\$0
		Paid Today:	\$25.00
		Balance Due:	\$0

Contact: California Department of Housing & Community Development
 Headquarters Phone: (800) 952-8356



County of Tuolumne

Kelle Schroeder

Agricultural Commissioner • Weights & Measures
Animal Control • Air Pollution Control
2 South Green Street
Sonora, CA 95370
Phone: (209) 533-5691 Fax (209) 533-5520

Agricultural Commissioner
Director of Weights & Measures
Director of Animal Control
Air Pollution Control Officer

2024 Annual Registration Fee for Commercial Weighing and Measuring Devices

Bill To: MILL VILLA ESTATES: OFFICE
18006 SKY PARK CIRCLE
IRVINE CA 92614
Phone: 209-533-3151
Location: 18717 MILL VILLA RD, JAMESTOWN

Type and Number of Devices

Electric Submeter	193	Retail Motor Fuel Meters	0	Counter Scales < 100 lb Capacity	0	Computing Scales	0
Vapor Submeters	0	Vehicle Tank Meters	0	Counter Scales 100-2000 lb Capacity	0	Hanging Scales	0
Water Submeters	0	Wire/Cordage Meters	0	Platform Scales 2001-10,000 lb Capacity	0	Vehicle Scales	0
Odometers	0	Wholesale Meters	0	Prescription/Jewelers Scales	0	Livestock Scales	0
Retail Meters	0	Retail Water Meters	0	Hopper/Tank Scales	0	LPG Meters	0

Total Number of Weighing and Measuring Devices: 193

Summary of Fees

Location Fee	\$100.00
Device Fee	\$579.00
DMS Administration Fee*	\$96.50
Total 2024 Device Registration Fee Due	\$775.50

Make check payable to:
Tuolumne County Agriculture Dept.
2 South Green Street.
Sonora, CA 95370

Payment is due by February 29, 2024 and is delinquent if not received by March 1, 2024. Please sign and return the certificate copy with your payment. Keep the original for your records; it will serve as your 2024 Device Registration Certificate.

Please see the back of this invoice for a schedule of fees. If there are any corrections that need to be made or if you have any questions, you may contact this office at (209) 533-5691. Fees are not refundable. Fees past due greater than 60 days are charged a late fee equal to 50% of the device registration fee not to exceed \$100.00 (Tuolumne County Code Section 3.40.010(Q)).

*Effective March 6, 2012, California law requires counties to collect and pass on to the State of California, Division of Measurement Standards an Administrative Fee for each commercial weighing and measuring device registered in the county.

Authorized Signature _____ Title Manager Date 12/8/2023

TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT

003782

MOBILEHOME PARK REGISTRATION FORM

Park Name: Mill Villa

Park Physical Address: 18717 Mill Villa Rd, Jamestown, CA 95327

Mailing Address (if different): 18006 Sky Park Circle, STE 200 Irvine, CA 92614

Total <u>number of spaces</u> in park (includes mobilehome, RV and tent spaces)	228
Total <u>number of mobilehome spaces</u> (even if currently occupied by RV)	228

EXEMPTIONS WORKSHEET

(This area is for your use to determine if you have space exemptions. These numbers may not add up to the total number of spaces in your park as some spaces may have multiple qualifiers.)

Total # of RV, tent, or camping spaces	0
Total # of vacant spaces	33
Total # of spaces in a resident-owned park	0
Total # of new spaces developed after 1/1/1990	73
Total # of spaces where park owner owns the mobilehome & rents the home & space to a tenant	2
Total occupied mobile home spaces covered by lease/rental agreements greater than 12 months	0

Total number of spaces under rent control	Paid for 121 spaces \$1694.00 – check # 2303 32 spaces x \$14 = \$448.00	153
Annual Fee = \$14 x Number of Spaces Listed in Row Above Please make check payable to <i>County of Tuolumne CDD</i> and mail to: Tuolumne County Community Development Department 2 South Green Street, Sonora, CA 95370		<u>448.00</u> Amount Due

I declare under penalty of perjury under the laws of the State of California that the foregoing information, including the information in attachments A and B, which are incorporated by reference, is true and correct and that I am the authorized representative for the park owner.

Signature Alex Hollen Date 12/19/2023

Printed Name and Title Alex Hollen - Administrative Assistant

Your Phone 949-486-7170 Your Email: permits@ipgliving.com

Did you remember to complete and include:

- ☐ Mobilehome Park Registration Form (this page)?
- ☐ Attachment A – Ownership & Management Information?
- ☐ Attachment B – Space Report?
- ☐ A map of your park?
- ☐ Your annual fee payment (if applicable)?



INVOICE

Annual Permit Fees Required by Sections 13260 & 13269 of the California Water Code

FACILITY ID (WDID): 5S55C395408
FACILITY NAME: MILL VILLA MOBILE HOME COMMUNI
18717 MILL VILA RD
JAMESTOWN, CA 95327

INVOICE NO: SW-0278358
BILLING PERIOD: 10/01/23 - 09/30/24
INVOICE DATE: 12/13/2023
INDEX NO: 565390

MILL VILLA MHC LLC
CHRIS BOWDEN
18717 MILL VILA RD
JAMESTOWN, CA 95327

 **Total Amount Due by**
Friday, January 12, 2024

\$ 860.00

Invoice details are shown on the back

STATE WATER RESOURCES CONTROL BOARD Annual Permit Fee

Facility ID: 5S55C395408

Billing Period: 10/01/23 - 09/30/24

Invoice No: SW-0278358

Amount Due:

\$ 860.00

Due By: Friday, January 12, 2024

PLEASE REMIT YOUR PAYMENT ON OR BEFORE THE DUE DATE SHOWN ABOVE. LATE PAYMENT COULD RESULT IN PENALTIES UNDER PROVISIONS OF THE WATER CODE SECTION 13261. THESE ACTIONS COULD INCLUDE DAILY PENALTIES IN ADDITION TO YOUR FEE OR OTHER ACTIONS DEEMED APPROPRIATE BY THE REGIONAL BOARD.

IF PERMIT COVERAGE IS NO LONGER REQUIRED, A NOTICE OF TERMINATION IS REQUIRED TO CANCEL THE PERMIT. PLEASE NOTE A TRANSFER OF OWNERSHIP OR RELOCATION OF THE FACILITY REQUIRES A NEW STORMWATER PERMIT.

Make your check payable to State Water Resources Control Board

If you have any questions about this invoice, please call the Water Board at 916-341-5247.

For more information, please visit our website at <http://www.waterboards.ca.gov/resources/fees/>



Retain this portion for your records

Please detach and return this portion with your payment

☐ **CHECK HERE FOR ADDRESS CORRECTION ON THE BACK**

INVOICE NO: SW-0278358

INDEX NO: 565390

(Please print the above number on check or money order)

MILL VILLA MHC LLC
CHRIS BOWDEN
18717 MILL VILA RD
JAMESTOWN, CA 95327
(949) 486-7153

SWRCB
PO BOX 1888
SACRAMENTO, CA 95812-1888

AMOUNT DUE: \$860.00
BILLING PERIOD: 10/01/23 - 09/30/24
DUE BY: 1/12/24
FACILITY ID (WDID): 5S55C395408
FACILITY NAME: MILL VILLA MOBILE HOME COMMUNI
18717 MILL VILA RD
JAMESTOWN, CA 95327

003784

STATE WATER RESOURCES CONTROL BOARD
INVOICE DETAILS

FACILITY ID (WDID): 5S55C395408
ORDER NO: 09-09DW

INVOICE NO: SW-0278358
BILLING PERIOD: 10/01/23 - 09/30/24
REGION: 5S

DESCRIPTION	AMOUNT
71 NPDES SW CONSTRUCTION CGO Fee Basis: 7.4 acres	860.00
TOTAL AMOUNT DUE	\$ 860.00

If you have any questions about this invoice, please call
the Water Board at 916-341-5247.

or you may send an email (preferred) to: FeeBranch@waterboards.ca.gov

Web Site Address: Visit the Water Quality Fees website for more information: https://www.waterboards.ca.gov/resources/fees/water_quality/

For payment status of your invoice, please go to the "Stormwater and Wastewater permit Fee Invoice Information" link at

<https://public3.waterboards.ca.gov/infofees/faces/invoiceSearch/xhtml>

Please allow 10 business days after mailing for your payment to be posted to the database.

BILLING ADDRESS CORRECTIONS

A change of ownership REQUIRES you to contact the Regional Board (contact information above).

You are obligated to pay this and any past due invoices.

FACILITY ID (WDID): 5S55C395408

MILL VILLA MOBILE HOME COMMUNI

BILLING NAME:

CONTACT PERSON:

STREET:

CITY:

STATE:

PHONE:

EMAIL ADDRESS:

ZIP:

003785