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COUNTY EXECUTIVE / SURVEYOR

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**Cache
County**
1857

COUNTY COUNCIL
VAL K. POTTER, *CHAIRMAN*
KATHY ROBISON, *VICE CHAIR*
CRAIG "W" BUTTARS
GREG MERRILL
JON WHITE
CORY YEATES
GORDON A. ZILLES

June 6, 2014

PUBLIC NOTICE is hereby given that the Cache County Council of Cache County, Utah will hold a Regular Meeting in the **Cache County Historic Courthouse, County Council Chambers**, 199 North Main, Logan, Utah 84321 at **5:00 p.m.** on **TUESDAY, JUNE 10, 2014**

AGENDA

4:30 p.m. COUNCIL PHOTO

- 5:00 p.m.**
1. **CALL TO ORDER**
 2. **OPENING / PLEDGE** – Kathy Robison
 3. **REVIEW AND APPROVAL OF AGENDA**
 4. **REVIEW AND APPROVAL OF MINUTES** (May 27, 2014)
 5. **REPORT OF COUNTY EXECUTIVE**
 - a. Appointments
 - b. Warrants
 - c. Other Items
 6. **CONSENT AGENDA**
 7. **ITEMS OF SPECIAL INTEREST**
 - a. Bear River Mental Health Services Fiscal Year 2015 Area Plan – Reed Ernstrom (10 min)
 - b. Update on Improvements on 100 North – George Daines (10 min)
 - c. *PROCLAMATION* – In Support of Local First Utah's Independents Week
 8. **UNIT OR COMMITTEE REPORTS**
 9. **BUDGETARY MATTERS**
 10. **PUBLIC HEARINGS, APPEALS AND BOARD OF EQUALIZATION MATTERS**
 - a. **Board of Equalization**
 1. Findings of Fact Report: Cache Valley Community Health Center
 - b. **Public Hearing** – Open 2014 Budget
- 6:00 p.m.***

11. **PENDING ACTION**
 - a. Decision on Allocation of Excess RAPZ/Restaurant Tax Funds

12. **INITIAL PROPOSAL FOR CONSIDERATION OF ACTION**
 - a. **Ordinance 2014-06 – Amendments to Title 17.18 – Sensitive Areas**
 - b. **Ordinance 2014-07 – Amendments to Title 17.20 – Telecommunications Facilities**
 - c. **Resolution 2014-13 – Amendments to 2014 Budget**
 - d. **Resolution 2014-14 – County Position on CVTD Tax Increase (Utah Code 59-12-2214)**
 - e. Property Tax Deferral Request
 - f. Property Tax Settlement Requests
 - g. Approval of Personnel Policy and Procedures Manual, Section VIII
 - h. Approval of June 24, 2014 Primary Election Poll Workers
 - i. Approval of May 2014 Tax Sale Actions and Minutes
 - j. Discussion – Storm Water

13. **OTHER BUSINESS**
 - a. Nibley City Heritage Days Parade – Saturday, June 21, 2014 at 10:00 a.m.

 - b. 2014 Summer USACCC Conference – Thursday, June 26, 2014 – Thanksgiving Point

 - c. Lewiston City 4th of July Parade – Friday, July 4, 2014 at 9:00 a.m.
Val, Gordon, Greg, Craig
 - d. Hyrum City 4th of July Parade – Friday, July 4, 2014 at 12:00 noon
Val, Gordon, Greg, Kathy, Jon
 - e. Meeting with USU Extension – July 16, 2014 at 8:00 a.m.

14. **COUNCIL MEMBER REPORTS**

15. **ADJOURNMENT**



Val K. Potter, Chairman

*Citizens desiring to be heard are encouraged to submit their messages in writing during or prior to the hearing

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Janeen Allen at 755-1850 at least three working days prior to the meeting.

District 1
Local Mental Health Authority
(Box Elder, Cache, and Rich Counties)



Bear River Mental Health Services, Inc.
Mental Health Area Plan

Fiscal Year 2015

**DISTRICT 1 LOCAL MENTAL HEALTH AUTHORITY
MENTAL HEALTH SERVICES AREA PLAN - FY 2015**

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FORM A MENTAL HEALTH BUDGET NARRATIVES (CON'T)

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FORM D – OFFICIAL SIGNATURES

Governance and Oversight Narrative

Instructions:

- In the box below, please provide an answer/description for each question.

1) Access and Eligibility for Mental Health and/or Substance Abuse Clients

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?

Measured access to community mental health services through the public mental health system within the District 1 Local Authority reflects a longstanding tension between the issues of service funding and service capacity. While growth in state appropriations and county matching funds for local mental health services have remained relatively flat over the past 10 years, Medicaid enrollment and corresponding federal funding have escalated proportionately to effectively dwarf the state appropriation. This has relegated county funds to a level that scarcely provides for the federal Medicaid match requirement, with essentially no remaining funds available to provide for under or unfunded county residents. This has necessitated the development of appropriate service delivery strategies and priorities that mirror the Center's fiscal reality, which, despite the realization of some modest Medicaid profit, showed the Center's overall balance sheet for FY 2013 as recording a financial loss. Subsequently, Bear River Mental Health has established service eligibility criteria as a hedge against any further compromise to service delivery specifically as well as organizational viability generally.

Although service eligibility priorities include the Medicaid population relative to the Center's Medicaid contract, said priorities are not exclusive to Medicaid. Moreover, as the Medicaid enrollee has equal residence within the community populations as a whole, such individuals also meet the service population relative to the state contract. In addition to the Medicaid recipient, the Center extends service availability with respect to its crisis services on a 24/7 basis to all area residents regardless of funding. Furthermore, the Center has established several service priorities specific to the unfunded population including, mental health court participants and civilly committed individuals, in which case the Center allows payment for services specific to its sliding fee schedule, where possible. Likewise, service delivery in the local correctional settings is provided irrespective of funding.

In these instances, eligibility is based categorically relative to need and severity as opposed to ability or inability to pay. Individuals within these service populations are admitted through the Center's Request For Service (RFS) system and scheduled for assessment and treatment planning as is any prospective client having Medicaid eligibility.

BRMH identifies the following priorities and populations of primary service eligibility and conditions applicable to initial and continued mental health service delivery:

1. Medicaid:

Verified Utah Medicaid Enrollees (including non-traditional Medicaid recipients) with mental health disorders are eligible to receive all medically necessary Covered Services in terms of amount, duration, and scope reasonably necessary to correct or ameliorate a mental illness or condition, or prevent deterioration of that mental illness or condition.

2. Medicaid Pending:

Individuals who are pending Medicaid eligibility (those having a current verified Medicaid case number and a completed Medicaid application) may be admitted for services with waiver of Center co-pay / sliding-fee. Review of progress toward Medicaid eligibility is required within 60 days of intake. If ultimately determined ineligible for Medicaid, the continuation of service delivery will follow consistent with the priorities set here within and the client will be assessed and back-billed for services already rendered according to the Center's sliding-fee schedule.

The Medicaid pending category includes those Medicaid eligible individuals requesting service delivery but who have, or are, relocating from an area of the state outside the jurisdiction of BRMH, and whose Medicaid card identifies another Center as responsible for mental health services. Such individuals may be admitted for services subsequent to verification of a change of address submitted to Medicaid; otherwise, services must be obtained from the mental health center designated on the Enrollee's current Medicaid card, unless there is an intra-center agreement to the contrary.

3. Medicaid Spend-down:

Spend-down dependent Medicaid eligible individuals who forego payment of their spend-down, regardless of secondary insurance or payment source, will be referred out for alternative service delivery unless they are included in one of the specialty populations identified below. In such a case, the client would be encouraged to meet their spend-down amount if at all possible, however, if not financially feasible (as determined by Center) the client may be allowed a waiver of the spend-down in favor of the Center's sliding-fee payment schedule. If determined feasible but the spend-down is refused, the client will be referred for representative payee services.

4. Third-party:

Privately insured clients are referred elsewhere, unless they are dual eligible for Medicaid and/or included within the "Specialty Populations" listed below.

5. Medicare:

Medicare clients are referred elsewhere, unless they are dual eligible for Medicaid and/or included within the “Specialty Populations” listed below.

6. Private Pay:

Private pay clients are referred elsewhere, unless they are included within the “Specialty Populations” listed below.

7. Specialty Populations:

a. Mental health court clients:

Mental health court (MHC) clients are individuals having both serious and persistent mental illness (SPMI) and criminal justice involvement who have been accepted into the specialty court program. The mental health court program is a cooperative endeavor involving numerous public and private stakeholders working toward the goal of increasing public safety as well as mental health recovery and reducing criminal recidivism. MHC clients are eligible for participation in the Center’s sliding-fee payment schedule where existing insurance coverage does not include all services considered medically necessary, or where the client is private pay. Upon graduation from the program, the client may continue to receive services according to their pre-established payment arrangement for a period of 90 days. The continuation of services beyond 90 days is determined on a case-by-case basis, depending on current level of stability, urgency of need, severity of illness, treatment adherence, and other factors critical to the risk of criminal recidivism. Petitions for continued service must be submitted by the client’s treatment coordinator to the clinical supervisor and receive both supervisory and executive committee approval. Continued service authorizations are reviewed every succeeding 90 days for subsequent approval or denial.. Upon termination from the program however, continuation of services will follow according to the priorities established herein.

b. Civil commitment clients:

BRMH, as the sole source provider for the District 1 Local Mental Health Authority, is by default, the mental health service provider for those individuals currently under a court order of involuntary commitment to the custody of said authority for treatment. Without exception, such individuals are eligible for all medically necessary mental health services regardless of funding. However, involuntary commitment does not exempt such individuals from all payment responsibility, as the dangerousness of the client’s behavior ultimately necessitated the involuntary action, and therefore, even in private pay cases, the client is assessed a sliding-fee for services rendered.

c. Crisis:

BRMH will continue to provide 24 hour on-call emergency (crisis) services to area residents upon request irrespective of the priorities outlined in this policy.

d. Jail:

Services in the County Jail are statutorily mandated and will continue as currently delivered and may involve brief crisis/risk management assessments and brief diagnostic assessments for mental health court referrals.

e. Medicaid Disability Determination Evaluations / Form M-20:

BRMH will continue to provide for Medicaid disability determination evaluations (Form M-20) irrespective of the priorities outlined in this policy.

f. Grant funded clients (i.e., 2.7 funding; Early Intervention funding, etc.):

BRMH will provide mental health service delivery to those individuals eligible under, and consistent with, the requirements of any grant funding obtained through state, federal, or private entities throughout the life and availability of the grant resources.

As a general rule, services provided to non-Medicaid populations are delivered according to the following predominate hierarchy: (1) group services (predominately) prior to individual services, (2) individual services prior to wrap-around services, and (3) wrap-around services prior to pharmacological services, to the extent possible, depending upon severity of illness and immediacy of need.

What are the criteria used to determine who is eligible for a public subsidy?

Criteria utilized to determine eligibility for the Center's sliding fee is generally relative to clients who are uninsured and typically where the client fits within a particular specialty population (e.g., Mental Health Court or civil commitment).

How is this amount of public subsidy determined?

Public subsidy of mental health services is determined according to the Center's sliding fee schedule relative to the service population priorities described above.

How is information about eligibility and fees communicated to prospective clients?

Information regarding service eligibility and associated fees are provided generally through the Center's external website as well as through direct contact with the Center's Service Coordinator through the request for service system.

Are you a National Health Service Core (NHSC) provider?

Yes, Bear River Mental Health is a qualified NHSC provider.

Governance and Oversight Narrative

2) **Subcontractor Monitoring**

The DHS Contract with Mental Health/Substance Abuse Local Authority states:

When the Local Authority subcontracts, the Local Authority shall at a minimum:

(1) Conduct at least one annual monitoring review. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.

Bear River Mental Health endeavors to maintain adequate service capacity within its network of employed providers so as to effectively deliver the comprehensive array of services as required by contract as well as statutory provision. The delegation of particular services at particular times according to subcontract, although in some instances necessary, is considered less desirable, given the added difficulties that subcontracting poses relative to the coordination and integration of care, inter-agency communication, diversity of documentation, and the overall logistics of monitoring.

However, the Center does maintain subcontract relationships with a local Federally Qualified Health Center and one other provider relative to a small number of clients. With respect to subcontractor monitoring, the Center's Corporate Compliance Officer or designee is assigned to conduct formal annual reviews of these providers to ensure compliance with both technical and substantive elements of mental health service documentation and client progress.

The Center's annual reviews may include client record reviews and record audits utilizing its internal peer/record review system and/or an applicable Subcontractor Compliance Monitoring Worksheet as depicted in the example below.

BEAR RIVER MENTAL HEALTH SERVICES, INC.
Subcontracted Provider - Compliance Monitoring Worksheet

Subcontracted Provider: _____

Monitoring Date: _____

Documentation Requirements

The Subcontractor must document the services provided to Enrollees in accordance with the documentation requirements outlined in the Utah Medicaid Mental Health Centers and Targeted Case Management Provider Manuals:

Treatment Plan Documentation

Not Applicable

1	A psychiatric diagnostic interview examination has been conducted that documents the client's need for mental health services.	
The Subcontractor has developed a written individualized treatment plan designed to improve and/or stabilize the client's condition identified in the diagnostic interview examination.		
The treatment plan includes the following:		
2	a	Measurable treatment goals developed in conjunction with the client.
	b	The specific treatment methods that will be used to meet the treatment goals.
	c	A projected schedule for service delivery, including frequency and duration of each treatment method.
	d	The credentials of individuals who will furnish the services.

Psychiatric Diagnostic Interview Examination Documentation

Not Applicable

The Psychiatric Diagnostic Interview Examination documents the following:

1	The date, actual time, duration, and specific service rendered.	
2	The setting in which the services was rendered.	
A summary of the diagnostic interview examination findings that includes:		
3	a	Diagnoses, or in the case of briefer crisis examinations, revised diagnoses.
	b	A summary of recommended mental health treatment and other services as appropriate.
	c	The signature and licensure of the individual who rendered the service.

Individual Psychotherapy

Not Applicable

The record of individual psychotherapy documents the following:

1	The date and actual time of the service.	
2	The duration of the service.	
3	The setting in which the service was rendered.	
4	The specific service rendered.	
5	Treatment goal(s).	
6	A clinical note describing the client's progress toward the treatment goal(s).	
7	The signature and licensure of the individual who rendered the service.	

NOTES / RECOMMENDATIONS

Signature/ Compliance Monitor

Projected Budget

FY2015 Mental Health Area Plan and Budget

Bear River Mental Health Authority

Local Authority

Form A

FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASADCE, FORENSIC, OTHER)	Third Party Collections	Client Collections (e.g. copay, private pay, food)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source	\$ 223,346	\$ 1,725,972	\$ 177,980	\$ 91,376	\$ 334,083	\$ 5,331,945	\$ 131,976	\$ 10,231	\$ 30,000	\$ 301,000	\$ 84,750	\$ 132,500	\$ 8,575,159

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASADCE, FORENSIC, OTHER)	Third Party Collections	Client Collections (e.g. copay, private pay, food)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		233,500			45,200	721,300							\$ 1,000,000	100	\$ 10,000
Residential Care (171 & 173)		88,730			17,176	274,094					10,000	10,000	\$ 400,000	45	\$ 8,889
Outpatient Care (22-24 and 30-50)	158,346	672,887	177,980	41,376	130,231	2,078,882	24,976		30,000	228,000		22,500	\$ 3,565,178	3,350	\$ 1,064
24-Hour Crisis Care (outpatient based services with emergency_ind = yes)		30,355			5,876	93,769	7,000			1,000	1,000		\$ 139,000	325	\$ 428
Psychotropic Medication Management (61 & 62)		221,825			42,940	685,235	20,000			55,000	9,750		\$ 1,034,750	1,100	\$ 941
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	30,000	280,200			54,240	865,560	50,000			2,000	9,000		\$ 1,291,000	650	\$ 1,986
Case Management (120 & 130)	17,000	182,130			35,256	562,614	10,000			15,000	-	25,000	\$ 847,000	1,375	\$ 616
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	3,000	11,675			2,260	36,065					55,000		\$ 108,000	180	\$ 600
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		4,670			904	14,426	5,000					5,000	\$ 30,000	30	\$ 1,000
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	5,000						15,000	10,231				70,000	\$ 100,231		
Services to persons incarcerated in a county jail or other county correctional facility				50,000									\$ 50,000	200	\$ 250
Adult Outplacement (USH Liaison)	10,000												\$ 10,000	10	\$ 1,000
Other Non-mandated MH Services													\$ -		#DIV/0!
FY2015 Mental Health Expenditures Budget	\$ 223,346	\$ 1,725,972	\$ 177,980	\$ 91,376	\$ 334,083	\$ 5,331,945	\$ 131,976	\$ 10,231	\$ 30,000	\$ 301,000	\$ 84,750	\$ 132,500	\$ 8,575,159		

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASADCE, FORENSIC, OTHER)	Third Party Collections	Client Collections (e.g. copay, private pay, food)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	10,000	1,242,700	12,980	80,000	240,540	3,839,000	100,976		30,000	221,000	74,000	52,500	\$ 5,903,696	2,000	\$ 2,952
YOUTH/CHILDREN	213,346	483,272	165,000	11,376	93,543	1,492,945	31,000	10,231		80,000	10,750	80,000	\$ 2,671,463	1,350	\$ 1,979
Total FY2015 Mental Health Expenditures	\$ 223,346	\$ 1,725,972	\$ 177,980	\$ 91,376	\$ 334,083	\$ 5,331,945	\$ 131,976	\$ 10,231	\$ 30,000	\$ 301,000	\$ 84,750	\$ 132,500	\$ 8,575,159	3,350	\$ 2,560

FY2015 Mental Health Early Intervention Plan and Budget

Bear River Mental Health Authority

Local Authority

	State General Fund		County Funds									
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue			
FY2015 Mental Health Revenue												
FY2015 Mental Health Revenue by Source									\$ -			
	State General Fund		County Funds									
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served	
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!	
MCOT 24-Hour Crisis Care-ADMIN									\$ -			
FRF-CLINICAL									\$ -		#DIV/0!	
FRF-ADMIN									\$ -			
School Based Behavioral Health-CLINICAL	187,346								\$ 187,346	125	\$ 1,499	
School Based Behavioral Health-ADMIN	26,000								\$ 26,000			
FY2015 Mental Health Expenditures Budget	\$ 213,346	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 213,346	125	\$ 1,707	

* Data reported on this worksheet is a breakdown of data reported on Form A.

FY2015 Form A (1) - Proposed Cost and Clients Served by Population

Bear River Mental Health Authority
Local Relevance

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets	Clients Served	FY2015 Expected Cost/Client Served
Inpatient Care Budget		
\$ 630,000 ADULT	75	\$ 9,067
\$ 320,000 CHILD/YOUTH	25	\$ 12,800
Residential Care Budget		
\$ 395,000 ADULT	44	\$ 8,977
\$ 5,000 CHILD/YOUTH	1	\$ 5,000
Outpatient Care Budget		
\$ 2,030,696 ADULT	2,000	\$ 1,040
\$ 1,434,432 CHILD/YOUTH	1,350	\$ 1,100
24-Hour Crisis Care Budget		
\$ 110,000 ADULT	250	\$ 440
\$ 29,000 CHILD/YOUTH	75	\$ 387
Psychotropic Medication Management Budget		
\$ 375,000 ADULT	350	\$ 1,029
\$ 159,750 CHILD/YOUTH	250	\$ 639
Psychoeducation and Psychosocial Rehabilitation Budget		
\$ 930,000 ADULT	275	\$ 3,564
\$ 311,000 CHILD/YOUTH	375	\$ 829
Care Management Budget		
\$ 655,000 ADULT	775	\$ 845
\$ 192,000 CHILD/YOUTH	600	\$ 320
Community Support Budget (including Respite)		
\$ 38,000 ADULT (Hearing)	30	\$ 1,267
\$ 70,000 CHILD/YOUTH (Respite)	150	\$ 467
Peer Support Services Budget		
\$ 30,000 ADULT	30	\$ 1,000
CHILD/YOUTH (includes FRF)	-	\$ DIV#0!
Consultation & Education Services Budget		
ADULT		
\$ 100,231 CHILD/YOUTH		
Services to Incarcerated Persons Budget		
\$ 50,000 ADULT Jail Services	200	\$ 250
Outplacement Budget		
\$ 10,000 ADULT	10	\$ 1,000
Other Non-mandated Services Budget		
ADULT		\$ DIV#0!
CHILD/YOUTH		\$ DIV#0!

Summary

Total		
\$ 5,903,696	Total Adult	
\$ 2,671,463	Total Children/Youth	

From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)

Unfunded (\$2.7 million)		
\$ 15,000 ADULT	15	\$ 1,000
\$ 162,980 CHILD/YOUTH	145	\$ 1,124
Unfunded (all other)		
\$ 50,000 ADULT	55	\$ 909
\$ 5,000 CHILD/YOUTH	15	\$ 333

Bear River Mental Health Services, Inc.

SLIDING-FEE POLICY

Policy

Client co-payments are charges determined by the client's insurer (including Medicare) to be the portion of the cost of service the insurance beneficiary must pay, or in the case of an uninsured client, the amount of sliding-fee the Center determines as reasonable and necessary based upon client income. The Center's policy is to collect the full amount of insurance co-payments. Clients who qualify under the conditions specified below, will be assigned a sliding-fee amount per encounter, and will be expected to pay the full sliding-fee amount prior to each service appointment at the Center. The Center sliding-fee is not subject to any waiver.

Procedures

1. Client co-payments relative to the Center's sliding-fee schedule are based on monthly gross household income.
 - a. In the instance that single "legal adults" living with immediate family and receiving free room and board request Center services, an income of \$450 may be added to their declared income as "in kind" value of room and board. Any individual who can demonstrate that they are actually paying to live with immediate family could have this value of "in kind" revenue reduced accordingly.
 - b. Before establishing a sliding-fee, Bear River Mental Health Services, Inc. may require written verification of the client's income. Verification may also be requested at any time during the course of the client's treatment.
2. A Center sliding-fee may be contingent on the following conditions:
 - a. To be eligible for payment according to the Center's sliding-fee schedule, individuals must be uninsured and residents of Box Elder, Cache, or Rich Counties. All out-of-county clients will be responsible for the full charge for any service rendered. In addition, insured clients must eligiblize according to the specifications below.
 - b. As the Center does not practice the routine waiver of insurance based co-payments, for insured clients to be eligible for a sliding-fee, they must either (1) have their insurance payment denied for the services requested, or (2) the services requested must be excluded from the client's insurance coverage, or (3) the client must petition and receive approval for a waiver of insurance co-payment under policy. In cases where the client's insurance denies payment, the client must also complete and sign a Waiver of Liability to be eligible for a Center sliding-fee.
 - c. Waivers of liability represent statements and agreements in which the client either chooses to receive services and assume financial responsibility if their insurance (including Medicare) denies payment or chooses to refuse service delivery. Waivers of liability shift financial responsibility from the Center to the client in the event of a denial of an insurance claim.

- d. The Waiver of Liability should be completed in advance of actual service delivery when a denial of insurance payment is predictable. However, in cases in which a denial of an insurance claim cannot be anticipated or predicted, the client will be approached to sign a Waiver of Liability upon receipt of the denial, and the Center's sliding-fee will be applied retroactively to the clients account.
- e. For Medicare beneficiaries, when it is anticipated that Medicare will deny payment for a particular covered service at a particular time, due to reasons that Medicare will likely consider as not reasonable and necessary (i.e. not consistent with diagnosis, provided by someone other than approved by Medicare, and/or the frequency or duration of the service exceeds the limits imposed by Medicare) the Center will have the client sign a waiver of liability referred to as an Advance Beneficiary Notice, prior to delivery of the service.
- f. Waivers of liability, either in the form of an Advance Beneficiary Notice or in some other form, may be signed by the client's personal representative if the client is a minor child or an incapacitated adult.
- g. Waivers of liability may not be signed in emergency service situations prior to an emergency medical screening (EMS) and stabilization of the client. In addition, a waiver of liability may not be signed when a client is under duress (i.e. emotionally or cognitively impaired such that the client is unable to adequately comprehend the nature and consequences of their decision so as to be unable to make an informed choice).
- h. If a client refuses to sign a waiver of liability, the Center will have a staff person witness the refusal and may consider such action as reasonable cause to refuse to provide the requested service.
- i. Clients must allow Bear River Mental Health Services, Inc. to submit claims to insurance companies when applicable and must also provide all pertinent information necessary with which to process the insurance claim. All insurance payments received by the Center shall be in addition to any client co-payment; however, the Center may not collect more than what is actually charged for the services rendered.
- j. Potential recipients of a Center sliding-fee must apply by completing the Center's standard Fee Agreement. Clients who refuse to state and/or verify their monthly income will be ineligible to receive a sliding-fee and will be responsible for the full charge of any service not covered by their insurance.
- k. For clients who are under the age of majority, the child's parents or legal guardian retain financial responsibility unless the child is legally emancipated or has been placed in the legal custody of a state agency, and the agency has been assigned financial responsibility by statute or court order.

2015 Area Plan Discount Fee Schedule

FY 2015 Discount Fee Schedule									
Household Size	Annual Incomes Relative to Percent of Poverty								
	Monthly Income	Up to - 110%	>110% - 130%	>130% - 140%	>140% - 160%	>160% - 180%	>180% - 200%	>200% - 300%	>300% - 400%
1	\$1,070	\$12,837	\$15,171	\$16,338	\$18,672	\$21,006	\$23,340	\$35,010	\$46,680
2	\$1,442	\$17,303	\$20,449	\$22,022	\$25,168	\$28,314	\$31,460	\$47,190	\$62,920
3	\$1,814	\$21,769	\$25,727	\$27,706	\$31,664	\$35,622	\$39,580	\$59,370	\$79,160
4	\$2,186	\$26,235	\$31,005	\$33,390	\$38,160	\$42,930	\$47,700	\$71,550	\$95,400
5	\$2,558	\$30,701	\$36,283	\$39,074	\$44,656	\$50,238	\$55,820	\$83,730	\$111,640
6	\$2,931	\$35,167	\$41,561	\$44,758	\$51,152	\$57,546	\$63,940	\$95,910	\$127,880
7	\$3,303	\$39,633	\$46,839	\$50,442	\$57,648	\$64,854	\$72,060	\$108,090	\$144,120
8	\$3,675	\$44,099	\$52,117	\$56,126	\$64,144	\$72,162	\$80,180	\$120,270	\$160,360
Each Additional Person	\$4,466		\$5,278	\$5,684	\$6,496	\$7,308	\$8,120	\$12,180	\$16,240
Per- session Discount Fee	\$8.00		\$16.00	\$24.00	\$32.00	\$42.00	\$52.00	\$72.00	\$84.00

Form A – Mental Health Budget Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

1a) Adult Inpatient

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Inpatient mental health services for adults, children and youth, are contracted services and not provided directly by the mental health center. Bear River Mental Health and the local authority plan for the continued utilization of Logan Regional Hospital and McKay Dee Hospital as the primary resources to meet the Center's acute adult and child inpatient needs for FY 2015. All inpatient resources utilized by the Center will continue to accommodate both male and female admissions.

The Logan Regional Hospital Unit primarily serves mental health consumers 18 years of age and older and has an established capacity of 7 beds. BRMH has an existing contract with Logan Regional Hospital. The McKay Dee Hospital inpatient unit serves an adult population, and has a 22 bed capacity. BRMH has a standing interagency agreement with McKay Dee Hospital. Intermediate and longer-term inpatient hospitalization will continue to be accomplished through utilization of the Utah State Hospital.

The hospitals identified above represent the primary and preferred source of inpatient utilization for area residents. However, other inpatient options (e.g., University of Utah, Lakeview, Davis Hospital, etc.) have and will at times be necessary in order to meet the area's inpatient service needs. In all circumstances, Center personnel will take appropriate steps to facilitate access to adult and child inpatient resources as needed and where needed.

Include expected increases or decreases from the previous year and explain any variance.

The dynamics of inpatient hospitalization are numerous and variable such that any estimate of inpatient utilization retains some degree of uncertainty. Since FY 2010 BRMH has experienced dramatic increases in inpatient bed days (e.g., 592 days in FY 2010, 614 days in FY 2011, 495 days in FY 2012) and has subsequently adjusted its projected inpatient costs accordingly, estimating roughly 540 bed days utilization per year. Given the actual rate of hospitalizations in FY 2014, BRMH does not expect any significant change in inpatient utilization for FY 2015, which comparison seems more realistic than any comparison between estimated projections from one fiscal year to the next.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

As with the adult service population, inpatient services for children and youth are technically a contracted services not provided directly by BRMH. The utilization of inpatient programs and services may be monitored by the mental health center, where Center utilization staff may work directly with inpatient personnel to provide initial or continued authorization of services as well as discharge planning and coordination.

Inpatient services for children and youth are primarily provided through the McKay Dee Institute for Behavioral Medicine which serves children 6 years of age through 17 years of age and is in operation seven days a week, twenty-four hours a day, although other inpatient providers throughout the intermountain area may at times be utilized as necessary and appropriate given individual circumstances.

Intermediate and longer-term inpatient hospitalization for children and youth will continue to be accomplished through utilization of the Utah State Hospital. The Utah State Hospital, located in Provo, generally accommodates a maximum capacity of 72 pediatric admissions. Additionally, the mental health center is allocated 4 pediatric beds subsequent to the formula established under subsection (2) of 62A-15-612, which also provides for the allocation of beds based on the percentage of the state's population of persons under the age of 18 located within a mental health center's catchment area.

The Center has formalized its inpatient services policy for children and youth that upholds procedural consistency with Utah statute as currently written (Utah Code Annotated 62A-15-702 and 703 -Treatment and commitment of minors in the public mental health system and Residential and inpatient settings – Commitment proceeding).

Include expected increases or decreases from the previous year and explain any variance.

At present, BRMH does not anticipate any increase or decrease in inpatient bed capacity (i.e., number of available inpatient beds) or bed day utilization for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes with respect to children and youth inpatient psychiatric services are planned or projected for FY 2015.

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Adult residential services are provided directly by BRMH through the operation of a 12 bed facility located in Logan, Utah. This facility will ensure the continued availability in FY 2015 of transitional and longer-term support options for individuals who demonstrate a need for both structured and supportive living. The facility is operated as a 24-hour supervised group home and will continue to provide Supportive Living as an adjunct to other services such as case management and rehabilitative skills development as applicable to the needs of clients in the facility who are in transition to less restrictive environments, meaning that residential service clients, depending on individual need, may receive other services in addition to supportive living, as they are in the process of transitioning from the 24-hour facility to either semi-independent or independent living in the community.

Supportive living generally includes observation, monitoring, and structured daily living support which necessitates 24-hour staffing to ensure daily resident contact, observation of general behavior and performance of routine personal care and daily living tasks, as well as monitoring of symptomatology associated with the resident's diagnosis and individualized treatment plan.

Additionally, the residential program provides for a structured living environment which ensures the organization of household activities, tasks, and functions according to a specific daily schedule of functional living activities. Meals, medications, household chores, house meetings, visiting and other activities associated with the facility are accomplished through structure and direct supervision. The organization and routine of the household provides an emotionally stabilizing effect that tends to facilitate symptom stabilization.

Currently, the Center is near completion of a new residential facility located on site of the Bear River House day program thereby creating a mental health campus effect. Occupancy is anticipated in May 2015 and the new facility will include single occupancy bedrooms, improved bath and shower rooms, expanded kitchen and dining area, dedicated medication room, separate staff bathroom, and expanded common living areas not historically available in its previous facility.

Include expected increases or decreases from the previous year and explain any variance.

Currently, no significant change is expected in residential service capacity for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes with respect to residential services are planned or projected for FY 2015. However, during the construction of the new residential transitional support facility, the Center utilized a portion of its Bear River House psychosocial rehabilitation facility for temporary group home accommodations. In FY 2015 the Center may undertake consideration to study the feasibility and practicality of development of a small residential treatment component contained within the larger adult day facility in Logan.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Residential services for children and youth are not provided directly by BRMH. When more secure and extended residential treatment is determined necessary, the mental health center will utilize residential treatment facilities available throughout the Wasatch front area. In previous plan years the mental health center has occasionally placed children and youth in Primary Children's Residential program as well as the Odyssey House program within the Salt Lake area.

Although these specific programs have been utilized in previous years, with respect to FY 2015, Bear River Mental Health does not plan to limit its residential service continuum to select facilities but will endeavor to obtain services from any available and accredited residential treatment resource necessary in order to meet the clinical needs of children and youth within its catchment area and service priority.

When determined to be clinically necessary, these intensive levels of intervention provided through residential treatment resources will be delivered to accomplish increased stability and foster the successful reintegration of children and youth with family and community. Residential service utilization is difficult to predict as BRMH endeavors to serve and maintain children and youth in their home environment through intensive wrap-around services as preferable to out-of-home placement if at all possible.

Include expected increases or decreases from the previous year and explain any variance.

No significant change in utilization or service delivery is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No programmatic changes are planned for FY 2015.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The continuum of outpatient services provided by directly by BRMH projected for FY 2015 will continue to include mental health assessments, psychological evaluations, psychiatric evaluations, individual, family and group psychotherapy, individual skills development, behavior management, as well as psycho-education and support groups. Case management, group skills development (psychosocial rehabilitation), respite, and medication management, although incorporated within the mental health center's context of outpatient services, are described separately in sections of the Area Plan to follow as they are identified by statute as separate from the outpatient service continuum.

Services are generally provided in the outpatient clinic sites located in Logan, Brigham City, Tremonton, and Garden City, however, these services may be provided at other times and community locations as determined necessary and appropriate to the needs of mental health consumers. Additionally, outpatient services are provided through face-to-face contact with the client, which may at times be delivered through the Center's tele-health system.

Additionally, BRMH has two subcontracted provider entities (i.e., Mt. Logan Clinic and Bear Lake Community Health Center), where outpatient therapy services are provided to a relatively small number of Medicaid eligible individuals.

Include expected increases or decreases from the previous year and explain any variance.

Delivery of outpatient services is expected to remain consistent with the previous fiscal year with no anticipated substantive programmatic changes or true expansion of actual services. Utilization of outpatient services may show some minimal increase relative to possible increases in Medicaid eligibility rates.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes with respect to the general continuum of adult outpatient services are planned or projected for FY 2015.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Direct outpatient services provided to children and youth, as with adult consumers, include mental health assessments, psychological evaluations, psychiatric evaluations, individual, family and group psychotherapy, individual and group skills development, behavior management, as well as psycho-education and support groups.

As specified under Adult Outpatient Care, the array of outpatient services are generally provided in the clinic settings located in Brigham City, Tremonton, Logan and Garden City, however, these services may be provided at other times and community locations such as local schools and in-home venues as determined necessary and appropriate to the needs of mental health consumers.

Include expected increases or decreases from the previous year and explain any variance.

Delivery of outpatient services, as with the adult population, is expected to remain consistent with the previous fiscal year with no anticipated substantive programmatic changes or true expansion of actual services. Utilization of outpatient services may show some increase consistent with the possibility of an increase in Medicaid eligibility rates, although as previously indicated, the predictions represented in the Center's Area Plan Budget are merely rough or best-guess estimates based on historical patterns of population growth, and are not as such, statistically reliable.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes in outpatient services relative to children and youth are planned or projected for FY 2015.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Mental health crisis management will continue to be provided primarily as a direct service and not under subcontract (with exception as described below), as necessary to assist clients who are experiencing immediate and/or debilitating or life threatening complications as a result of serious mental illness. Through a variety of educational formats, all individual clients of the Center are provided with the information necessary in which to access the 24-hour crisis system. In addition, crisis services for Medicaid clients are specifically covered under partnership agreements in which hospitals and other agencies are informed of the Center's commitment in providing a first line response to the crisis needs of this population. Furthermore, access to the Center's crisis team is available to other individuals within the community, as well as public and social service entities including law enforcement. Annually, the Center participates in direct training of law enforcement personnel working as CIT (Crisis Intervention Team) officers as part of a community-wide crisis intervention system. Both CIT officers as well as designated BRMH crisis staff are trained in mental health law policy and practice, including acute and extended inpatient resource utilization and community-based alternatives to hospitalization.

Crisis services will continue to be available seven days a week, 24 hours per day and 365 days a year for FY 2015. During regular business hours, a selection of outpatient staffs in each clinic site will continue to rotate crisis coverage Monday through Friday. For evenings, weekends, and holidays, clinicians who are certified as mental health officers for the State of Utah will fulfill the crisis coverage assignment, again on a rotating schedule. Pagers and cellular phones will be utilized by crisis service staff to allow for quick communication and response. Also, during routine office hours, crisis staff will maintain a flexible work schedule that ensures the possibility of an immediate response to any mental health emergency situation. Assigned crisis staff will be capable of managing both child and adult mental health emergencies and, when necessary, will be trained in the process of making referrals to the Center's inpatient resources as previously described.

Include expected increases or decreases from the previous year and explain any variance.

The Center will likely see some decrease in crisis coverage subsequent to a change in crisis services provided through the Logan Regional Hospital Emergency Department as explained below.

Describe any significant programmatic changes from the previous year.

In May of 2013 Logan Regional Hospital began providing hospital crisis coverage utilizing its own employed staff as is practiced in other Intermountain Health Care facilities throughout Utah. Bear River Mental Health is available for consultation relative to Center clients, Medicaid individuals, or civil commitment cases as needed. This change in crisis service delivery was initiated by Logan Regional Hospital administration during 2013 inpatient rate negotiations, and is the preference of Intermountain Healthcare so as to achieve system congruity throughout the state.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Crisis services as described in the adult section above equally apply to children and youth. As indicated previously, assigned crisis staff is trained and capable of managing both child and adult mental health emergencies. However, the Center's network of clinical providers with crisis experience and expertise is widespread throughout the community and particularly in each of the school districts in Box Elder and Cache Counties. Mental health therapists, case managers and behavior managers work closely with school personnel to assist in the service delivery system to insure children receive needed services in in-vivo environments.

Additionally, Center personnel are involved in children and youth crisis assessments, service referral, and disposition/placement consultation on an on-going basis with community partners such as the Local Interagency council, juvenile courts, and DCFS.

Include expected increases or decreases from the previous year and explain any variance.

As with other outpatient services, crisis and emergency management services for children and youth will also likely show relevant increases or decreases in delivery and utilization as area population demographics and Medicaid eligibility rates similarly increase or decrease.

Describe any significant programmatic changes from the previous year.

As with adult crisis services specified above, the Center's 24-hour crisis or emergency response system is not expected to expand either geographically or programmatically in FY 2015.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Psychotropic medication and medication management are direct services provided to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacological treatment. For FY 2015, the mental health center will continue to offer a flexible medication clinic where clients may present without a scheduled appointment to see a medical team nurse for medication related problems or concerns.

The mental health center's medication prescription and management providers are approved by the Department of Occupational and Professional Licensing (DOPL). Where possible and appropriate, the Center's medical staff will work in consultation and coordination with primary care providers to better meet overall client medication treatment needs as well as attend to and promote client wellness through routine monitoring and measurement of client physiological statistics on every medication management appointment conducted at the Center's outpatient clinics.

The Center will continue to offer a variety of options for medication administration and monitoring, including daily and weekly medicine packaging, medication pickup and delivery, and direct observation of medication utilization as determined necessary and appropriate to the clinical needs of the client. Psychotropic medication management services will also remain available as needed for crisis services after hours. These services will be provided by a team of medical practitioners including a psychiatrist, and an advanced practice registered nurse. Medication related services will be available to all mental health center clients, who are determined to be in need of psychopharmacological treatment.

Where possible and appropriate, the Center's medical staff will work in consultation and coordination with primary care providers to better meet overall client medication treatment needs as well as attend to and promote client wellness through routine monitoring and measurement of client physiological statistics on every medication management appointment conducted at the Center's outpatient clinics.

Additionally, direct access to medication management and prescription services provided by Center physicians and APRNs are available at Logan, Brigham City, and Tremonton outpatient clinic sites and may be accessed from other locations through the Center's tele-health system.

Include expected increases or decreases from the previous year and explain any variance.

Expected increases in med management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes relative to medication management are planned or anticipated for FY 2015 in this service area.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

As described in the adult section above, psychotropic medication and medication management services will be provided as well to the Center's child/youth populations in order to accomplish a full range of psychopharmacological mental health treatment. These services are provided by a medication management team of professionals in consultation and coordination with each client's personal treatment team.

The Center's medication management team includes Medical Assistants, Registered Nurses, Advance Practice Registered Nurses, and physicians. Physician staffs include both a Psychiatrist and general practice physician. The Center's Psychiatrist, although not board certified in child psychiatry, nevertheless provides prescriptive services for children and youth as well as adults.

As with adult medication management services, where possible and appropriate, the Center's medical staff will work in consultation and coordination with primary care providers to better meet overall client medication treatment needs as well as attend to and promote client wellness through routine monitoring and measurement of client physiological statistics on every medication management appointment conducted at the Center's outpatient clinics.

Additionally, direct access to medication management and prescription services provided by Center physicians and APRNs are available at Logan, Brigham City, and Tremonton outpatient clinic sites and may be accessed from other locations through the Center's tele-health system.

Include expected increases or decreases from the previous year and explain any variance.

Expected increases in med management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes with respect to medication management services are planned or projected for FY 2015.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The adult psychosocial programs both in Brigham City (Brigham City House) and Logan (Bear River House) will continue throughout FY 2015 as currently developed. These programs are patterned after the recovery model as the foundation rehabilitative perspective. The recovery model and approach to changing client attitudes, values, skills and/or roles, developing new life meaning and purpose, as well as regaining social function despite limitations of mental illness will continue to be the practical focus of this service.

Adult psychosocial programs are organized into three recovery oriented program tracks (Foundation, Gateway, and Transitions) designed to address the issues of mental health recovery and functional living while taking into consideration functional diversity within the consumer population as described below:

- (1) The Foundation Track is designed to meet the needs of consumers with profound cognitive, social, and functional limitations. This track focuses on functional survival and targets remedial social skills, daily living skills, and protective skills such as basic medication management and symptom maintenance necessary to promote community tenure and avoid institutionalization.
- (2) The Gateway Track is conceptualized as a gateway to wellness, and will continue to focus on an intermediate level of functional coping skills, functional living skills, and functional rehabilitative activities designed to enhance functional assertion.
- (3) The Transitions Track is designed for the advanced consumer and follows the Personal Development for Life and Work curriculum and is focused on the work of functional mastery.

This program also utilizes the modalities of psychoeducation, support groups, and experiential rehabilitative activities in the process of preparing consumers for social, recreational, educational, and vocational community reintegration. The psychoeducation modality in particular invests rehabilitative effort in the development and support of vocational adequacy and productive life skills necessary to restore mental health center clients to their best possible functioning level.

Include expected increases or decreases from the previous year and explain any variance.

Expected increases in psychoeducation and psychosocial rehabilitation service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

No substantive programmatic changes are planned in this service area for FY 2015.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Psychosocial rehabilitation for children and youth will continue as a direct service to be provided through a network of Skills Development Specialists. Children's service staff will employ both individual and group formats for skills training and development that will address basic living, communication, and interpersonal competencies as related to the predominate family, school, and social environments of children and youth.

In addition, the mental health center plans to continue the delivery of psychosocial rehabilitative services in FY 2015 for children and youth during the school session and in the interim through a summer psychosocial skills curriculum. These services are provided in all outpatient service sites located in Brigham City, Logan, and Tremonton, as well as in school sites in all three service area counties.

All psychosocial rehabilitative services are applied to reduce psychiatric symptomatology, decrease unnecessary psychiatric hospitalizations, decrease maladaptive behaviors, increase personal motivation, enhance self-esteem, and help clients achieve the highest level of functioning possible.

Include expected increases or decreases from the previous year and explain any variance.

Increased utilization or service delivery in the areas of both psychoeducation and psychosocial rehabilitation is not currently anticipated, and no geographical program expansion is planned for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

For FY 2015, case management services will continue with the primary goal of assisting clients (adult, child/youth) and families to access additional community services and resources in an effort to help manage the functional complications of mental illness. Primary case management activities will include assessment and documentation of the client's need for resources and services; development of a written case management service plan; linking clients with needed services and resources; coordinating the actual delivery of services, monitoring quality, appropriateness and timeliness of the services delivered, as well as monitoring client progress and review and modification of the case management service plans and objectives as necessary.

Additional activities will often involve finding and maintaining housing resources, obtaining medical or dental services, linking with the Department of Workforce Services or Social Security Administration relative to the acquisition of benefits and entitlements, advocating for educational opportunities, and/or coordinating and facilitating inpatient hospital discharge.

Case management services will continue to be available throughout the Center's catchment area although predominately delivered in Logan, Brigham City, Tremonton and neighboring communities, to those clients who would benefit from and require assistance in coordinating, monitoring, and linking to community services and resources. These services are open to all mental health center clients based upon medical necessity as determined by a formal needs assessment.

Include expected increases or decreases from the previous year and explain any variance.

Expected increases in case management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes with respect to case management services are planned or projected for FY 2015.

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Case management services in FY 2015 for children and youth will mirror those described above in most respects with the general exception of income and housing supports. Primary case management activities, as with adult consumers, will include assessment and documentation of the client's need for resources and services; development of a written case management service plan; linking clients with needed services and resources; coordinating the actual delivery of services, monitoring quality, appropriateness and timeliness of the services delivered, as well as monitoring client progress and review and modification of the case management service plans and objectives as necessary.

Case management services will continue to be available to children and youth, as with adults, throughout the Center's catchment area. These services are predominately delivered in the Logan, Brigham City, and Tremonton clinic sites as well as in neighboring communities, to those clients who would benefit from and require assistance in coordinating, monitoring, and linking to community services and resources.

Include expected increases or decreases from the previous year and explain any variance.

Expected increases in case management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

Programmatic aspects of case management as well as the scope and methods of service delivery will continue unchanged for FY 2015.

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (In home, housing, respite services)

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

In-home supports such as skills development, behavior management, and personal services will continue to be provided directly by BRMH to seriously and persistently mentally ill (SPMI) adults by case management and skills development service providers. Psychotherapy support services may be provided outside of the clinic either in home or in community settings such as local nursing homes, as determined necessary and appropriate to help eliminate barriers to service access.

Additionally, the mental health Center has an established housing network consisting of several apartment complexes located in Logan (Gateway 6-plex apartments) and Brigham City (Snow Park Village and Box Elder Commons) that provide semi-independent housing supports for eligible consumers who have transitional living needs.

Adult respite services are also available to families housing adult SPMI clients on a limited basis through the Center's 24-hour residential facility, where the client can be placed on a short-term basis to allow the family a brief period of rest and regeneration.

Include expected increases or decreases from the previous year and explain any variance.

No new transitional housing resources are expected to be acquired during FY 2015, although utilization and demand for such services may increase relative to increases in service population. However, as referenced in the previous Adult Residential Care section, Bear River Mental health is near completion of a new 24-hour residential facility on site of the Bear River House (adult psychosocial rehabilitation facility) located at 88 West 1000 North in Logan.

Client occupancy is anticipated in May 2015 and the new facility will include single occupancy bedrooms, improved bath and shower rooms, expanded kitchen and dining area, dedicated medication room, separate staff bathroom, and expanded common living areas not historically available in its previous facility.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes with respect to community supports are planned or projected for FY 2015.

Form A – Mental Health Budget Narrative

1p) Children/Youth Community Supports (In home, housing, respite services)

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

In-home supports such as skills development, behavior management services will continue to be provided to severely emotionally disturbed (SED) children by case managers and skills development specialists throughout the Center's service in Box Elder, Cache and Rich Counties. In addition, respite services will continue to be provided to children classified as seriously emotionally disturbed (SED). This service will provide families with temporary relief from the stress of managing difficult children and adolescents by providing structured activities and supervision of the child or adolescent during the respite period. Respite allows for children and families to have a planned break from one another which is often a vital key to maintaining children in their homes and communities.

Families receiving respite services are also provided additional supportive services to assist them in coping with special needs youth. Child and adolescent programs and staff also provide a variety of community support and involvement through partnership arrangements with the Division of Child and Family Services, the Division of Youth Corrections, the Juvenile Justice System, local School Districts, and other local entities invested in the integration of mental health services with community support resources.

Although personal services may be included within the community support category, typically these services involve assistance with instrumental activities of daily living (IADL), including marketing, maintenance of the living environment, income management, and other activities necessary to live independently in the community. As such, these services are generally applicable to adult clients and therefore not provided per se to children and youth.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Peer Support services were initiated in FY 2013 in Box Elder County and represent face-to-face services provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of adults with serious and persistent mental illness (SPMI). Through coaching, mentoring, role modeling, and as appropriate, using the peer support specialist's own recovery story and experience as a recovery tool, Center client's may be assisted with the development and actualization of their own individual recovery goals.

Center staff employed in other positions (i.e., Case Manager, Skills Development Specialist, etc.) may also provide adjunct peer support services within the scope of their job description if they also meet the qualifications of a Peer Support Specialist (i.e., in recovery for SPMI and completion of required training).

Include expected increases or decreases from the previous year and explain any variance.

Bear River Mental Health, in Executive and Supervisory discussion, has determined to pursue the hiring of a Peer Support Specialist to serve the Cache County area. It is anticipated that this position will likely provide for services at 10 hours per week. The recruitment for a Peer Support Specialist will adhere to the Center's standard recruitment process and include posted announcements on the Center's external website, internal announcement box, as well as postings through local media outlets.

A formal Peer Support job description has been developed, and pending the scheduling and organization of the next Peer Support certification training, Bear River Mental Health will likely move forward toward the hiring of a Cache County Peer Support Specialist position. Currently, given the significance of the Center's participation in the First District Mental Health Court program, and that program's interest in the development of a mental health court mentoring system, serious consideration will be given with respect to the recruitment of a Forensic Peer Support Specialist who can effectively serve both general and mental health court consumer populations, thereby broadening the application and utilization of the peer support role.

Describe any significant programmatic changes from the previous year.

The introduction of a peer support services in the Cache County area as described above represents a programmatic change anticipated for FY 2015.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

As indicated above, Peer Support is a face-to-face service provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of individuals with serious mental illness. With respect to children and youth, peer support services are provided to their respective parents/legal guardians as appropriate to the child's age and clinical need. Through coaching, mentoring, role modeling, and as appropriate, using the peer support specialist's own recovery story and experience as a recovery tool, the parent or legal guardian of children and youth may be assisted with the development and actualization of their child's own individual recovery goals.

As Family Resource Facilitators generally have first-hand experience living with a child or loved one who has emotional, behavioral, or mental health challenges and are trained in the Utah Family Coalition Policy Training curriculum and as Peer Support Specialists, Family Resource Facilitators may at times provide peer-to-peer support in the course of their Center-related responsibilities.

Include expected increases or decreases from the previous year and explain any variance.

Currently BRMH is finalizing its formal policy regarding the Peer Support Specialist position in anticipation of the initiation of recruitment efforts within the adult consumer population. It is the Center's position that appropriate care must be exercised through development of policy and procedure in order to minimize potential boundary difficulties in the employment of mental health consumers, where the mental health center assumes the dual role of both provider and employer of the client. As indicated in the above section on Adult Peer Support Services, for FY 2015 Bear River Mental Health has determined to seriously consider the pursuit of a Peer Support Specialist to serve the Cache County area. It is anticipated that this position will likely provide for peer support services at 10 hours per week and would be available to both adult clients and the parent/legal guardian of clients who are under the age of majority.

Describe any significant programmatic changes from the previous year.

The inclusion of peer support services in Cache County represents a programmatic change for Bear River Mental Health in FY 2015.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Bear River Mental Health will maintain its commitment to community partnership and collaboration in FY 2015 and intends to further its efforts to reach out and embrace community stakeholders. The mental health center currently has employed a number of personnel who also maintain clinical practice relationships with the Cache County Jail, the Center for Persons with Disabilities, and the local health department for example, which serves to solidify the Center's alliance and interdependent partnerships with allied agencies.

Additional staff continue to participate as mental health system consultants in a number of community forums and activities such as local nursing home advisory, marriage and family therapy advisory, Juvenile Justice Center, as well as participation with a number of community agencies which focus on adult protective and safety issues such as Aging and Adult Services, as well as the Cache County Health Council.

Bear River Mental Health also plans to continue its participation with the local Community Abuse Prevention Services Agency (CAPSA) administration in partnership efforts focusing on education, training, and consultation needs relative to CAPSA employees and services. Presently, Center administrative and clinical staffs also continue to meet with the Northern Utah's Choices Out of Violence coalition (NUCOV) on a weekly basis as this collaborative project proceeds.

The Center's consultation services are directed primarily toward agency and other community partners and organizations who participate as community stakeholders. In addition, the mental health center provides frequent consultation and education with families and individuals concerning involuntary mental health procedures, as well as general information about mental health related issues provided to local community and religious groups.

Additionally BRMH staff sits on the local health department board as well as the board of the Cache Valley Community Health Clinic (free clinic, not the local FQHC), and participates as an active member of the Cache Valley Homeless Council which meets regularly under the auspices of Bear River Association of Governments in order to address the issues, needs, and resources relative to problems of homeless in Cache County.

Finally, Bear River Mental Health will continue its participation on the planning and steering committees of the First District Mental Health Court, First District Drug Court, and Friends of Mental Health Court organizations involved in mental health systems programming, funding, and community liaison activities.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

With respect to children and youth, Bear River Mental Health has established valued relationships with other community and state agencies in its tri-county area and makes every effort to be a contributing member to the community. The Center's children's services team consistently links and coordinates with schools, social agencies, and State entities in Box Elder, Cache, and Rich counties and has placed service staff on location in local school systems, and in the Division of Child and Family Services facilities.

Also, children's services staff meet on a monthly basis with Local Interagency Councils in both Brigham City and Logan to coordinate and discuss service systems issues, enhance collaborative relationships, conduct interagency problem-solving, provide case consultation, and plan for Department of Human Services (DHS) custody dispositions.

Additional agency and community consultation and education relative to children and youth also occurs at the administrative level by assignment through the Center's executive and supervisory structure.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

For FY 2015, Bear River Mental Health will continue to provide services within the local county jails. Currently, mental health professionals are assigned to both the Box Elder and Cache County jails where they offer at least two hours of clinical service time each week apart from any crisis service contacts or emergency interventions. Clinical services relative to Rich County jail inmates is provided upon request of correctional staff. Clinical services provided within the correctional facilities may include mental health assessment, crisis assessment and intervention, psychotherapy, behavior management, and medication consultation generally.

The Center's forensic mental health services are provided to incarcerated county residents. Each week the correctional staff at both Box Elder and Cache County jails provides a list of inmates who are requesting to see a mental health professional. In addition, staff of each county jail may specifically request that a mental health professional meet with a particular inmate for assessment of mental health problems and risk of harm subsequent to observations of correctional officers.

BRMH staff is also actively engaged in conducting mental health court eligibility assessments in the Cache County Jail on a routine basis. Additionally, many Cache County inmates are diverted each year from the correctional setting through the interception efforts accomplished through the First District Mental Health Court program to which BRMH staff participate as mental health court committee members and liaisons between the mental health authority and the court.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

As in previous years, BRMH has identified the barrier of supportive housing as a critical factor that potentially threatens the timely transition of the state hospital or acute hospital patient into less restrictive living environments. To manage this threat, the Center has endeavored to maintain its 24-hour residential facility to in part serve as both an inpatient pre-admission as well as a transitional discharge facility for adult SPMI clients referred from both acute inpatient settings as well as the Utah State Hospital.

In support of this transitional resource, the Center has, and does, utilize outplacement funds to cover the facility's room and board costs for state hospital clients during their initial and/or subsequent trial leave periods prior to state hospital discharge as well as for the month following their formal institutional release. In this way the client is provided an adequate safety net and shelter resource, including meals, laundry, controlled medication delivery, and functional support while efforts are initiated to acquire appropriate benefits and entitlements that will enable the client to progress toward functional independence and the establishment of community tenure.

However, despite the general utilization of outplacement funding relative to the situation above, the Center recognizes that other barriers may at times exist that could also hinder the timely discharge of state hospital patients, and is equally committed to the application of these funds to effectively manage such barriers as they may be identified on a case-by-case basis.

Additionally, since the distribution of outplacement funding via formula, overall the Center has encountered minimal difficulty in our ability to timely transition appropriate state hospital clients back into the community once they have been placed on the state hospital discharge list.

Currently, outplacement funds identified on the formula allocation sheet in the Area Plan are inclusive of a larger aggregate of funds relative to various funding subsets (e.g., IMD funding), and are utilized according to identified need. The Center's funding posture with respect to outplacement support is one of fiscal flexibility, whereby funds needed to resolve barriers to State Hospital discharge are available and applied as necessary in any given case. Under such a need-based system of utilization management, expenses relative to outplacement will subsequently vary from year to year depending on the individual circumstances in specific cases as well as the Center's system capability in particular instances.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

Programmatic changes relative to outplacement resources are not expected to significantly change for FY 2015.

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Outplacement funds have predominately been utilized to subsidize family contact and support of children and youth through reimbursement of transportation costs to and from the Utah State Hospital. This has facilitated the increased frequency of family involvement necessary to provide for the appropriate transition of children and youth back into community-based care.

Additionally, outplacement resources for children and youth may at times be used to fund transitional placements where state hospital pre-discharge clients live with a professional parent family and are engaged in a higher level of care and support in a structured home. This, in combination with periodic home visits with their family of origin to practice “in vivo” the skills learned in the professional home and in the hospital prior to formal discharge, are further benefits of the outplacement funding program.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

Programmatic changes relative to outplacement resources for children and youth are not expected to significantly change for FY 2015.

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

In addition to the unfunded 2.7 school project described relative to children and youth in the narrative section below, the mental health center has identified additional domains for indigent/uninsured funding support for the following populations:

- Eligible individuals in local correctional settings who are intercepted and diverted from incarceration through the First District Mental Health Court program.
- Individuals currently under a court order of involuntary commitment to the custody of the local mental health authority for treatment. Without exception, such individuals are eligible for all medically necessary mental health services regardless of funding.
- 24 hour on-call emergency (crisis) services to area residents upon request irrespective of funding will continue to be provided.
- Services in county jails as statutorily mandated will continue as currently delivered. These services typically involve brief crisis/risk assessments and brief diagnostic assessments for population management and are provided irrespective of funding.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The integrated mental health delivery system for uninsured and underinsured individuals within the Box Elder County, Cache County, Rich County, and Logan school districts initiated in FY 2008 will continue in FY 2015 as previously implemented. This project currently utilizes two full time clinical FTEs at a minimum Masters level and is funded through a State appropriation of \$170,000.00. Clinicians involved with this project work in collaboration with school administrations and counselors and schedule available clinical time on-site with schools in each of the above referenced districts. This approach is viewed as both an access and delivery point for children and youth as well as parents/families of the students engaged in the on-site mental health services.

Include expected increases or decreases from the previous year and explain any variance.

No significant increase or decrease in this service area is expected for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

As referenced previously, the mental health center currently is participating with the Bear River Health Department subsequent to grant funding received by the health department relative to the development of a community-wide suicide prevention system.

Additionally, Bear River Mental Health provides direct clinical supervision services to Utah State University social work interns currently providing social skills training within the Box Elder County school district.

Include expected increases or decreases from the previous year and explain any variance.

Although participation in the above activities increases supervisory staff time and effort, such time is not budgeted separately and any increase is not considered significant for FY 2015.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2015.

Form A – Mental Health Budget Narrative

2. Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces, please describe your efforts to increase client employment in the following areas:

• Competitive employment in the community

The Center's adult psychosocial program "Transitions Track" is devoted to the issues of community re-integration and focuses on skills development relative to areas of life and work directly applicable to employment settings and employer - employee relationship skills. This program track helps consumers prepare for integration into the competitive workforce. Center case management staffs assist consumers to access workforce services, vocational rehabilitation, and other employment oriented resources to help facilitate opportunities for competitive employment as well. This rehabilitative service focusing on functional mastery and transition into community-based employment will continue without substantive programmatic change throughout FY 2015.

Additionally, the local mental health court program incorporates practical expectations of participation which include the area of productive activity. Mental health court participants, in each phase of the program, must engage in some form of work related activity, which may include volunteer work, sheltered employment, supported employment, supportive employment, or gainful employment. The expectation of productive activity is scalable to the functional level of the participant, however, where possible, competitive community employments are encouraged as a key factor in the process of mental health recovery and a hedge against criminal recidivism.

• Collaborative efforts involving other community partners

As previously indicated, the Center's administrative staff continues its collaborative partnerships with CAPSA, Utah State University's Center for Persons with Disabilities (CPD), Options for Independence, and Family Institute of Northern Utah. This collaborative effort is designed to focus on the needs of survivors of domestic violence with mental health impairments as well as the problem of sexual assault of women with mental health and intellectual disabilities. Recently, Bear River Mental Health has expanded its partnerships to include participation with the Northern Box Elder County Suicide Prevention Coalition. Additionally, extensive collaboration with criminal justice partners (e.g., district court, county attorney, defense attorney) continues relative to the Center's involvement with local mental health and drug courts and civil commitment procedures. The mental health center will also continue its efforts to strengthen its support and partnership with the Utah Alliance for the Mentally Ill in FY 2015 by continuing its co-location of UAMI in its Logan outpatient clinic as well as the location of NAMI offices in its Brigham City day program facility. From the standpoint of an inclusive perspective, Bear River Mental Health conceptualizes the Center as a resource facility which can accommodate community associates who have an allied relationship with the public mental health system.

- **Employment of consumers as staff**

Currently, the Center employs two consumers in its Bear River House adult day program. Additionally, several consumers are placed as classroom aids in Box Elder County schools as a result of the close working relationship between the mental health center and the Box Elder County School District. An additional consumer peer specialist position is currently being considered for service in Cache County to begin in FY 2015. As previously stated, consideration of a Forensic Peer Support Specialist who could function in support of both justice-involved and general mental health populations may assume priority as the Center moves forward in FY 2015 to fill this consumer support need

- **Peer Specialists/Family Resource Facilitators**

For FY 2015 the Center will maintain its subcontract with Allies with Families for a Family Resource Facilitator (FRF) consistent with the recommendation and support of DSAMH. This individual will continue to provide advocacy and partnership services for families of mentally ill children and youth in accessing family resource needs and linking with agencies or other community supports to fulfill identified needs. The family resource facilitator position is continued at 19 hours per week in Box Elder County and the facilitator is trained to understand family concerns, systems of care, confidentiality, and family resource delivery.

Individual and group peer support services are currently provided in Box Elder County, and as previously indicated, these services will likely expand to Cache County in FY 2015.

- **Supported Employment to fidelity**

Supported employment as a comprehensive approach to vocational rehabilitation involving employment specialists, employment assessments, job training, job coaching, and ongoing support to maintain employment, is in part, a function of vocational rehabilitation services under Title I of The Rehabilitation Act Amendments of 1973 (P.L. 99-506).

The mental health center currently does not employ an employment specialist as part of the mental health treatment team, however, the Center does provide medical and mental health service components as a system of integrated treatment services that provide clinical support relative to consumer employment. Subsequently, fidelity ratings relative to employment specialists, vocational assessments, job coaching, etc., are not currently applicable.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

- **Evidence Based Practices**

Bear River Mental Health supports and periodically sponsors clinical staff training on evidenced based therapeutic approaches to mental health treatment.

- **Outcome Based Practices**

BRMH periodically provides training to its provider staff relative to the OQ and YOQ outcome-based instruments. The continuation of such efforts to incorporate evidence and outcome based practice into the Center's service philosophy and delivery are planned for FY 2015.

- **Increased service capacity**

Funding for children's mental health early intervention has resulted in the expansion of service to school-based populations specifically in 14 schools within Box Elder and Cache county school districts within the Center's geographical service area.

- **Increased access**

Through the development of specific unfunded service priorities (e.g., mental health court, civil commitment, crisis, grant funded populations, etc.) Bear River Mental Health has effectively expanded service access to additional recipients beyond the Medicaid population.

- **Efforts to respond to community input/need**

Established community partnerships and coalitions as described in the foregoing plan represent direct efforts to keep abreast of community input relative to mental health service needs and develop appropriate response options.

- **Coalition development**

As specified in previous sections, BRMH is actively involved in a variety of ways, and with a variety of community entities, in development of several interdependent and collaborative partnerships. These associations with entities such as the local Health Department, NAMI, First District Court, CAPSA, Utah State University, Cache Valley Homeless Council, Cache Valley Community Health Clinic and others, are planned to continue through FY 2015.

- **Other**

4. Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?

Mental health and substance abuse treatment services are provided by separate entities within the geographical area of the District 1 Local Mental Health Authority. Currently there is no comprehensive system of integration between mental health and substances abuse services. However, the completion of the new Tremonton facility, co-locating mental health, physical health, and substance abuse services, is the first shared endeavor in the integration of health care services in the tri-county area, with the exception of existing FQHC facilities. The potential for further integration is enhanced by the collaborative relationships currently established through both drug and mental health courts, where mental health and substance abuse providers work together to address the service needs of justice involved individuals.

Describe your efforts to prepare for implementation of the health insurance exchanges, parity and other aspects of Health Care Reform.

The impact of health care reform relative to the public mental health system at this point in time is difficult to predict and until there is some administrative decision as to the scope and nature of Medicaid expansion, Bear River Mental Health is limited in any course of preparatory action. Insurance exchanges may prove an important resource depending on the viability of continued employer offered health care coverage, which, given the consistent rise in insurance premiums and overall cost to provider organizations, appears increasingly at risk. Bear River Mental Health exercises great effort in consultation with an insurance brokerage firm to obtain and sustain the most affordable health care coverage possible. However, despite consistent efforts to consistently educate its workforce as to the benefits of proactive consumerism, the variability in health status and health care claims is ultimately beyond the organization's control. As a result, the future landscape of the health care system as it pertains to the mental health center may prove to be a difficult terrain.

Describe how the optional Medicaid Expansion will impact your ability to deliver services.

At present it is uncertain as to whether Utah will choose to adopt Medicaid expansion. If adopted, the applicable expansion of eligibility criteria to 133% of poverty would most certainly concomitantly expand the number of Enrollees who would likely be requesting mental health services. It also may mean that a number of unfunded individuals currently being served under a priority population may acquire Medicaid eligibility and this may subsequently reduce the number of clients in the unfunded category. How this may impact service capacity is currently unknown.

Also unknown is whether such an eligibility expansion would mean an expansion of traditional Medicaid and a full service package, or whether those qualifying under the expansion criteria would receive a limited benefit package similar to non-traditional Medicaid enrollees. If there were to be a significant projection of Medicaid enrollees requiring mental health services, Bear River Mental Health would consider whether increased capacity could be managed through increasing provider caseloads or whether additional recruitment of provider staff would be needed.

Integrated Care Cont.

Describe your involvement (if any) in an integrated (physical, behavioral) care initiative.

Beyond the integration described below relative to the Tremonton facility and partnership with the Bear River Health Department and Community Health Centers of Utah (FQHC) to co-locate mental health, substance abuse and physical health care services, Bear River Mental Health is not engaged in any other formal integrated care initiative at present.

Describe partnerships with primary care organizations or Federally Qualified Health Centers.

The planning, development, construction, and completion of the mental health center's Tremonton facility, which co-locates mental health, physical health, and substance abuse services, was an interdependent partnership between Bear River Mental Health and the local health department. Also, an existing FQHC organization was approached and engaged in the planning process in order to include a broader health care component and subsequently the facility was constructed with supplementary capacity for physical health care services. Additionally, Bear River Mental Health maintains a contracted relationship with the Bear Lake and Cache Valley Community Health Centers, an existing FQHC organization located both in Rich and Cache counties. These health centers serve as a referral source for unfunded county residents in need of physical and mental health services and also provide some subcontracted mental health services for Medicaid enrollees.

Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.

Over the preceding two years Bear River Mental Health has revised its brief substance abuse assessment component of the mental health evaluation tool to reflect a more critical item inventory designed to assist clinicians in identifying substance abuse issues needing further assessment and/or referral to the Bear River Drug and Alcohol treatment entity.

It is anticipated that in FY 2015, the Center will further design and implement a formal substance abuse referral system that may consider the placement of a substance abuse service provider on a part time basis within the Center's Cache and Box Elder outpatient clinics for ease of referral for further substance abuse assessment.

With respect to the physical health care needs of Center clients, coordination between mental health and physical health care predominately functions relative to case management services. Case managers are consistently involved with client health care referrals as well as linking, monitoring, and coordination of health care services with local providers.

Form A – Mental Health Budget Narrative

5a) Children/Youth Mental Health Early Intervention

Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.

The Center's early intervention program, consistent with its assurance to abide by the Mental Health Early Intervention Resource Facilitation and Wrap-around agreement, is designed as a school-based mental health delivery system which expands services into 14 schools between Box Elder and Cache County utilizing two mental health therapists and two case management staff.

Include expected increases or decreases from the previous year and explain any variance.

Early intervention, comprising generally case management and psychotherapy, are aspects of outpatient services described previously. Although increases or decreases in this service area may be generally reflected in their respective category descriptions in previous sections of the Area Plan, which are typically dependent on population growth and Medicaid eligibility rate increases, in this instance, the Center anticipates early intervention services within this category to remain essentially the same as the previous year, without increase or decrease relative to schools involved, staff assigned, or numbers served.

Describe any significant programmatic changes from the previous year.

The early intervention service does not represent a programmatic change from the previous year, but an expansion of existing school-based services.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?

As indicated above, Bear River Mental Health is supportive and committed to this agreement.

Form A – Mental Health Budget Narrative

5b) Children/Youth Mental Health Early Intervention

Describe the Mobile Crisis Team activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider.

Currently, Bear River Mental Health has not developed or implemented a formal mobile crisis team service and is not considering the inclusion of this modality for FY 2015.

Include expected increases or decreases from the previous year and explain any variance.

N/A

Describe any significant programmatic changes from the previous year.

N/A

Describe outcomes that you will gather and report on.

N/A

Form A – Mental Health Budget Narrative

5c) Children/Youth Mental Health Early Intervention

Describe the School-Based Mental Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.

BRMH works with 4 school districts to provide in school services to at risk students in elementary and secondary schools. Parents are invited to team with school and agency personnel to help students who are struggling with a variety of social and emotional problems that impact their educational success, promote their overall mental health, and prevent students from needing out of home treatment.

Individual therapy and family therapy are offered during the school day, at homes, or in the office environment by a therapist and/or case manager. A mental health assessment with a follow up treatment plan is developed in conjunction with children and family members.

Each child that becomes a client as a result of activities in the school will receive regular contact with the clinician and/or the case manager assigned to the case. Where needed, outreach services extend to the home or other places in the community. Each child will be assessed and receive the medically necessary services indicated based on the severity of their situation. Specific activities include individual therapy, meds (only provided in office), case management, psychosocial rehabilitation. BRMH will be the sole provider of services.

Include expected increases or decreases from the previous year and explain any variance.

It is difficult to anticipate how many children will be referred in for services each year. Variables include school personnel “buy off”, parental permission and involvement, length and severity of issues, Center limitations due to funding. However, at present no significant increase or decrease is expected for FY 2015 in this area.

Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year).

No significant programmatic changes with respect to early intervention services are projected or anticipated for FY 2015.

Describe outcomes that you will gather and report on.

See outcome report generated for the Early Intervention Grant. Generally outcome questionnaires reflect self-report and parental report of progress each client is making. Also school-based data includes: Grade point average, office disciplinary referrals, on target for graduation, suspensions, truancy, absenteeism, tardiness, etc. This information should demonstrate a positive correlation reflecting improved behavior, lessened emotional distress, and successful school achievement.

Form A – Mental Health Budget Narrative

6. Suicide Prevention, Intervention and Postvention

Describe the current services in place in suicide prevention, intervention and postvention.

Two suicide prevention coalitions exist within Box Elder county with the goal of raising awareness in the community and working toward community prevention solutions. A coalition at the northern part of the county has focused on a “town hall meeting” where community members could learn about the problems of suicide in the community.

Additionally, this coalition has sponsored a remembrance walk, a monthly meeting, and is working on a media campaign featuring local families affected by suicide. A coalition at the southern end of the county involves a grant that has been renewed for a second year. The grant provided training in suicide prevention via Question Persuade Refer, an evidenced based practice. This coalition has focused on bringing this training to 12 community groups during the year.

Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.

The agency plans to focus staff training in FY 2015 on suicide prevention utilizing appropriate and specific risk assessment instruments as well as develop relevant policy and procedure to address preventative strategies as well as pre and post- interventions measures particular to the issue of suicide.

Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well as specific efforts for your clients.

Crisis staffs coordinate with local emergency services and assist in post treatment follow-up and care. The Center endeavors to offer and schedule follow-up appointments within 1 to 7 days of emergency room and/or inpatient treatment.

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2015 in accordance with Utah Code Title 17, Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract # 052440, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY

By: _____

Name: Jeff Scott

Title: Box Elder County Commissioner

Date: _____

By: _____

Name: M. Lynn Lemon

Title: Cache County Executive

Date: _____

By: _____

Name: William Cox

Title: Rich County Commissioner

Date: _____

M. LYNN LEMON
COUNTY EXECUTIVE / SURVEYOR

199 NORTH MAIN
LOGAN, UTAH 84321
TEL: 435-755-1850
FAX: 435-755-1981



**Cache
County**
1857

COUNTY COUNCIL
VAL K. POTTER, *CHAIRMAN*
KATHY ROBISON, *VICE CHAIR*
CRAIG "W" BUTTARS
GREG MERRILL
JON WHITE
CORY YEATES
GORDON A. ZILLES

PROCLAMATION

In Support of Local First Utah's Independents Week

Whereas, Independents Week provides a time to celebrate the independence of the members of the community of Cache County and the entrepreneurial spirit represented by our core of local independent businesses; and

Whereas, the individual decisions every community member makes today affect the future of Cache County; and

Whereas, Cache County's local independent businesses help preserve the uniqueness of the community and give us a sense of place; and

Whereas, Cache County's core of independently-owned businesses give back to this community in goods, services, time and talent; and

Whereas, the health of Cache County's economy depends on our support of businesses owned by our friends and neighbors; and

Whereas, Cache County's independent business owners and employees enrich community members' shopping experiences with their knowledge & passion;

Therefore, as we celebrate Independents Week 2014, we acknowledge that the ability to choose the direction of Cache County lies within each of us.

NOW, THEREFORE, we, the Cache County Council do hereby proclaim the week of June 30-July 6, 2014, as: "Independents Week" and salute our community members and locally owned independent businesses who are integral to the unique flavor of Cache County and honor their efforts to make Cache County the place we want to live and work.

IN WITNESS WHEREOF, we hereunto set our hands and cause the seal of Cache County to be affixed this 10th day of June, 2014.

Jill N. Zollinger
Cache County Clerk

Val K. Potter
Cache County Council Chairman

BUDGET OPENING

Resolution: 2014-13

Hearing: June 10, 2014

6:00 PM

Department	Account	Title	Description	Adjustment
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GENERAL FUND

Adopted Budget: \$23,155,196

Proposed Budget: \$23,332,681

Revenues

CONTRIB./TRANSFERS	100-38-10260	TRANSFER FROM RESTAURANT TAX	Cach Arena improvements and repairs	63,500
CONTRIB./TRANSFERS	100-38-10260	TRANSFER FROM RESTAURANT TAX	Outdoor Arena improvements	40,000
CONTRIB./TRANSFERS	100-38-10260	TRANSFER FROM RESTAURANT TAX	Promoting County Fair	12,000
CONTRIB./TRANSFERS	100-38-90000	APPROPRIATED SURPLUS	Section Corner Project	58,985
CONTRIB./TRANSFERS	100-38-90000	APPROPRIATED SURPLUS	Additional funding for internal audits	3,000

Total Revenue Adjustment: 177,485

Expenditures

COUNCIL	100-4112-310	PROFESSIONAL & TECHNICAL	Internal audit program	15,000
FAIRGROUNDS	100-4511-720	BUILDINGS	Cach Arena improvements and repairs	63,500
FAIRGROUNDS	100-4511-720	BUILDINGS	Outdoor Arena improvements	40,000
TRANSFERS OUT	100-4810-250	TRANSFER OUT TO MSF	Section Corner Project	58,985

Total Expenditure Adjustment: 177,485

MUNICIPAL SERVICES FUND

Adopted Budget: \$4,200,790

Proposed Budget: \$4,365,328

Revenues

MISCELLANEOUS	200-36-90000	SUNDRY REVENUE	Scrap Sales	10,000
CONTRIB./TRANSFERS	200-38-10100	TRANSFER IN - GENERAL FUND	Section Corner Project	58,985
CONTRIB./TRANSFERS	200-38-76000	TRANSFER FROM RAPZ TAX	County RAPZ population allocation	10,553
CONTRIB./TRANSFERS	200-38-92000	APPROPRIATED SURPLUS-MSF	Storm Water compliance	85,000

Total Revenue Adjustment: 164,538

Expenditures

ZONING	200-4180-324	PROF & TECH - SECTION CORNERS	Section Corner Project	58,985
CLASS - B ROADS	200-4415-250	EQUIPMENT SUPPLIES & MAINT	Reallocate funds	190,000
CLASS - B ROADS	200-4415-251	NON-CAPITALIZED EQUIPMENT	Equipment lease; misc replacements	10,000
CLASS - B ROADS	200-4415-252	EQUIPMENT PARTS & SUPPLIES	Reallocate funds	(200,000)
CLASS - B ROADS	200-4415-740	CAPITALIZED EQUIPMENT	Equipment replacement	10,000
STORM WATER MGMT	200-4475-110	SALARY & WAGES	New employee	19,000
STORM WATER MGMT	200-4475-130	EMPLOYEE BENEFITS	New employee	12,000
STORM WATER MGMT	200-4475-310	PROFESSIONAL & TECHNICAL	Storm Water compliance	54,000
PARKS & TRAILS	200-4780-730	IMPROVEMENTS	County RAPZ population allocation	10,553

Total Expenditure Adjustment: 164,538

VISITORS BUREAU FUND

Adopted Budget: \$577,185

Proposed Budget: \$677,185

Revenues

CONTRIB./TRANSFERS	230-38-76000	TRANSFER FROM RESTAURANT TAX	Visitors Bureau Marketing Campaign	100,000
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Total Revenue Adjustment: 100,000

Expenditures

PARKS & TRAILS	230-4780-490	ADVERTISING & PROMOTIONS	Visitors Bureau Marketing Campaign	100,000
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BUDGET OPENING

Resolution: 2014-13

Hearing: June 10, 2014

6:00 PM

<u>Department</u>	<u>Account</u>	<u>Title</u>	<u>Description</u>	<u>Adjustment</u>
Total Expenditure Adjustment:				100,000
<i>COUNCIL ON AGING FUND</i>		<i>Adopted Budget: \$708,217</i>		<i>Proposed Budget: \$708,217</i>
Revenues				
GRANTS	240-33-15101	CMM-CONGREGATE MEALS III C-1	Grant - Amendment 2 (5/20/14)	(29,000)
GRANTS	240-33-15201	HDM-HOME DELIVERED III C-2	Grant - Amendment 2 (5/20/14)	29,000
Total Revenue Adjustment:				-
Expenditures				
Total Expenditure Adjustment:				-
<i>RESTAURANT TAX FUND</i>		<i>Adopted Budget: \$1,156,414</i>		<i>Proposed Budget: \$1,156,414</i>
Revenues				
Total Revenue Adjustment:				-
Expenditures				
PARKS & TRAILS	260-4780-620	MISC SERVICES	County programs and projects	(215,500)
TRANSFERS OUT	260-4810-110	TRANSFER TO GENERAL FUND	Cach Arena improvements and repairs	63,500
TRANSFERS OUT	260-4810-110	TRANSFER TO GENERAL FUND	Outdoor Arena improvements	40,000
TRANSFERS OUT	260-4810-110	TRANSFER TO GENERAL FUND	Promoting County Fair	12,000
TRANSFERS OUT	260-4810-210	TRANSFER OUT - TOURIST	Visitors Bureau Marketing Campaign	100,000
Total Expenditure Adjustment:				-
<i>RAPZ TAX FUND</i>		<i>Adopted Budget: \$1,230,238</i>		<i>Proposed Budget: \$1,230,238</i>
Revenues				
Total Revenue Adjustment:				-
Expenditures				
PARKS & TRAILS	265-4780-480	RAPZ ALLOCATION BY POPULATION	County RAPZ population allocation	10,553
	265-4810-207	TRANSFER OUT - MUNICIPAL SRVC	County RAPZ population allocation	(10,553)
Total Expenditure Adjustment:				-
<i>DEBT SERVICE FUND</i>		<i>Adopted Budget: \$1,183,895</i>		<i>Proposed Budget: \$1,297,640</i>
Revenues				
CONTRIB./TRANSFERS	310-38-90000	APPROPRIATED FUND BALANCE	AWHC Land payment	113,745
Total Revenue Adjustment:				113,745

BUDGET OPENING

Resolution: 2014-13

Hearing: June 10, 2014

6:00 PM

<u>Department</u>	<u>Account</u>	<u>Title</u>	<u>Description</u>	<u>Adjustment</u>
Expenditures				
BOND PAYMENTS	310-4723-830	OTHER CHARGES	Bank service fees	4,500
BOND PAYMENTS	310-4723-999	CONTRIBUTION TO FUND BALANCE	Bank service fees	(4,500)
AWHC LAND PURCHASE	310-4725-810	PRINCIPAL - AWHC LAND PURCHASE	Principal payment for land purchase	103,630
AWHC LAND PURCHASE	310-4725-820	INTEREST - AWHC LAND PURCHASE	Interest payment for land purchase	10,115
Total Expenditure Adjustment:				113,745

CAPITAL PROJECTS - ROADS***Adopted Budget: \$9,902,355******Proposed Budget: \$9,932,355*****Revenues**

CONTRIB./TRANSFERS	460-38-10200	TRANSFER IN - MUNICIPAL SERVIC	Reassign funding for 1700 South trail	30,000
Total Revenue Adjustment:				30,000

Expenditures

ROAD CONSTR.	460-4420-760	NEW ROAD CONSTRUCTION	Reassign funding for 1700 South trail	30,000
Total Expenditure Adjustment:				30,000

ORDINANCE NO. 2014-06
CACHE COUNTY, UTAH
AMENDMENTS TO TITLE 17

AN ORDINANCE AMENDING AND SUPERSEDING CHAPTERS 7 AND 18 OF TITLE 17
OF THE CACHE COUNTY ORDINANCE REGARDING SENSITIVE AREAS

WHEREAS, the State of Utah has authorized Cache County to adopt Land Use Ordinances and Maps, and;

WHEREAS, the purpose of this ordinance is to provide fair, consistent, and equitable land use regulations for all land owners, and;

WHEREAS, the purpose of this ordinance is to provide clarity and ease of use of the County's Zoning Ordinance for all citizens, and;

WHEREAS, on April 10, 2014 at 6:00 P.M., the Planning Commission held a public hearing for the amendments to Title 17, which meeting was preceded by all required legal notice and at which time all interested parties were given the opportunity to provide written or oral comment concerning the proposed rezone, and;

WHEREAS, on April 10, 2014, the Planning Commission recommended the approval of said amendments and forwarded such recommendation to the County Council for final action, and;

WHEREAS, the County Council caused notice of the hearing and the amendments to Title 17 of the Cache County Ordinance to be advertised at least ten (10) days before the date of the public hearing in *The Herald Journal*, a newspaper of general circulation in Cache County, and;

WHEREAS, on May 27, 2014, at 6:00 P.M., the County Council held a public hearing to consider any comments regarding the proposed amendments to Title 17 of the Cache County Ordinance. The County Council accepted all comments, and;

WHEREAS, the Cache County Council has determined that it is both necessary and appropriate for the County to amend and implement these ordinances.

NOW, THEREFORE, BE IT ORDAINED by the County Legislative Body of Cache County that Chapters 7 and 18 of Title 17 of the Cache County Ordinance are hereby amended and superseded as follows:

1. STATUTORY AUTHORITY

The statutory authority for enacting this ordinance is Utah Code Annotated Sections 17-27a Part 1 and Part 3 (1953, as amended to date).

Disclaimer: This is provided for informational purposes only. The formatting of this ordinance may vary from the official hard copy. In the case of any discrepancy between this ordinance and the official hard copy, the official hard copy will prevail.

2. PURPOSE OF PROVISIONS

The purpose of this ordinance is to amend and supersede Chapters 7 and 18 of Title 17 of the Cache County Ordinance regarding sensitive areas and to insure compatibility with surrounding land uses, conformity with the Cache County Comprehensive Plan, consistency with the characteristics and purposes stated for the zones, and protection, preservation and promotion of the public interest, health, safety, convenience, comfort, prosperity and general welfare.

3. FINDINGS

- A. The amendments to Title 17 of the Cache County Ordinance are in conformity with Utah Code Annotated, §17-27a Part 5 (1953, as amended), which requires compliance with standards set forth in an applicable ordinance.
- B. The amendments to Title 17 of the Cache County Ordinance are necessary to establish accurate standards for sensitive areas.
- C. It is in the interest of the public and the citizens of Cache County that the proposed amendments to Title 17 of the Cache County Ordinance be approved.

4. EXHIBITS

- A. Title 17, Chapters 7 and 18 of the Cache County Ordinance is amended as follows: See Exhibit A

5. PRIOR ORDINANCES, RESOLUTIONS, POLICIES AND ACTIONS SUPERSEDED.

This ordinance amends and supersedes Chapters 7 and 18 of Title 17 of the Cache County Ordinance, and all prior ordinances, resolutions, policies, and actions of the Cache County Council to the extent that the provisions of such prior ordinances, resolutions, policies, or actions are in conflict with this ordinance. In all other respects, such prior ordinances, resolutions, policies, and actions shall remain in full force and effect.

6. EFFECTIVE DATE.

This ordinance takes effect on June 25th, 2014. Following its passage but prior to the effective date, a copy of the ordinance shall be deposited with the County Clerk and a short summary of the ordinance shall be published in a newspaper of general circulation within the County as required by law.

APPROVED AND ADOPTED this 10th day of June, 2014.

	In Favor	Against	Abstained	Absent
Potter				
Buttars				
White				
Merrill				
Robison				
Yeates				
Zilles				
Total				

CACHE COUNTY COUNCIL:

ATTEST:

Val Potter, Chair
Cache County Council

Jill Zollinger
Cache County Clerk

Publication Date:

_____, 2014

Disclaimer: This is provided for informational purposes only. The formatting of this ordinance may vary from the official hard copy. In the case of any discrepancy between this ordinance and the official hard copy, the official hard copy will prevail.

ORDINANCE NO. 2014-07

CACHE COUNTY, UTAH

AMENDMENTS TO TITLE 17

AN ORDINANCE AMENDING AND SUPERSEDING CHAPTERS 7, 10, AND 20 OF TITLE 17 OF THE CACHE COUNTY ORDINANCE REGARDING TELECOMMUNICATION FACILITIES

WHEREAS, the State of Utah has authorized Cache County to adopt Land Use Ordinances and Maps, and;

WHEREAS, the purpose of this ordinance is to provide fair, consistent, and equitable land use regulations for all land owners, and;

WHEREAS, the purpose of this ordinance is to provide clarity and ease of use of the County's Zoning Ordinance for all citizens, and;

WHEREAS, on April 10, 2014 at 5:40 P.M., the Planning Commission held a public hearing for the amendments to Title 17, which meeting was preceded by all required legal notice and at which time all interested parties were given the opportunity to provide written or oral comment concerning the proposed rezone, and;

WHEREAS, on April 10, 2014, the Planning Commission recommended the approval of said amendments and forwarded such recommendation to the County Council for final action, and;

WHEREAS, the County Council caused notice of the hearing and the amendments to Title 17 of the Cache County Ordinance to be advertised at least ten (10) days before the date of the public hearing in *The Herald Journal*, a newspaper of general circulation in Cache County, and;

WHEREAS, on May 27, 2014, at 5:45 P.M., the County Council held a public hearing to consider any comments regarding the proposed amendments to Title 17 of the Cache County Ordinance. The County Council accepted all comments, and;

WHEREAS, the Cache County Council has determined that it is both necessary and appropriate for the County to amend and implement these ordinances.

NOW, THEREFORE, BE IT ORDAINED by the County Legislative Body of Cache County that Chapters 7, 10, and 20 of Title 17 of the Cache County Ordinance are hereby amended and superseded as follows:

1. STATUTORY AUTHORITY

The statutory authority for enacting this ordinance is Utah Code Annotated Sections 17-27a Part 1 and Part 3 (1953, as amended to date).

Disclaimer: This is provided for informational purposes only. The formatting of this ordinance may vary from the official hard copy. In the case of any discrepancy between this ordinance and the official hard copy, the official hard copy will prevail.

2. PURPOSE OF PROVISIONS

The purpose of this ordinance is to amend and supersede Chapters 7, 10, and 20 of Title 17 of the Cache County Ordinance regarding telecommunication facilities, and to insure compatibility with surrounding land uses, conformity with the Cache County Comprehensive Plan, consistency with the characteristics and purposes stated for the zones, and protection, preservation and promotion of the public interest, health, safety, convenience, comfort, prosperity and general welfare.

3. FINDINGS

- A. The amendments to Title 17 of the Cache County Ordinance are in conformity with Utah Code Annotated, §17-27a Part 5 (1953, as amended), which requires compliance with standards set forth in an applicable ordinance.
- B. The amendments to Title 17 of the Cache County Ordinance are necessary to establish accurate standards for telecommunication facilities.
- C. It is in the interest of the public and the citizens of Cache County that the proposed amendments to Title 17 of the Cache County Ordinance be approved.

4. EXHIBITS

- A. Title 17, Chapters 7, 10, and 20 of the Cache County Ordinance is amended as follows: See Exhibit A

5. PRIOR ORDINANCES, RESOLUTIONS, POLICIES AND ACTIONS SUPERSEDED.

This ordinance amends and supersedes Chapters 7, 10, and 20 of the Cache County Ordinance, and all prior ordinances, resolutions, policies, and actions of the Cache County Council to the extent that the provisions of such prior ordinances, resolutions, policies, or actions are in conflict with this ordinance. In all other respects, such prior ordinances, resolutions, policies, and actions shall remain in full force and effect.

6. EFFECTIVE DATE.

This ordinance takes effect on June 25th, 2014. Following its passage but prior to the effective date, a copy of the ordinance shall be deposited with the County Clerk and a short summary of the ordinance shall be published in a newspaper of general circulation within the County as required by law.

APPROVED AND ADOPTED this 10th day of June, 2014.

	In Favor	Against	Abstained	Absent
Potter				
Buttars				
White				
Merrill				
Robison				
Yeates				
Zilles				
Total				

CACHE COUNTY COUNCIL:

ATTEST:

Val Potter, Chair
Cache County Council

Jill Zollinger
Cache County Clerk

Publication Date:

_____, 2014

Disclaimer: This is provided for informational purposes only. The formatting of this ordinance may vary from the official hard copy. In the case of any discrepancy between this ordinance and the official hard copy, the official hard copy will prevail.

RESOLUTION NO. 2014 - 13

A RESOLUTION INCREASING THE BUDGET APPROPRIATIONS FOR CERTAIN COUNTY DEPARTMENTS.

The Cache County Council, in a duly convened meeting, pursuant to Sections 17-36-22 through 17-36-26, Utah Code Annotated, 1953 as amended, finds that certain adjustments to the Cache County budget for 2014 are reasonable and necessary; that the said budget has been reviewed by the County Finance Director with all affected department heads; that a duly called hearing has been held and all interested parties have been given an opportunity to be heard; that the County Council has given due consideration to matters discussed at the public hearing and to any revised estimates of revenues; and that it is in the best interest of the County that these adjustments be made.

NOW THEREFORE, it is hereby resolved that:

Section 1.

The following adjustments are hereby made to the 2014 budget for Cache County:

See attached

Section 2.

Other than as specifically set forth above, all other matters set forth in the 2014 budget shall remain in full force and effect.

Section 3.

This resolution shall take effect immediately upon adoption and the County Finance Director and other county officials are authorized and directed to act accordingly.

This resolution was duly adopted by the Cache County Council on the 10th day of June, 2014.

ATTESTED TO:

CACHE COUNTY COUNCIL

Jill N. Zollinger, Cache County Clerk

Val K. Potter, Chairman

BUDGET OPENING

Resolution: 2014-13

Hearing: June 10, 2014

6:00 PM

Department	Account	Title	Description	Adjustment
GENERAL FUND		Adopted Budget: \$23,155,196		Proposed Budget: \$23,332,681
Revenues				
CONTRIB./TRANSFERS	100-38-10260	TRANSFER FROM RESTAURANT TAX	Cach Arena improvements and repairs	63,500
CONTRIB./TRANSFERS	100-38-10260	TRANSFER FROM RESTAURANT TAX	Outdoor Arena improvements	40,000
CONTRIB./TRANSFERS	100-38-10260	TRANSFER FROM RESTAURANT TAX	Promoting County Fair	12,000
CONTRIB./TRANSFERS	100-38-90000	APPROPRIATED SURPLUS	Section Corner Project	58,985
CONTRIB./TRANSFERS	100-38-90000	APPROPRIATED SURPLUS	Additional funding for internal audits	3,000
Total Revenue Adjustment:				177,485
Expenditures				
COUNCIL	100-4112-310	PROFESSIONAL & TECHNICAL	Internal audit program	15,000
FAIRGROUNDS	100-4511-720	BUILDINGS	Cach Arena improvements and repairs	63,500
FAIRGROUNDS	100-4511-720	BUILDINGS	Outdoor Arena improvements	40,000
TRANSFERS OUT	100-4810-250	TRANSFER OUT TO MSF	Section Corner Project	58,985
Total Expenditure Adjustment:				177,485
MUNICIPAL SERVICES FUND		Adopted Budget: \$4,200,790		Proposed Budget: \$4,365,328
Revenues				
MISCELLANEOUS	200-36-90000	SUNDRY REVENUE	Scrap Sales	10,000
CONTRIB./TRANSFERS	200-38-10100	TRANSFER IN - GENERAL FUND	Section Corner Project	58,985
CONTRIB./TRANSFERS	200-38-76000	TRANSFER FROM RAPZ TAX	County RAPZ population allocation	10,553
CONTRIB./TRANSFERS	200-38-92000	APPROPRIATED SURPLUS-MSF	Storm Water compliance	85,000
Total Revenue Adjustment:				164,538
Expenditures				
ZONING	200-4180-324	PROF & TECH - SECTION CORNERS	Section Corner Project	58,985
CLASS - B ROADS	200-4415-250	EQUIPMENT SUPPLIES & MAINT	Reallocate funds	190,000
CLASS - B ROADS	200-4415-251	NON-CAPITALIZED EQUIPMENT	Equipment lease; misc replacements	10,000
CLASS - B ROADS	200-4415-252	EQUIPMENT PARTS & SUPPLIES	Reallocate funds	(200,000)
CLASS - B ROADS	200-4415-740	CAPITALIZED EQUIPMENT	Equipment replacement	10,000
STORM WATER MGMT	200-4475-110	SALARY & WAGES	New employee	19,000
STORM WATER MGMT	200-4475-130	EMPLOYEE BENEFITS	New employee	12,000
STORM WATER MGMT	200-4475-310	PROFESSIONAL & TECHNICAL	Storm Water compliance	54,000
PARKS & TRAILS	200-4780-730	IMPROVEMENTS	County RAPZ population allocation	10,553
Total Expenditure Adjustment:				164,538
VISITORS BUREAU FUND		Adopted Budget: \$577,185		Proposed Budget: \$677,185
Revenues				
CONTRIB./TRANSFERS	230-38-76000	TRANSFER FROM RESTAURANT TAX	Visitors Bureau Marketing Campaign	100,000
Total Revenue Adjustment:				100,000
Expenditures				
PARKS & TRAILS	230-4780-490	ADVERTISING & PROMOTIONS	Visitors Bureau Marketing Campaign	100,000

BUDGET OPENING

Resolution: 2014-13

Hearing: June 10, 2014

6:00 PM

<u>Department</u>	<u>Account</u>	<u>Title</u>	<u>Description</u>	<u>Adjustment</u>
Total Expenditure Adjustment:				100,000
<i>COUNCIL ON AGING FUND</i>		<i>Adopted Budget: \$708,217</i>		<i>Proposed Budget: \$708,217</i>
Revenues				
GRANTS	240-33-15101	CMM-CONGREGATE MEALS III C-1	Grant - Amendment 2 (5/20/14)	(29,000)
GRANTS	240-33-15201	HDM-HOME DELIVERED III C-2	Grant - Amendment 2 (5/20/14)	29,000
Total Revenue Adjustment:				-
Expenditures				
Total Expenditure Adjustment:				-
<i>RESTAURANT TAX FUND</i>		<i>Adopted Budget: \$1,156,414</i>		<i>Proposed Budget: \$1,156,414</i>
Revenues				
Total Revenue Adjustment:				-
Expenditures				
PARKS & TRAILS	260-4780-620	MISC SERVICES	County programs and projects	(215,500)
TRANSFERS OUT	260-4810-110	TRANSFER TO GENERAL FUND	Cach Arena improvements and repairs	63,500
TRANSFERS OUT	260-4810-110	TRANSFER TO GENERAL FUND	Outdoor Arena improvements	40,000
TRANSFERS OUT	260-4810-110	TRANSFER TO GENERAL FUND	Promoting County Fair	12,000
TRANSFERS OUT	260-4810-210	TRANSFER OUT - TOURIST	Visitors Bureau Marketing Campaign	100,000
Total Expenditure Adjustment:				-
<i>RAPZ TAX FUND</i>		<i>Adopted Budget: \$1,230,238</i>		<i>Proposed Budget: \$1,230,238</i>
Revenues				
Total Revenue Adjustment:				-
Expenditures				
PARKS & TRAILS	265-4780-480	RAPZ ALLOCATION BY POPULATION	County RAPZ population allocation	10,553
	265-4810-207	TRANSFER OUT - MUNICIPAL SRVC	County RAPZ population allocation	(10,553)
Total Expenditure Adjustment:				-
<i>DEBT SERVICE FUND</i>		<i>Adopted Budget: \$1,183,895</i>		<i>Proposed Budget: \$1,297,640</i>
Revenues				
CONTRIB./TRANSFERS	310-38-90000	APPROPRIATED FUND BALANCE	AWHC Land payment	113,745
Total Revenue Adjustment:				113,745

BUDGET OPENING

Resolution: 2014-13

Hearing: June 10, 2014

6:00 PM

<u>Department</u>	<u>Account</u>	<u>Title</u>	<u>Description</u>	<u>Adjustment</u>
Expenditures				
BOND PAYMENTS	310-4723-830	OTHER CHARGES	Bank service fees	4,500
BOND PAYMENTS	310-4723-999	CONTRIBUTION TO FUND BALANCE	Bank service fees	(4,500)
AWHC LAND PURCHASE	310-4725-810	PRINCIPAL - AWHC LAND PURCHASE	Principal payment for land purchase	103,630
AWHC LAND PURCHASE	310-4725-820	INTEREST - AWHC LAND PURCHASE	Interest payment for land purchase	10,115
Total Expenditure Adjustment:				113,745

CAPITAL PROJECTS - ROADS***Adopted Budget: \$9,902,355******Proposed Budget: \$9,932,355*****Revenues**

CONTRIB./TRANSFERS	460-38-10200	TRANSFER IN - MUNICIPAL SERVIC	Reassign funding for 1700 South trail	30,000
Total Revenue Adjustment:				30,000

Expenditures

ROAD CONSTR.	460-4420-760	NEW ROAD CONSTRUCTION	Reassign funding for 1700 South trail	30,000
Total Expenditure Adjustment:				30,000

**CACHE COUNTY
RESOLUTION 2014-14**

**A RESOLUTION ADOPTING A POSITION OPPOSING THE PROPOSED
CACHE VALLEY TRANSIT DISTRICT'S PROPOSED NEW TAX**

WHEREAS, the Cache County Council has been apprised that the Cache Valley Transit District (CVTD) is actively seeking an additional tax under Utah Code Section 59-12-2214; and

WHEREAS, the CVTD is seeking to double its tax revenue by implementing a **.25% increase in the sales and use tax** assessed in serviced cities in Cache County; and

WHEREAS, the CVTD tax is estimated to **raise 2.8 million dollars** a year that will be used at the discretion of CVTD; and

WHEREAS, Utah Code Section 59-12-2216 allows the county to implement a county option tax of up to .30% to be used for county wide road or transit service projects; and

WHEREAS, If the new tax proposed by CVTD is approved, the County would be precluded from seeking a county option tax of up to .30% under Utah Code 59-12-2216 in those communities that adopt the new tax proposed by CVTD, and this would result in money being solely raised and allocated to the CVTD for its operations rather than for projects sponsored by the county and benefiting a larger group of citizens that utilize transportation infrastructure; and

WHEREAS, the new tax proposed by CVTD will impact not only the citizens of the cities considering the tax increase, but will certainly impact citizens living in the unincorporated county as they purchase taxable products and services in the cities where the tax is being considered; and

WHEREAS, it is not a good time to increase the tax burden on residents as there have been multiple recent tax increases imposed, including the Cache County School District and the Logan School District tax increases which will be assessed and collected this year; and

WHEREAS, cities have discretion to not consider the CVTD tax increase and also have the discretion to not approve putting the matter on the ballot for their residents; and

WHEREAS, there is a tremendous demand to provide road and other transportation improvements that serve a large majority of the citizens of Cache County.

NOW THEREFORE, BE IT RESOLVED that the Cache County Council opposes the proposed CVTD tax increase as it would have negative effects on the County's ability to raise money under Utah Code Section 59-12-2216 for future road and other county wide transit projects. The Cache County Council encourages other governing officials throughout Cache County to not consider the CVTD tax increase and to not put the matter on the ballot this fall as it would increase the tax burden on its citizens for the limited benefit of the CVTD and its operations.

Effective Date: This Resolution shall be effective immediately upon its adoption.

Adopted by the County Council of Cache County, Utah, this 10th day of June, 2014.

CACHE COUNTY COUNCIL

By: _____
Val K. Potter, Chairman

ATTEST:

By: _____
Jill N. Zollinger, County Clerk

**Notice to be Posted by County
of Delinquent Property Tax
Settlement or Deferral**

UCA §59-2-1347
Form PT-034
PT-034.ai Rev. 1/00

Property Owner Information

Property owner name
DOUGLAS ASHTON

Property owner address
815 S 300 W

City LOGAN

State UT

Zip 84321

Property Information

Parcel, serial, or account number
02-160-0002

Type of property
RESIDENTIAL

Location or address
SAME

Legal description (including acreage)

LOT 2 GREEN VIEW SUBDIVISION CONT 0.14 AC
SUBJ TO BNDRY LN AGREEMENT IN BK 835 PG 302

Settlement or Deferral Information

Total property value _____ \$ 134,085.00

Total interest, penalties, and taxes due _____ \$ 4,756.12

Amount paid _____ \$

Amount abated _____ \$

Amount deferred _____ \$

Comments

PAY 500.00 UPON APPROVAL THEREAFTER 200.00 MONTHLY
TO BE APPLIED TO OLDEST TAX FIRST
UNABLE TO OBTAIN ALL PT-33A FORMS>>PROCESS PER L. LEMON

County Approval

This property tax settlement/deferral has been approved by the county legislative body of:

Cache County Council on _____, _____.

Cache County Council Chair

Cache County Executive

Cache County Clerk

Application for Settlement or Deferral of Delinquent Property Tax

UCA §59-2-1109 & 1347
Form PT-33
PT-033-1.ai Rev. 11/00

This form should be used in conjunction with Form PT-33A "Agreement of Lien Holder For Deferral or Settlement of Delinquent Taxes". One Form PT-33A should be attached for each lien holder. A deferral may not be granted without the written consent of the holder of any mortgage or trust deed outstanding on the property.

Property Owner Information

Property owner name Douglas Kim Ashton		Home phone number 435-881-0919	Work phone number
Property owner address 815 south 300 west			
City Logan	State Utah	Zip 84321	

Property Information

Parcel, serial, or account number 02-160-0002	Type of property (e.g., commercial, primary residential, etc.) residential
Location or address 815 south 300 west	
Legal description (including acreage) Lot 2 Greenview subdivision 0.14 ac subject to bndry agreement in bk 835 pg 302	

Property Value and Tax Information

Year(s) of Delinquency (May go back five years)	Taxes	Penalty	Interest	Total
2009	461.37	0.00	16.80	478.17
2010	970.73	0.00	96.22	1066.95
2011	972.32	24.31	98.21	1094.84
2012	991.64	24079	100.51	1116.24
2013	933.76	23.34	16.74	973.84
Total	4329.82	72.44	328.48	4730.74 ✓

Current year market value of property (Attach copy of most recent valuation/tax notice)	\$134,085 ✓
Amount received from home owner/mobile home owner (circuit breaker) tax credits	\$
Amount owner offers in settlement (Attach proposed payment schedule)	\$500.00
Amount to be deferred	\$4230.74

I/we have exhausted efforts to obtain funds to pay the delinquent taxes. I/we have contacted the lending institutions and other potential sources of funds, such as friends and relatives, identified below:

1. Bill and Verna Ashton 586 west 375 south Tremonton, Ut. 84337
2. Roger Iverson 7875 north 4600 west Tremonton, Utah 84337
3. _____

Attach the following:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Owner's statement of circumstances and request for relief. 2. Most recent valuation/tax notice. 3. Proposed payment schedule. 4. Financial Summary (back of this form) | <ol style="list-style-type: none"> 5. ✓ Copies of last <u>3</u> years' filings with I.R.S. 6. Form PT-33A, "Agreement of Lien Holder for Deferral or Settlement of Delinquent Taxes". 7. Other documentation as required. |
|--|--|

Signature

I certify to the best of my knowledge and understanding, that this information is true, correct, and complete.

Signature of property owner(s) X	Date 4-10-2014
X	

Financial Summary

Form PT-33 – Page 2
PT-033-2.ai Rev. 11/00

Income From Previous Five Years

Sources of Income	Year:2009	Year:2010	Year:2011	Year:2012	Year:2013
Salary	\$38,191.00	\$50,159.00	\$46,807.00	\$50,973.00	\$25,470.00
Social security	0	0	0	0	0
Dividends and interest	0	0	0	0	0
Real estate income	0	0	0	0	0
Business income	0	0	0	0	0
Any assets transferred to relatives	0	0	0	0	0
Total	\$38,191.00	\$50,159.00	\$46,807.00	\$50,973.00	\$25,470.00

Current Year Assets		Current Year Liabilities	
Bank accounts and cash on hand		Notes payable to banks, relatives and others	
Name of institution	Amount	Description	Monthly Pymt
none	\$	Ocwen.FSB	\$ 532.00
		Early Education Program	100.00
		Suzanne Marychild	200.00
Cash on hand	63.00	State Farm Insurance	173.63
Total	\$	Total	\$1005.63
Other real estate (exclude subject property)		Real estate mortgage payable	
Parcel no./acreage/description	Market Value	Lender/type/maturity/property identification	Monthly Pymt
	\$		\$
Total	\$	Total	\$
Stocks, bonds and securities		Unpaid medical expenses	
Description	Market Value	Medical facility/patient/illness	Monthly Pymt
	\$		\$
Total	\$	Total	\$
Other assets (vehicles, accounts receivable, etc.)		Other debts (credit cards, utility payments, etc.)	
Description	Market Value	Description	Monthly Pymt
2001 Ford Excursion	\$ 6000.00	2001 Ford Excursion	\$ 384.00
1979 Chevrolet 3/4 ton	500.00	Questar Gas	83.00
1989 Bayliner Capri	500.00	Logan City Utilities	175.00
Total	\$7000.00	Total	\$642.00
Total Assets	\$7000.00	Total Liabilities	\$642.00

To whom it may concern:

April 17, 2014

On September 28, 2012 I filed for divorce in First District court in Logan, Utah. I spent a lot of time gone as an over the road truck driver for BGL Livestock, Inwood, Iowa. On February 19, 2013 my estranged wife Angela D. Ashton was sentenced to 0-5 years in the state prison suspended with one year to be served in the Cache County Jail for crimes she had committed. I chose to quit my job to care for our two children of whom I still retain custody of as stated in the attached decree of divorce. Child support while Angela was incarcerated was set at \$30.00 per month which did not pay close to out of pocket daycare expenses. Since her release no additional support has been paid despite being court ordered. The amount outstanding is over \$2000.00 now being collected by Office of Recovery Services. Despite the lack of support, my obligation to ORS for my two other children is 100% current with a monthly amount of \$509.52. In July, 2013 I was diagnosed with severe carpal tunnel syndrome with 2 separate surgeries to correct the problem, the last in September, 2013. My former employer, Trails West Mfg in Preston, Id. Informed me if I had the surgeries I would be terminated. I currently have part time employment with the Cache County School District driving a school bus and additional work as needed with D&B Livestock. Circumstances are improving as I am soon to be married to a wonderful woman. I would propose the following payment schedule and more as my circumstances improve. As you may see by the attached letter from Ocwen loan servicing they have authorized me to settle this matter.

\$500.00 upon the approval of my request and application.

OK by EOM
May-\$200.00
June- \$200.00
July-200.00
August-\$200.00
September-\$200
October-\$200.00
November-\$200.00

And so forth each month until the total amount is paid.

I request payments be applied to 2009 to forward first

Thank you for your consideration,


Doug Ashton

Cache County Corporation Tax Roll Information

Thursday, May 08, 2014 10:47 AM

02-160-0002

Owner's Name & Address

Parcel	02-160-0002	Entry	1046121
Name	ASHTON, DOUGLAS K		
C/O Name			
Address	815 S 300 W		
City, ST Zip	LOGAN, UT 84321-5408		
District	027 LOGAN CITY		
Year	2014	Status	TX

Owners List

1 ASHTON, DOUGLAS K	1046119	1672/1598
2 ASHTON, DOUGLAS K	1046120	1672/1600
3 ASHTON, DOUGLAS K	1046121	1672/1603

Property Address

Address	815 S 0300 W
City	LOGAN
Tax Rate	0.012662 (Tax Rate Proposed For 2014)

PARCEL HISTORY

PT 02-058-0040 9/98;

LEGAL DESCRIPTION FOR 2014

LOT 2 GREEN VIEW SUBDIVISION CONT 0.14 AC
SUBJ TO BNDRY LN AGREEMENT IN BK 835 PG 302

PROPERTY INFORMATION

Property Type	2013			Proposed 2014 Values		
	Acres	Market	Taxable	Acres	Market	Taxable
BR BUILDING RESIDENTIAL		99,085	54,495		99,085	54,495
LR LAND RESIDENTIAL	.14	35,000	19,250	.14	35,000	19,250
PROPERTY VALUE TOTALS:	.14	134,085	73,745	.14	134,085	73,745

BUILDING & TAX INFORMATION

Square Footage: 1,208
Year Built: 2002
Building Type: SFR

2013 Taxes:	933.76	(Certified Rate: 0.012662)
2014 Taxes:	933.76	(Proposed Rate: 0.012662)
Special Tax: +	0.00	
Abatements: -	0.00	
Payments: -	0.00	
2014 Balance Due:	933.76	

BACK TAX SUMMARY

* Interest is calculated on a monthly basis. Please call the Treasurer's Office for an updated payoff amount at 435-755-1500.

Year	Back Taxes	Special Tax	Rollback	Attached	Interest	Penalty	Year Total
2009	461.37	.00	.00	.00	19.20	.00	480.57
2010	970.73	.00	.00	.00	101.88	.00	1,072.61
2011	972.32	.00	.00	.00	104.02	24.31	1,100.65
2012	991.64	.00	.00	.00	106.44	24.79	1,122.87
2013	933.76	.00	.00	.00	22.32	23.34	979.42

Total Back Taxes Owed: 4,756.12

DOUGLAS K ASHTON

528-87-9924

3/10/14

7:14 PM

	2013	2012	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	18,612	44,150	-25,538
UNEMPLOYMENT COMPENSATION.....	6,858	6,823	35
TOTAL INCOME.....	25,470	50,973	-25,503
ADJUSTMENTS TO INCOME			
TOTAL ADJUSTMENTS.....	0	0	0
ADJUSTED GROSS INCOME.....	25,470	50,973	-25,503
ITEMIZED DEDUCTIONS			
TAXES.....	1,965	1,930	35
INTEREST.....	3,160	3,177	-17
MISCELLANEOUS (SUBJECT TO 2% OF AGI).....	2,264	0	2,264
TOTAL ITEMIZED DEDUCTIONS.....	7,389	5,107	2,282
TAX COMPUTATION			
STANDARD DEDUCTION.....	8,950	11,900	-2,950
LARGER OF ITEMIZED OR STANDARD DEDUCTION.....	8,950	11,900	-2,950
INCOME PRIOR TO EXEMPTION DEDUCTION.....	16,520	39,073	-22,553
EXEMPTION DEDUCTION.....	11,700	15,200	-3,500
TAXABLE INCOME.....	4,820	23,873	-19,053
TAX BEFORE CREDITS.....	483	2,711	-2,228
CREDITS			
CHILD TAX CREDIT.....	483	2,000	-1,517
TOTAL CREDITS.....	483	2,000	-1,517
TAX AFTER CREDITS.....	0	711	-711
OTHER TAXES			
TOTAL TAX.....	0	711	-711
PAYMENTS			
FEDERAL INCOME TAX WITHHELD.....	276	2,098	-1,822
EARNED INCOME CREDIT.....	3,699	0	3,699
ADDITIONAL CHILD TAX CREDIT.....	1,517	0	1,517
TOTAL PAYMENTS.....	5,492	2,098	3,394
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	5,492	1,387	4,105
AMOUNT REFUNDED TO YOU.....	5,492	1,387	4,105
AMOUNT YOU OWE.....	0	0	0
TAX RATES			
MARGINAL TAX RATE.....	10.0%	15.0%	-5.0%
EFFECTIVE TAX RATE.....	0.0%	3.0%	-3.0%

TAXPAYER'S COPY

Form **1040A** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return (99) 2013**

IRS Use Only — Do not write or staple in this space.

Your first name and initial

Last name

DOUGLAS K ASHTON

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

Last name

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

Apartment no.

815 SOUTH 300 WEST

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

LOGAN, UT 84321

Foreign country name

Foreign province/state/county

Foreign postal code

OMB No. 1545-0074

Your social security number

528-87-9924

Spouse's social security number

▲ Make sure the SSN(s) above and on line 6c are correct.

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

Filing status

Check only one box.

- 1 Single
- 2 Married filing jointly (even if only one had income)
- 3 Married filing separately. Enter spouse's SSN above and full name here. ▶ _____
- 4 Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
- 5 Qualifying widow(er) with dependent child (see instructions)

Exemptions

- 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
- b Spouse

Boxes checked on 6a and 6b. **1**

c Dependents:

If more than six dependents, see instructions.

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 <input checked="" type="checkbox"/> if child under age 17 equal for child tax cr (see instrs)	No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions)
AUSTIN BLAKE ASHTON	647-72-3028	SON	<input checked="" type="checkbox"/>	
NICOLE LEIGH ASHTON	647-94-6606	DAUGHTER	<input checked="" type="checkbox"/>	
TAXPAYER'S COPY				
				Dependents on 6c not entered above

d Total number of exemptions claimed. Add numbers on lines above ▶ **3**

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	18,612.
8a Taxable interest. Attach Schedule B if required.	8a	
b Tax-exempt interest. Do not include on line 8a.	8b	
9a Ordinary dividends. Attach Schedule B if required.	9a	
b Qualified dividends (see instructions).	9b	
10 Capital gain distributions (see instructions).	10	
11a IRA distributions.	11a	
11b Taxable amount.	11b	
12a Pensions and annuities.	12a	
12b Taxable amount.	12b	
13 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	13	6,858.
14a Social security benefits.	14a	
14b Taxable amount.	14b	
15 Add lines 7 through 14b (far right column). This is your total income.	15	25,470.

Adjusted gross income

16 Educator expenses (see instructions).	16	
17 IRA deduction (see instructions).	17	
18 Student loan interest deduction (see instructions).	18	
19 Tuition and fees. Attach Form 8917.	19	
20 Add lines 16 through 19. These are your total adjustments.	20	0.
21 Subtract line 20 from line 15. This is your adjusted gross income.	21	25,470.

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

Form 1040A (2013)

Tax, credits, and payments

22	Enter the amount from line 21 (adjusted gross income)	22	25,470.
23a	Check <input type="checkbox"/> if: <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind Total boxes checked <input type="checkbox"/> 23a <input type="checkbox"/>		
	b If you are married filing separately and your spouse itemizes deductions, check here <input type="checkbox"/> 23b <input type="checkbox"/>		
24	Enter your standard deduction	24	8,950.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	16,520.
26	Exemptions. Multiply \$3,900 by the number on line 6d	26	11,700.
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income	27	4,820.
28	Tax , including any alternative minimum tax (see instructions)	28	483.
29	Credit for child and dependent care expenses. Attach Form 2441	29	
30	Credit for the elderly or the disabled. Attach Schedule R	30	
31	Education credits from Form 8863, line 19	31	
32	Retirement savings contributions credit. Attach Form 8880	32	
33	Child tax credit. Attach Schedule 8812, if required	33	483.
34	Add lines 29 through 33. These are your total credits	34	483.
35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. This is your total tax	35	0.

Standard Deduction for -

• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

If you have a qualifying child, attach Schedule EIC.

36	Federal income tax withheld from Forms W-2 and 1099	36	276.
37	2013 estimated tax payments and amount applied from 2012 return	37	
38a	Earned income credit (EIC)	38a	3,699.
	b Nontaxable combat pay election. 38b		
39	Additional child tax credit. Attach Schedule 8812	39	1,517.
40	American opportunity credit from Form 8863, line 8	40	
41	Add lines 36, 37, 38a, 39, and 40. These are your total payments	41	5,492.

TAXPAYER'S COPY

Refund

42	If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you overpaid	42	5,492.
43a	Amount of line 42 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	43a	5,492.
	b Routing number: XXXXXXXXXXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
44	Amount of line 42 you want applied to your 2014 estimated tax	44	

Amount you owe

45	Amount you owe. Subtract line 41 from line 35. For details on how to pay, see instructions	45	
46	Estimated tax penalty (see instructions)	46	

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name **BRENT S. SANDBERG, CPA** Phone no. **435-752-1510** Personal identification number (PIN) **11111**

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instrs)

Paid preparer use only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
BRENT S. SANDBERG, CPA	<i>B S Sandberg</i>	3/10/14		P01251409
Firm's name	Firm's address		Firm's EIN	Phone no.
JONES SIMKINS LLC	1011 WEST 400 NORTH, SUITE 100 LOGAN, UT 84321		46-1592906	(435) 752-1510

DOUGLAS K AND ANGELA D ASHTON

528-87-9924

2/09/13

5:44 PM

	2012	2011	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	44,150	46,807	-2,657
UNEMPLOYMENT COMPENSATION.....	6,823	0	6,823
TOTAL INCOME.....	50,973	46,807	4,166
ADJUSTMENTS TO INCOME			
TOTAL ADJUSTMENTS.....	0	0	0
ADJUSTED GROSS INCOME.....	50,973	46,807	4,166
ITEMIZED DEDUCTIONS			
TAXES.....	1,930	2,332	-402
INTEREST.....	3,177	455	2,722
MISCELLANEOUS (SUBJECT TO 2% OF AGI).....	0	8,135	-8,135
TOTAL ITEMIZED DEDUCTIONS.....	5,107	10,922	-5,815
TAX COMPUTATION			
STANDARD DEDUCTION.....	11,900	11,600	300
LARGER OF ITEMIZED OR STANDARD DEDUCTION.....	11,900	11,600	300
INCOME PRIOR TO EXEMPTION DEDUCTION.....	39,073	35,207	3,866
EXEMPTION DEDUCTION.....	15,200	14,800	400
TAXABLE INCOME.....	23,873	20,407	3,466
TAX BEFORE CREDITS.....	2,711	2,214	497
CREDITS			
CHILD AND DEPENDENT CARE CREDIT.....	0	600	-600
CHILD TAX CREDIT.....	2,000	1,614	386
TOTAL CREDITS.....	2,000	2,214	-214
TAX AFTER CREDITS.....	711	0	711
OTHER TAXES			
TOTAL TAX.....	711	0	711
PAYMENTS			
FEDERAL INCOME TAX WITHHELD.....	2,098	969	1,129
ADDITIONAL CHILD TAX CREDIT.....	0	386	-386
TOTAL PAYMENTS.....	2,098	1,355	743
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	1,387	1,355	32
AMOUNT REFUNDED TO YOU.....	1,387	1,355	32
AMOUNT YOU OWE.....	0	0	0
TAX RATES			
MARGINAL TAX RATE.....	15.0%	15.0%	0.0%
EFFECTIVE TAX RATE.....	3.0%	0.0%	3.0%

TAXPAYER'S COPY

Your first name and initial: DOUGLAS K ASHTON
 Last name: ASHTON
 OMB No. 1545-0074
 Your social security number: 528-87-9924
 If a joint return, spouse's first name and initial: ANGELA D ASHTON
 Last name: ASHTON
 Spouse's social security number: 646-12-4562
 Home address (number and street). If you have a P.O. box, see instructions: 815 SOUTH 300 WEST
 Apartment no.:
 City, town or post office, state, and ZIP code. If you have a foreign address, see instructions: LOGAN, UT 84321
 Foreign country name: Foreign province/state/county: Foreign postal code:
 Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing status
 Check only one box.
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
 5 Qualifying widow(er) with dependent child (see instructions)

Exemptions
 6 a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qual for child tax cr (see instrs)
 AUSTIN BLAKE WERTHMANN 647-72-3028 SON
 NICOLE LEIGH ASHTON 647-94-6606 DAUGHTER
 Boxes checked on 6a and 6b: 2
 No. of children on 6c who: lived with you: 2
 did not live with you due to divorce or separation (see instructions)
 Dependents on 6c not entered above:
 Add numbers on lines above: 4

TAXPAYER'S COPY

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 44,150.
 8 a Taxable interest. Attach Schedule B if required. 8 a
 b Tax-exempt interest. Do not include on line 8a. 8 b
 9 a Ordinary dividends. Attach Schedule B if required. 9 a
 b Qualified dividends (see instructions). 9 b
 10 Capital gain distributions (see instructions). 10
 11 a IRA distributions. 11 a 11 b Taxable amount. 11 b
 12 a Pensions and annuities. 12 a 12 b Taxable amount. 12 b
 13 Unemployment compensation and Alaska Permanent Fund dividends (see instructions). 13 6,823.
 14 a Social security benefits. 14 a 14 b Taxable amount. 14 b
 15 Add lines 7 through 14b (far right column). This is your total income. ▶ 15 50,973.

Adjusted gross income
 16 Educator expenses (see instructions). 16
 17 IRA deduction (see instructions). 17
 18 Student loan interest deduction (see instructions). 18
 19 Tuition and fees. Attach Form 8917. 19
 20 Add lines 16 through 19. These are your total adjustments. 20 0.
 21 Subtract line 20 from line 15. This is your adjusted gross income. ▶ 21 50,973.

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income) 22 50,973.

23a Check You were born before January 2, 1948, Blind Total boxes checked 23a
 if: Spouse was born before January 2, 1948, Blind

b If you are married filing separately and your spouse itemizes deductions, check here 23b

24 Enter your **standard deduction** 24 11,900.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- 25 39,073.

26 **Exemptions.** Multiply \$3,800 by the number on line 6d. 26 15,200.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income** 27 23,873.

28 **Tax**, including any alternative minimum tax (see instructions) 28 2,711.

29 Credit for child and dependent care expenses. Attach Form 2441. 29

30 Credit for the elderly or the disabled. Attach Schedule R. 30

31 Education credits from Form 8863, line 19. 31

32 Retirement savings contributions credit. Attach Form 8880. 32

33 Child tax credit. Attach Schedule 8812, if required. 33 2,000.

34 Add lines 29 through 33. These are your **total credits** 34 2,000.

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. This is your **total tax**. 35 711.

36 Federal income tax withheld from Forms W-2 and 1099. 36 2,098.

37 2012 estimated tax payments and amount applied from 2011 return. 37

38a **Earned income credit (EIC)** 38a

b Nontaxable combat pay election. 38b

39 Additional child tax credit. Attach Schedule 8812. 39

40 American opportunity credit from Form 8863, line 8. 40

41 Add lines 36, 37, 38a, 39, and 40. These are your **total payments** 41 2,098.

Standard Deduction for -

- People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, \$5,950

Married filing jointly or Qualifying widow(er), \$11,900

Head of household, \$8,700

If you have a qualifying child, attach Schedule EIC.

TAXPAYER'S COPY

Refund

42 If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you **overpaid**. 42 1,387.

43a Amount of line 42 you want **refunded to you**. If Form 8888 is attached, check here. 43a 1,387.

b Routing number 104000058 c Type: Checking Savings

d Account number 8633524361

44 Amount of line 42 you want **applied to your 2013 estimated tax** 44

Direct deposit? See instructions and fill in 43b, 43c, and 43d or Form 8888.

Amount you owe

45 **Amount you owe.** Subtract line 41 from line 35. For details on how to pay, see instructions. 45

46 Estimated tax penalty (see instructions). 46

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete the following. **No**

Designee's name **BRENT S. SANDBERG, CPA** Phone no. **435-752-1510** Personal identification number (PIN) **11111**

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<i>Brent Sandberg</i>		TRUCK DRIVER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst)
		HOMEMAKER/CNA	

Joint return? See instructions.

Keep a copy for your records.

Paid preparer use only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
BRENT S. SANDBERG, CPA	<i>Brent Sandberg</i>	2/09/13		P01251409
Firm's name	Firm's address		Firm's EIN	Phone no.
JONES SIMKINS LLC	1011 WEST 400 NORTH, SUITE 100 LOGAN, UT 84321		46-1592906	(435) 752-1510



Abstract for parcel 02-160-0002 in Cache County, Utah.

Recorder's Office

02-160-0002

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
WOODALL, JAMES H TR	ASHTON, DOUGLAS K	NOTICE OF RESCISSION \$0.00	1063706 1712/0117	5/7/2012 4:54	05/04/2012 (image)	1703/0070 1059791 1191/0905 812222
HSBC BANK USA TR,	WOODALL, JAMES H, SUC TR	CORR SUBSTITUTION OF TRUSTEE \$0.00	1059948 1703/0878	3/7/2012 10:56	02/01/2012 (image)	1191/0905 812222
WOODALL, JAMES H TR	ASHTON, DOUGLAS K	CORR NOTICE OF DEFAULT \$0.00	1059791 1703/0070	3/5/2012 12:20	09/22/2011 (image)	1191/0905 812222 1653/1877 1036557
WOODALL, JAMES H TR	ASHTON, DOUGLAS K	NOTICE OF DEFAULT \$0.00	1050294 1681/0538	9/27/2011 2:24	09/22/2011 (image)	1191/0905 812222
HSBC BANK USA NA,	WOODALL, JAMES H, SUC TR	SUBSTITUTION OF TRUSTEE \$0.00	1050276 1681/0393	9/27/2011 12:45	09/02/2011 (image)	1191/0905 812222
HSBC BANK USA NA TR,	ASHTON, DOUGLAS K	QUIT CLAIM DEED \$10.00	1046121 1672/1603	7/7/2011 3:29	06/20/2011 (image)	1191/0905 812222
ASHTON, DOUGLAS K ETITLE INS AGENCY TR, OCWEN LOAN SERVICING LLC ATTY,	ASHTON, DOUGLAS K	AFFIDAVIT \$0.00	1046120 1672/1600	7/7/2011 3:29	06/20/2011 (image)	1191/0905 812222 1657/1244 1038432
ETITLE INS AGENCY TR,	WHOM IT MAY CONCERN,	REVOCATION OF TRUSTEE'S DEED \$0.00	1046119 1672/1598	7/7/2011 3:28	07/07/2011 (image)	1191/0905 812222 1657/1244 1038432
ETITLE INS AGENCY TR,	HSBC BANK USA NA TR,	TRUSTEE'S DEED \$117,495.26	1038432 1657/1244	2/8/2011 4:29	02/07/2011 (image)	1191/0905 812222
ASHTON, DOUGLAS K	RESIDENTIAL MORTGAGE & INVESTMENT INC,	MODIFICATION OF DEED OF TRUST \$0.00	1036557 1653/1877	1/6/2011 4:44	01/06/2011 (image)	1191/0905 812222
HSBC BANK USA NA TR,	ETITLE INS AGENCY, SUC TR,	SUBSTITUTION OF TRUSTEE \$0.00	1022110 1621/1536	5/27/2010 3:50	05/03/2010 (image)	1191/0905 812222
ASHTON, DOUGLAS KIM	ASHTON, DOUGLAS KIM	FINANCING STATEMENT \$0.00	1021010 1619/1558	5/11/2010 3:20	_____ (image)	
JPMORGAN CHASE BANK NA,	HSBC BANK USA NA TR,	ASSIGNMENT OF TRUST DEED \$0.00	1018976 1615/0993	4/7/2010 12:57	03/19/2010 (image)	1191/0905 812222
ETITLE INS AGENCY TR,	ASHTON, DOUGLAS K	NOTICE OF DEFAULT \$0.00	1017127 1611/1622	3/4/2010 10:48	03/02/2010 (image)	1191/0905 812222
ETITLE INS AGENCY TR,	ASHTON, DOUGLAS K	CANCELLATION OF NOTICE OF DEFAULT \$0.00	1017126 1611/1621	3/4/2010 10:47	03/02/2010 (image)	1191/0905 812222 1606/0507 1014134
HSBC BANK USA NA TR,	ETITLE INS AGENCY, SUC TR,	SUBSTITUTION OF TRUSTEE \$0.00	1015808 1609/0682	2/8/2010 11:13	01/21/2010 (image)	1191/0905 812222
ETITLE INS AGENCY TR,	ASHTON, DOUGLAS K	NOTICE OF DEFAULT \$0.00	1014134 1606/0507	1/11/2010 11:05	12/23/2009 (image)	1191/0905 812222
WOODALL, JAMES H TR	ASHTON, DOUGLAS K	NOTICE OF RESCISSION OF NTC OF DEFAULT \$0.00	915181 1403/0356	4/27/2006 10:18	_____ (image)	1191/0905 812222 1288/0290 856744

To be reviewed

**Abstract for parcel 02-160-0002 in Cache County, Utah.**

Recorder's Office

02-160-0002

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
AMERICAN SECURE TITLE INS AGENCY TR,	SEAMONS, SHERWIN K & JANE C	FULL RECONVEYANCE \$0.00	873221 1319/1087	9/28/2004 10:12	09/24/2004 (image)	1211/0735 817508
WOODALL, JAMES H TR	ASHTON, DOUGLAS K	NOTICE OF DEFAULT \$0.00	856744 1288/0290	3/16/2004 2:51	03/10/2004 (image)	1191/0905 812222
DEUTSCHE BANK,	WOODALL, JAMES SUC TR	SUBSTITUTION OF TRUSTEE \$0.00	856743 1288/0288	3/16/2004 2:51	03/02/2004 (image)	
HICKMAN LAND TITLE CO TR,	BRIDGERLAND GROUP LC,	FULL RECONVEYANCE \$0.00	855789 1286/0625	3/3/2004 3:09	02/25/2004 (image)	0792/0957 677218
BATES, MARLON L, SUC TR	ASHTON, DOUGLAS K	NOTICE OF DEFAULT \$0.00	847938 1273/1448	12/2/2003 1:53	12/1/2003 (image)	1191/0905 812222
LONG BEACH MORTGAGE COMPANY,	BATES, MARLON L, SUC TR	SUBSTITUTION OF TRUSTEE \$0.00	847937 1273/1447	12/2/2003 1:52	11/26/2003 (image)	1191/0905 812222
ASHTON, DOUGLAS K	BEAR RIVER ASSOCIATION OF GOVERNMENT,	TRUST DEED \$1,200.00	812226 1191/0929	1/30/2003 3:49	01/27/2003 (image)	
RESIDENTIAL MORTGAGE & INVESTMENT INC,	LONG BEACH MORTGAGE CO,	ASSIGNMENT OF TRUST DEED \$0.00	812225 1191/0928	1/30/2003 3:49	(image)	1191/0922 812224
ASHTON, DUGLAS K	RESIDENTIAL MORTGAGE & INVESTMENT INC,	DEED OF TRUST \$22,400.00	812224 1191/0922	1/30/2003 3:48	01/06/2003 (image)	
RESIDENTIAL MORTGAGE & INVESTMENT INC,	LONG BEACH MORTGAGE CO,	ASSIGNMENT OF TRUST DEED \$0.00	812223 1191/0921	1/30/2003 3:47	(image)	1191/0905 812222
ASHTON, DOUGLAS K	RESIDENTIAL MORTGAGE & INVESTMENT INC,	DEED OF TRUST \$89,600.00	812222 1191/0905	1/30/2003 3:45	01/06/2003 (image)	
CHENEY FINANCIAL SERVICES INC,	ASHTON, DOUGLAS K	SPECIAL WARRANTY DEED \$10.00	812221 1191/0904	1/30/2003 3:44	01/24/2003 (image)	
BONNEVILLE TITLE CO, SUC TR	BRIDGERLAND GROUP LC,	PARTIAL RECONVEYANCE \$0.00	712984 0883/1072	4/27/1999 9:24	04/26/1999 (image)	0792/0957
WEBER, STERLING L FAMILY REV TRUST	BONNEVILLE TITLE CO, SUC TR	SUBSTITUTION OF TRUSTEE \$0.00	712983 0883/1071	4/27/1999 9:23	(image)	0792/0957
NUTTALL, NAN	CHENEY FINANCIAL SERVICES INC,	WARRANTY DEED \$10.00	712980 0883/1068	4/27/1999 9:22	04/01/1999 (image)	
BRIDGERLAND GROUP LC,	NUTTALL, NAN	WARRANTY DEED \$10.00	712978 0883/1066	4/27/1999 9:22	03/31/1999 (image)	
LOGAN, CITY OF	WHOM IT MAY CONCERN,	CERTIFICATE OF DECISION \$0.00	712304 0882/0309	4/16/1999 11:01	03/23/1999 (image)	
NUTTAL, NAN NUTTALL, NAN AKA NANNETTE AKA	WHOM IT MAY CONCERN,	NOTICE OF INTEREST \$0.00	712229 0882/0074	4/15/1999 10:34	04/15/1999 (image)	
WEBER, STERLING L TR WEBER, MARIAN C TR	HICKMAN LAND TITLE COMPANY, SUC TR	SUBSTITUTION OF TRUSTEE \$0.00	695875 0840/0597	10/2/1998 2:46	09/15/1998 (image)	0792/0957
BRIDGERLAND GROUP LC,	NUTTAL, NAN	OPTION TO PURCHASE \$0.00	694451 0836/0812	9/16/1998 4:57	09/11/1998 (image)	
BRIDGERLAND GROUP LC,	GREEN VIEW SUBD *PLAT,	SUBDIVISION PLAT \$0.00	694133 1998/1207	9/11/1998 4:35	09/09/1998	

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual) Utah State Tax Commission	
Contact person Dee Talbot	Daytime phone number 801-297-6310
Property owner/borrower name Douglas Ashton	Amount of lien \$ 1,167. ²⁷
Parcel, serial, or account number 136101722	Type of property (e.g., commercial, primary residential, etc.) Residential
Property location or address 815 S 300 W Logan UT 84321	

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes. ~~NOT APPLICABLE TO USTC~~

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Utah State Tax Commission

Authorized signature

X





CACHE COUNTY
Office of the County Auditor
179 NORTH MAIN, Suite 202
LOGAN, UTAH 84321
Tel: 435.755.1700
Fax: 435.755.1991

Tamra Stones

facsimile
TRANSMITTAL

[REDACTED]

Date: 5-8-14

TO: Sandra Iwasaki

Organization: State Tax Commission

Receiving Fax Number: 1801 297 6359

Subject: Douglas Ashton - Agreement of Lien Holder

Number of pages (including cover sheet): 2

Description of Transmittal: _____

Response Required () Yes () No

Remarks: _____

Signature Request

Dianna Schaffer
435-755-1706

Note: This facsimile transmission contains CONFIDENTIAL AND PRIVILEGED INFORMATION intended only for the use of the above-designated recipient. If you are not that person or the person or agent responsible and authorized to receive or deliver this transmission, then you have received this transmission in error. If so, you are hereby notified that any dissemination or copying of this facsimile is prohibited. If you have received this transmission in error, you are requested to contact the sender for further instruction. Thank you.

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual)

Office of Recovery Services

Contact person

Lisa Evans C000688431

Daytime phone number

801 536-8500

Property owner/borrower name

Douglas K Ashton

Amount of lien

\$ 0

Parcel, serial, or account number

02-160-0002

Type of property (e.g., commercial, primary residential, etc.)

Residential

Property location or address

815 S 300 W Logan UT 84321

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. ~~We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.~~

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Brenda Fotheringham, Regional Director - ORS

Authorized signature

X 

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien holder (company or individual)

Bear River Association of Governments

Contact person

Roger Jones

Daytime phone number

752-7242

Property owner/borrower name

Douglas Ashton

Amount of lien

\$ 1200-

Parcel, serial, or account number

02-160-0002

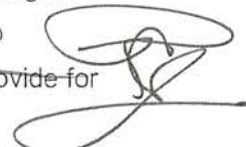
Type of property (e.g., commercial, primary residential, etc.)

Residential

Property location or address

815 S 300 W Logan, UT 84321

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. ~~We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.~~



We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

Roger Jones

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual)

Contact person

Douglas K. Ashton

Daytime phone number

435-881-0919

Property owner/borrower name

Douglas Ashton

Amount of lien

\$ 152,000.00

Parcel, serial, or account number

DOUGLAS KIM ASHTON.

Type of property (e.g., commercial, primary residential, etc.)

02-160-02

residential

Property location or address

815 South 300 West Logan, UT 84321

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. ~~We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.~~

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

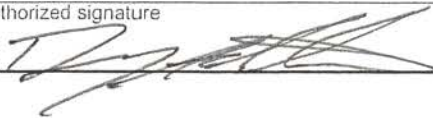
Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

X



Date: 05/11/2010
Receipt Number: 3204038
Amount Paid: \$24.00

RECEIVED
MAY 11 2010

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Utah Div. of Corp. & Comm. Code

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Douglas Kim Ashton
815 south 300 west
Logan, Utah 84321

Ent 1021010 Bk 1619 Pg 1558
Date: 11-May-2010 03:20 PM Fee \$12.00
Cache County, UT
Michael Glead, Rec. - Filed By SA
For DOUGLAS KIM ASHTON

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME: ASHTON

FIRST NAME: DOUGLAS

MIDDLE NAME: KIM

SUFFIX:

1c. MAILING ADDRESS: 815 south 300 west

CITY: Logan

STATE: UT

POSTAL CODE: 84321

COUNTRY: US

1d. SEE INSTRUCTIONS: 528-87-9924

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION: Juristic Entity

1f. JURISDICTION OF ORGANIZATION: America

1g. ORGANIZATIONAL ID #, if any

NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

NONE

3. SECURED PARTY'S NAME (or NAME OF TOTAL ASSIGNEE OF ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

3b. INDIVIDUAL'S LAST NAME: Ashton

FIRST NAME: Douglas

MIDDLE NAME: Kim

SUFFIX:

3c. MAILING ADDRESS: General Delivery

CITY: Logan

STATE: UT

POSTAL CODE: [84321]

COUNTRY: America

05-11-10P01:38 RCVD

4. This FINANCING STATEMENT covers the following collateral:

Secured Party accepts For Value possesses all of DEBTOR'S assets, land, and personal property, and all of DEBTOR'S rights in said assets, land, and personal property, now owned, and hereafter acquired, now existing, and hereafter arising, and wherever located described in security agreement # DKA-08091992-HHIA Dated the Ninth day of the Eighth Month in the year One Thousand Nine Hundred Ninety-Two C.E.. Inquiring parties may consult directly with the DEBTOR for ascertaining in detail, the financial relationship and contractual obligations associated with the commercial transaction, identified in the security agreement and Hold Harmless and Indemnity Agreement referenced above. This includes, but not limited to: State of Utah DEPARTMENT OF SOCIAL SERVICES DIVISION OF HEALTH VITAL STATISTICS, CERTIFICATE OF LIVE BIRTH, LOCA FILE NUMBER 197415749, BOND NUMBER ON FRONT OF BIRTH CERTIFICATE *062599998*; United States Social Security Account # 528-87-9924, and all Certificates and CUSIP # pertaining thereto; Real property located in the State of Utah, Cache County. Reported address of 815 south 300 west, Logan Utah 84321. All of lot 2 GREENVIEW SUBDIVISION together with all of it's contents and improvements now or erected on the property, and all easements, appurtenances, and fixtures now or hereafter a part of the property.

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 (optional) (ADDITIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA

DEBTOR'S SIGNATURE/ DOUGLAS KIM ASHTON | Secured Party's Signature *Douglas Kim Ashton*

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02) International Association of Commercial Administrators (IACA)

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME ASHTON	FIRST NAME DOUGLAS	MIDDLE NAME, SUFFIX KIM
---	------------------------------	-----------------------------------

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
-----------------------------	------------	-------------	--------

11c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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11d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE
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12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
-----------------------------	------------	-------------	--------

12c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
------	-------	-------------	---------

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

Real property located in the State of Utah, Cache County. Reported address of 815 south 300 west Logan, Utah 84321. All of lot 2 GREENVIEW SUBDIVISION together with all of it's contents and improvements now or erected on the property, and all easements, appurtenances, and fixtures now or hereafter a part of the property.

16. Additional collateral description:

and all bills of exchange pertaining to the collateral which is placed on the local chamber of commercial registration of equal exchange. all fixtures, products, accounts, Bill of exchange, and orders emanating from the collateral are possessed by the Secured Party. This collateral is exempt from levy adjustment of this filing is in accord with U.C.C. 1-103, 1-104, 10-104, and house joint resolution 192 of June 5th, 1933. Secured Party Accepts for Value DEBTOR'S signature in accordance with U.C.C. 1-210(39), and 3-401.

Ent 1021010 Bk 1619 Pg 1559

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

DOUGLAS K. ASHTON
 815 south 300 west
 Logan, Utah 84321

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction

Filed in connection with a Public-Finance Transaction

05-11-10P01:38 RCVD

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual) <i>Long Beach Mortgage Company</i>	
Contact person	Daytime phone number
Property owner/borrower name <i>Douglas Ashton</i>	Amount of lien \$
Parcel, serial, or account number	Type of property (e.g., commercial, primary residential, etc.)
Property location or address	

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. ~~We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.~~

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.
Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

X

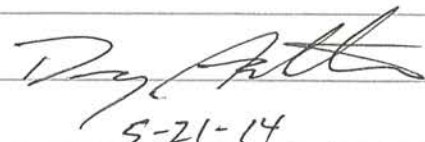
Out of business

To whom it may concern:

5-21-14

In June of 2010 in the process of disputing the validity of my mortgage, as due diligence is necessary I attempted to serve Long Beach Mortgage and Investment with disputes via certified mail on 4 different occasions. Eventually these mailings were returned to me undeliverable by the USPS due to the company known as such was no longer in business.

I certify the above is true and correct



5-21-14

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual)

HSBC BANK

Contact person

Daytime phone number

Property owner/borrower name

DOUGLAS ASHTON

Amount of lien

\$ 117,495.26

Parcel, serial, or account number

02-160-0002

Type of property (e.g., commercial, primary residential, etc.)

RESIDENTIAL

Property location or address

815 S 300 W LOGAN, UT 84321

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. ~~We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.~~

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Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

X



CACHE COUNTY
 Office of the County Auditor
 179 NORTH MAIN, Suite 202
 LOGAN, UTAH 84321
 Tel: 435.755.1700
 Fax: 435.755.1991

Tamra Stones

**facsimile
 TRANSMITTAL**



Date: 5-21-14

TO: HSBC / Owen

Organization: _____

Receiving Fax Number: 561-682-8880

Subject: Ashton Loan # 33119678

Number of pages (including cover sheet): 5

Description of Transmittal: _____

Response Required () Yes () No

Remarks: _____

Please call with any questions.
Refer to attached email that was
sent to your organization

Dianna Schaeffer
 435-755-1706

Note: This facsimile transmission contains CONFIDENTIAL AND PRIVILEGED INFORMATION intended only for the use of the above-designated recipient. If you are not that person or the person or agent responsible and authorized to receive or deliver this transmission, then you have received this transmission in error. If so, you are hereby notified that any dissemination or copying of this facsimile is prohibited. If you have received this transmission in error, you are requested to contact the sender for further instruction. Thank you.

From: Dianna Schaeffer
To: tax@ocwen.com
CC: moobuggy@gmail.com
Date: 5/21/2014 3:17 PM
Subject: Fwd: ASHTON LOAN 33119678-SIGNATURE REQUEST
Attachments: ASHTON LOAN 33119678-SIGNATURE REQUEST

This tax payer is trying to complete the paperwork to obtain a payment arrangement with Cache County for delinquent property taxes. The attached form is required by state law in order to process this application. Please reply at your earliest possible convenience to this urgent request.

Tax sale of delinquent properties is on May 29th and this application has to be completed prior to that date.

Please call with any questions.

Regards,

Dianna Schaeffer, Deputy Auditor
Cache County Corporation
179 North Main Suite 202
Logan, Utah 84321
(435) 755-1706

*Did not respond to email,
phone, or fax requests.*



Cache County Corporation Tax Roll Information

Monday, June 09, 2014 5:07 PM

02-160-0002

Owner's Name & Address

Parcel	02-160-0002	Entry	1046121
Name	ASHTON, DOUGLAS K		
C/O Name			
Address	815 S 300 W		
City, ST Zip	LOGAN, UT 84321-5408		
District	027 LOGAN CITY		
Year	2014	Status	TX

Owners List

1 ASHTON, DOUGLAS K	1046119	1672/1598
2 ASHTON, DOUGLAS K	1046120	1672/1600
3 ASHTON, DOUGLAS K	1046121	1672/1603

Property Address

Address	815 S 0300 W
City	LOGAN
Tax Rate	0.012662 (Tax Rate Proposed For 2014)

PARCEL HISTORY

PT 02-058-0040 9/98;

LEGAL DESCRIPTION FOR 2014

LOT 2 GREEN VIEW SUBDIVISION CONT 0.14 AC
SUBJ TO BNDRY LN AGREEMENT IN BK 835 PG 302

PROPERTY INFORMATION

Property Type	Acres	2013		2014	
		Market	Taxable	Market	Taxable
BR BUILDING RESIDENTIAL		99,085	54,495	99,085	54,495
LR LAND RESIDENTIAL	.14	35,000	19,250	.14	35,000
PROPERTY VALUE TOTALS:	.14	134,085	73,745	.14	134,085

BUILDING & TAX INFORMATION

Square Footage: 1,208
Year Built: 2002
Building Type: SFR

2013 Taxes:	933.76	(Certified Rate: 0.012662)
2014 Taxes:	933.76	(Proposed Rate: 0.012662)
Special Tax: +	0.00	
Abatements: -	0.00	
Payments: -	0.00	
2014 Balance Due:	933.76	

BACK TAX SUMMARY

* Interest is calculated on a monthly basis. Please call the Treasurer's Office for an updated payoff amount at 435-755-1500.

Year	Back Taxes	Special Tax	Rollback	Attached	Interest	Penalty	Year Total
2009	461.37	.00	.00	.00	21.60	.00	482.97
2010	970.73	.00	.00	.00	107.54	.00	1,078.27
2011	972.32	.00	.00	.00	109.83	24.31	1,106.46
2012	991.64	.00	.00	.00	112.37	24.79	1,128.80
2013	933.76	.00	.00	.00	27.90	23.34	985.00

Total Back Taxes Owed: 4,781.50

**Notice to be Posted by County
of Delinquent Property Tax
Settlement or Deferral**

UCA §59-2-1347
Form PT-034
PT-034.ai Rev. 1/00

Property Owner Information

Property owner name

FOSTER HOLDINGS LLC C/O RON & ELAINE FOSTER

Property owner address

13481 N 2400 E

City

COVE

State

UT

Zip

84320

Property Information

Parcel, serial, or account number

04-028-0035

Type of property

COMMERCIAL

Location or address

3821 n 100 W HYDE PARK

Legal description (including acreage)

LOT 9 ELDER COMMERCIAL SUBD PHASE 3 CONT 1.98 AC

Settlement or Deferral Information

Total property value _____

\$ 704,284.00

Total interest, penalties, and taxes due _____

\$ 44,273.58

Amount paid _____

\$

Amount abated _____

\$

Amount deferred _____

\$

Comments

PAY \$1500 MONTH
APPLY TO OLDEST TAX FIRST
PAY IN FULL ONCE PROPERTY SELLS

County Approval

This property tax settlement/deferral has been approved by the county legislative body of:

Cache County Council on _____, _____.

Cache County Council Chair

Cache County Executive

Cache County Clerk

Application for Settlement or Deferral of Delinquent Property Tax

UCA §59-2-1109 & 1347
Form PT-33
PT-033-1.01 Rev. 11/00

This form should be used in conjunction with Form PT-33A "Agreement of Lien Holder For Deferral or Settlement of Delinquent Taxes". One Form PT-33A should be attached for each lien holder. A deferral may not be granted without the written consent of the holder of any mortgage or trust deed outstanding on the property.

Property Owner Information

Property owner name Foster Holdings LLC	Home phone number 435-994-2022	Work phone number —
Property owner address 13481 N. 2400E	435-994-1212	
City Cove Utah	State Ut	Zip 84320

Property Information

Parcel, serial, or account number 04-028-0035	Type of property (e.g., commercial, primary residential, etc.) Commercial
Location or address Herde Park city Dist. 014 3821 N. 0100 W.	
Legal description (including acreage) lot 9 Elder Commercial subd phase 3 cont 1.98 ac	

Property Value and Tax Information

Year(s) of Delinquency (May go back five years)	Taxes	Penalty	Interest	Total
2009	9,068.39 9,068.39	136.64	2,099.64	9,068.39
2010	9,159.71 9,159.71	178.84	1,959.10	9,291.71
2011	9,177.43 9,177.43	189.39	1,399.59	9,164.43
2012	8,689.84 8,689.84	192.75	781.44	8,684.04
2013	7,849.55 7,849.55	199.16	135.00	7,849.55
Total	36,799.57	685.78	6,374.77	44,058.12

Current year market value of property (Attach copy of most recent valuation/tax notice)	\$ 704,284.⁰⁰
Amount received from home owner/mobile home owner (circuit breaker) tax credits	\$ —
Amount owner offers in settlement (Attach proposed payment schedule)	\$ 1,500.00/mo.
Amount to be deferred	\$ —

I/we have exhausted efforts to obtain funds to pay the delinquent taxes. I/we have contacted the lending institutions and other potential sources of funds, such as friends and relatives, identified below:

1. _____
2. _____
3. _____

Attach the following:

- | | |
|--|--|
| <ol style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Owner's statement of circumstances and request for relief. <input checked="" type="checkbox"/> 2. Most recent valuation/tax notice. <input checked="" type="checkbox"/> 3. Proposed payment schedule. <input checked="" type="checkbox"/> 4. Financial Summary (back of this form) | <ol style="list-style-type: none"> <input checked="" type="checkbox"/> 5. Copies of last 5 years' filings with I.R.S. <input checked="" type="checkbox"/> 6. Form PT-33A, "Agreement of Lien Holder for CVB/MHSA Deferral or Settlement of Delinquent Taxes". <input type="checkbox"/> 7. Other documentation as required. |
|--|--|

Signature

I certify to the best of my knowledge and understanding, that this information is true, correct, and complete.

Signature of property owner(s)	Date
X [Signature]	4.29.2014
X [Signature]	5/1/14



Abstract for parcel 04-028-0035 in Cache County, Utah.

Recorder's Office

04-028-0035

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
KINGSTON, CARL E TR	FOSTER HOLDINGS LLC,	NOTICE OF DEFAULT \$0.00	1051382 1683/1842	10/14/2011 3:20	07/12/2011 (image)	1618/1515 1020565
FOSTER HOLDINGS LLC,	MOUNTAIN STATES SUPPLY LLC	TRUST DEED \$72,906.05	1020565 1618/1515	5/4/2010 10:38	/// (image)	
CACHE TITLE CO TR,	FOSTER, RON K & ELAINE	DEED OF RECONVEYANCE \$0.00	1000527 1578/1266	6/18/2009 3:39	06/17/2009 (image)	1459/0007 942057
JENKS PROPERTIES LLC,	FOSTER HOLDINGS LLC,	QC DEED TO REMOVE R/W \$10.00	1000035 1577/1500	6/15/2009 9:35	06/12/2009 (image)	0648/0343 618443
CACHE TITLE CO TR,	FOSTER, RON K & ELAINE	DEED OF RECONVEYANCE \$0.00	998970 1575/0947	6/1/2009 3:53	04/18/2009 (image)	1501/0319 964151
FOSTER, RON K & ELAINE	FOSTER HOLDINGS LLC,	WARRANTY DEED \$10.00	992800 1561/0428	3/23/2009 11:33	03/18/2009 (image)	
FOSTER, RON K & ELAINE	CACHE VALLEY BANK,	DEED OF TRUST \$473,000.00	992799 1561/0415	3/23/2009 11:32	03/16/2009 (image)	
CACHE TITLE CO TR,	FOSTER, RON K & ELAINE	DEED OF RECONVEYANCE \$0.00	979691 1533/0782	9/3/2008 2:56	09/02/2008 (image)	1297/1137 861146
FOSTER, RON K & ELAINE	CACHE VALLEY BANK,	DEED OF TRUST \$100,000.00	964151 1501/0319	2/5/2008 3:37	01/31/2008 (image)	
FOSTER, RON K & ELAINE	CACHE VALLEY BANK,	DEED OF TRUST \$300,000.00	942057 1459/0007	4/23/2007 4:22	04/20/2007 (image)	
HYDE PARK CITY,	WHOM IT MAY CONCERN,	ANNEXATION MAP \$0.00	878587 2004/1894	12/3/2004 9:23	10/13/2004	
HYDE PARK CITY,	WHOM IT MAY CONCERN,	ANNEXATION ORDINANCE \$0.00	878586 1331/0079	12/3/2004 9:22	10/13/2004 (image)	
FOSTER, RON K & ELAINE	CACHE VALLEY BANK,	DEED OF TRUST \$220,000.00	861146 1297/1137	5/7/2004 10:50	05/05/2004 (image)	
ELDER, ALAN G & LINDA J	FOSTER, RON K & ELAINE	WARRANTY DEED \$10.00	861145 1297/1136	5/7/2004 10:49	05/05/2004 (image)	
ELDER, ALAN & LINDA	ELDER COMMERCIAL PH 3 *PLAT,	SUBDIVISION PLAT \$0.00	859926 2004/1799	4/22/2004 12:30	04/21/2004	
ELDER, ALAN G & LINDA J	PACIFICORP,	R/W EASEMENT \$0.00	830726 1240/1530	7/1/2003 12:45	3/24/2003 (image)	
ELDER, ALAN G & LINDA J	QUESTAR GAS CO,	R/W EASEMENT GRANT \$1.00	811752 1189/0986	1/28/2003 8:45	1/22/2003 (image)	
NORTHERN TITLE COMPANY TR,	JENKS PROPERTIES LLC,	DEED OF RECONVEYANCE \$0.00	702443 0858/0464	12/15/1998 12:57	12/14/1998 (image)	0645/0434
NORTHERN TITLE CO TR,	ELDER, ALAN G & LINDA J	DEED OF RECONVEYANCE \$0.00	686913 0817/1031	6/16/1998 11:18	06/15/1998 (image)	0648/0345
PERKES, ORDIS W	HYDE PARK CITY,	R/W EASEMENT \$1.00	625130 0663/0045	8/23/1995 10:45	04/25/1994 (image)	
ELDER, ALAN G & LINDA J	LEWISTON STATE BANK,	DEED OF TRUST \$71,085.00	618444 0648/0345	4/13/1995 10:35	04/12/1995 (image)	
JENKS PROPERTIES L L C,	ELDER, ALAN G & LINDA J	WARRANTY DEED \$10.00	618443 0648/0343	4/13/1995 10:34	04/12/1995 (image)	



Abstract for parcel 04-028-0035 in Cache County, Utah.

Recorder's Office

04-028-0035

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
Parcel Number 04-015-0013 is a PARENT of 04-028-0035, 1 generation from 04-028-0035.						
JENKS PROPERTIES LLC,	CACHE VALLEY BANK,	DEED OF TRUST \$100,000.00	617048 0645/0434	3/14/1995 10:27	03/07/1995 (image)	
JENKS, JAY M	JENKS PROPERTIES LLC,	QUIT CLAIM DEED \$10.00	616506 0644/0216	3/1/1995 10:39	02/27/1995 (image)	
PERKES, ORDIS W, DEC BY PR	JENKS, JAY M	PERSONAL REP'S DEED \$10.00	616505 0644/0214	3/1/1995 10:38	02/27/1995 (image)	
PERKES, ORDIS W	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	597571 0604/0536	3/22/1994 1:33	(image)	
PERKES, L LAMON	WHOM IT MAY CONCERN,	AFFIDAVIT OF OWNERSHIP \$0.00	594925 0599/0622	2/15/1994 4:09	10/26/1993 (image)	
UTAH STATE DEPT OF HEALTH, PERKES, L LAMON	PERKES, LEO D AKA LEO DAINES, DEC	AFF/DEATH CERTIFICATE \$0.00	579585 0568/1086	7/1/1993 3:21	06/30/1993 (image)	0036/0132
HYDE PARK CITY,	HYDE PARK 10 3700 N W OF HWY,	ANNEX MAP \$0.00	545867 1991/0787	6/25/1991 10:13	05/23/1991	
HYDE PARK CITY,	WHOM IT MAY CONCERN,	ANNEX RESOLUTION \$0.00	545866 0496/0731	6/25/1991 10:12	05/23/1991 (image)	
Parcel Number 04-028-0005 is a PARENT of 04-028-0035, 1 generation from 04-028-0035.						
Parcel Number 04-028-0035 is a PARENT to the following Parcels: 04-028-0042 04-147-0001 04-147-0002 04-147-0003 04-147-0004 04-147-0008						

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual)

Cache Valley Bank

Contact person

Dave Billos

Daytime phone number

Property owner/borrower name

Foster Holdings LLC

Amount of lien

\$

Parcel, serial, or account number

04 - 028 - 0035

Type of property (e.g., commercial, primary residential, etc.)

commercial

Property location or address

3021 N. 0100W. Hyde Park

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

X

Dave Billos

ALG	CIF	COM	IMG	LOG	MSG	PAY	PRO	PTR	SIG	STA	STM	TIC	TRF	USR
COL	DUE			MET			POF	PRP	RBT	SCH				

Account: A/L 01 51062701 Status: Active Account Officer: 0002 DAVID ZILLES
 Name: RON K. FOSTER Old Acct Num:
 Name/Addr1: ELAINE FOSTER Home Phone: 000-0000
 Name/Addr2: Business Phone: (435) 258-5025
 Name/Addr3: 3821 NORTH 200 WEST SSN: 519-68-8928
 City/State/Zip: HYDE PARK UT 84318 DAF: 57.3715

Date	Payment	Princ. + Int.	Misc	Payment Type	Payment Status
04/25/2014	3,266.57	3,266.57	0.00	Int. Incl. in Pymt	Delinquent

Total Due: 3,266.57 3,266.57 0.00 Payoff Amount: 420,425.62
 Current: 415,074.67 Date Last Change: 4/10/2014
 Memo Post: 0.00 Account Alerts Exist

*** MESSAGES ***

5 YEAR ADJUST FHLB OF SEATTLE		Delq Amt + LC	3,266.57
INCREASE PAYOFF BY 5000 ASK DZ		Total Billed	0.00
ARC IMAGE		Interest Billed	0.00
04-29-14		Accrued Int	2,290.95
		Partial Payment	0.00
		Interest Rate	5.0000
		Variable Rate C6	2.0400

WHEN RECORDED MAIL TO:

Cache Valley Bank
Main Office
101 North Main
P.O. Box 3227
Logan, UT 84321

Ent 992799 Bk 1561 Pg 415
Date: 23-Mar-2009 11:32 AM Fee \$34.00
Cache County, UT
Michael Glead, Rec. - Filed By SG
For CACHE TITLE COMPANY

42444

FOR RECORDER'S USE ONLY

DEED OF TRUST

MAXIMUM LIEN. The lien of this Deed of Trust shall not exceed at any one time \$473,000.00.

THIS DEED OF TRUST is dated March 16, 2009, among RON K. FOSTER and ELAINE FOSTER, whose address is 13481 NORTH 2400 EAST, COVE, UT 84320 ("Trustor"); Cache Valley Bank, whose address is Main Office, 101 North Main, P.O. Box 3227, Logan, UT 84321 (referred to below sometimes as "Lender" and sometimes as "Beneficiary"); and CACHE TITLE COMPANY, whose address is 233 NORTH MAIN, LOGAN, UT 84321 (referred to below as "Trustee").

CONVEYANCE AND GRANT. For valuable consideration, Trustor irrevocably grants and conveys to Trustee in trust, with power of sale, for the benefit of Lender as Beneficiary, all of Trustor's right, title, and interest in and to the following described real property, together with all existing or subsequently erected or affixed buildings, improvements and fixtures; all easements, rights of way, and appurtenances; all water, water rights and ditch rights (including stock in utilities with ditch or irrigation rights); and all other rights, royalties, and profits relating to the real property, including without limitation all minerals, oil, gas, geothermal and similar matters, (the "Real Property") located in CACHE County, State of Utah:

LOT 9, ALAN ELDER COMMERCIAL SUBDIVISION PHASE 3, AS SHOWN BY THE OFFICIAL PLAT THEREOF, RECORDED APRIL 22, 2004, AS FILING NO. 859926, RECORDS OF CACHE COUNTY, UTAH. SUBJECT TO A RIGHT-OF-WAY FOR INGRESS AND EGRESS OVER THE SOUTH 30 FEET OF SUBJECT PROPERTY.

TAX PARCEL NO. 04-028-0035

The Real Property or its address is commonly known as 3821 NORTH 200 WEST, HYDE PARK, UT 84318.

FUTURE ADVANCES. In addition to the Note, this Deed of Trust secures all future advances made by Lender to Trustor whether or not the advances are made pursuant to a commitment. Specifically, without limitation, this Deed of Trust secures, in addition to the amounts specified in the Note, all future amounts Lender in its discretion may loan to Trustor, together with all interest thereon; however, in no event shall such future advances (excluding interest) exceed in the aggregate \$473,000.00.

Trustor presently assigns to Lender (also known as Beneficiary in this Deed of Trust) all of Trustor's right, title, and interest in and to all present and future leases of the Property and all Rents from the Property. In addition, Trustor grants to Lender a Uniform Commercial Code security interest in the Personal Property and Rents.

THIS DEED OF TRUST, INCLUDING THE ASSIGNMENT OF RENTS AND THE SECURITY INTEREST IN THE

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual)

Mountain States

Contact person

Daytime phone number

Property owner/borrower name

Foster Holdings

Amount of lien

\$ *72,906.05*

Parcel, serial, or account number

04-02810035

Type of property (e.g., commercial, primary residential, etc.)

Commercial

Property location or address

3821 N 100 W Hyde Park

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. ~~We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.~~

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

X *Carl R. Bell* attorney for Mt. States Agency



Image - 1

Salt Lake City, UT 84115

Space Above for Recording **Utah 20565 Bk 1618 Pg 1515**

Trust Deed

Date: 4-May-2010 10:38 AM Fee \$10.00
Cache County, UT
Michael Bleed, Rec. - filed by
For CARL E KINGSTON XNYK

THIS TRUST DEED is made this March, 2010 day of March, 2010
between FOSTER HOLDINGS, LLC
whose address is 13481 North 2400 East, Covc, UT 84320

, as Trustor,

(Street and Number) (City) (State)

CARL E. KINGSTON, attorney at law, as Trustee, and
MOUNTAIN STATES SUPPLY, LLC, as Beneficiary.

Trustor hereby CONVEYS AND WARRANTS TO TRUSTEE IN TRUST, WITH POWER OF SALE, the following described property situated in Cache County, Utah:

Lot 9, ELDER COMMERCIAL SUBDIVISION PHASE 3, according to the official plat thereof, as recorded in the office of the Cache County Recorder.
Parcel #04-028-0035.

Together with all buildings, fixtures and improvements thereon and all water rights, rights of way, easements, rents, issues, profits, income, tenements, hereditaments, privileges and appurtenances thereunto now or hereafter used or enjoyed with said property, or any part thereof;

FOR THE PURPOSE OF SECURING payment of the indebtedness evidenced by a promissory note of even date herewith, in the principal sum of \$ 72,906.05, payable to the order of Beneficiary at the times, in the manner and with interest as therein set forth, and payment of any sums expended or advanced by Beneficiary to protect the security hereof.

Trustor agrees to pay all taxes and assessments on the above property, to pay all charges and assessments on water or water stock used on or with said property, not to commit waste, to maintain adequate fire insurance on improvements on said property, to pay all costs and expenses of collection (including Trustee's and attorney's fees in event of default in payment of the indebtedness secured hereby) and to pay reasonable Trustee's fees for any of the services performed by Trustee hereunder, including a reconveyance hereof.

The undersigned Trustor requests that a copy of any notice of default and of any notice of sale hereunder be mailed to him at the address hereinbefore set forth.

FOSTER HOLDINGS, LLC

STATE OF UTAH ss.
COUNTY OF Elko

On the 28th day of March, 2010

Michael Bleed, personally appeared before me
manager of Foster Holdings, LLC, the signer
of the foregoing instrument, who duly acknowledged to me that he executed the same.



Pan 0000
Rotate L R
Print P
-Number Pad-
Next *
Prev /
Zoom +/-

April 29, 2014

Cache Co. Treasurer Office,

In response to a phone call I received I would like to write a letter asking for some help in times in letting us try and clear up our back taxes owed on our building and lot in Hyde Park.

Ron and I are divorced but we jointly own the Bldg and lot. I was not aware that the taxes were not paid. Ron is out of town, and I don't see the mail.

The tax sale is coming up soon on this property. We are asking if you would consider giving us an extension on getting our taxes paid. With the current situation of work we would like to pay \$1500 month.

Due to the economy and the divorce we are not in the Bldg nor doing business from it as of now. We have had the Bldg

up for sale and have had it listed with a real estate Co., But it hasn't sold in the past 3 years. The prices of Bldgs, as you are aware, are not selling for what they are worth or were worth in the past. We currently have two individuals who are very interested purchasing our building.

The tax estimate the county shows for the marketable price is high. We were asking \$480,000 for the Bldg in 2011 and it didn't sell. Currently the county shows we are paying taxes on \$711,109.⁰⁰.

We would also appreciate you in considering to help us with the penalty and interest we have been charged on the previous taxes.

We would like to make payments on the taxes owed and would appreciate you considering to help us with this option. Of course when the Bldg sells we will pay off the taxes and come current.

Lincoln's Trust Holdings LLC
Edouard

Parcel No : **04-028-0035**

Paid By : **FOSTER HOLDINGS LLC**

Receipt No : **0**

Five Year Summary

	Year					Totals
	2013	2012	2011	2010	2009	
Del. Tax Amt	7,526.39	7,709.85	7,575.45	7,153.77	6,832.11	36,797.57
Taxes :	7,526.39	7,709.85	7,575.45	7,153.77	6,832.11	36,797.57
Penalty :	188.16	192.75	189.39	178.84	136.64	885.78
Interest :	135.00	781.44	1,399.59	1,959.10	2,099.64	6,374.77
Int. Rate :	7.00%	7.00%	7.00%	7.00%	6.25%	6.85%
Payments :	0.00	0.00	0.00	0.00	0.00	0.00
Redemption Amount :	7,849.55	8,684.04	9,164.43	9,291.71	9,068.39	44,058.12

Payment Method : **CHECK** Total Payment : **44,058.12**

Payment History...

Payment Detail...

Apply To...

Estimate Taxes...

Reset Int\Pen...

Endorse

Receipt

Save

Cancel

- FN1 Help
- FN2 Parcel No
- FN3 Paymnt
- FN4 Mod
- FN5 Adj
- FN6 Pd By
- FN7 Pay Meth
- FN8 Apply To
- FN9 Save
- FN10 Pay Hist
- FN11 Receipt
- FN12 Endorse
- ESC
- Shift+F12 Estimate
- Cancel

**Cache County Corporation
Tax Roll Information**

Friday, April 25, 2014

For 04-028-0035

11:04AM

Owner Name & Address

Owners List

Parcel 04-028-0035 Entry 992800
 Name FOSTER HOLDINGS LLC,
 C/O Name
 Address 1 13481 N 2400 E
 Address 2
 City State Zip COVE UT 84320
 District 014 HYDE PARK CITY W/CEM
 Year 2014 Status TX

I FOSTER HOLDINGS LLC,
 992800 1561/428

Property Address

Address 3821 N 0100 W
 City HYDE PARK
 Tax Rate 0.010584

***** PROPERTY INFORMATION *****

		2013		2014	
	UNITS/ ACRES	MARKET	TAXABLE	MARKET	TAXABLE
BC	BUILDING COMMERCIAL	439,035	439,035	467,100	467,100
LC	LAND COMMERCIAL	1.98	272,074	237,184	237,185
Totals			711,109	704,284	704,285

***** BUILDING & TAX INFORMATION *****

Square Footage: 6,360	Taxes for: 2013	7,526.39
Year Built: 2007	Taxes for: 2014	7,454.15
Building Type: Comm	Special Tax:	0.00
	Abatements:	0.00
	Payments: (0.00)
	Balance Due:	7,454.15

***** BACK TAX SUMMARY *****

Back Taxes for the Year:	2009	9,068.39
Back Taxes for the Year:	2010	9,291.71
Back Taxes for the Year:	2011	9,164.43
Back Taxes for the Year:	2012	8,684.04
Back Taxes for the Year:	2013	7,849.55
Total Back Taxes:		44,058.12

***** PARCEL HISTORY SECTION *****

COMB W/04-015-0013 & PT 04-028-0005 4/95; REM 4/98 04-147 SUBD; REM 11/03-0042 ROAD; SUBD 4/04 TO 04-147-0008;

***** LEGAL DESCRIPTION *****

Property Address: 3821 N 0100 W
 HYDE PARK

Current Year:

LOT 9 ELDER COMMERCIAL SUBD PHASE 3 CONT 1.98 AC

Next Year:

April 29, 2014

Payment Schedule for Josta Holding LLC

Taxes owed:

a minimum of \$600 up to \$1500 month.

Please apply each payment to the oldest taxes owing. When the bills are not sent we will pay the ~~oldest~~ taxes still owed, in full.

Clara Josta

Financial Summary

Form PT-33 - Page 2
PT-033-2.ai Rev. 11/00

See Tax Returns

Sources of Income	Year:	Year:	Year:	Year:	Year:
Salary	\$	\$	\$	\$	\$
Social security	/				
Dividends and interest	/				
Real estate income	/				
Business income	/				
Any assets transferred to relatives	/				
Total	\$	\$	\$	\$	\$

Current Year Assets		Current Year Liabilities	
Bank accounts and cash on hand		Notes payable to banks, relatives and others	
Name of institution	Amount	Description	Monthly Pymt
<i>Wells Fargo</i>	\$ <i>1000</i>		\$
Cash on hand	<i>1000</i>		
Total	\$ <i>2000</i>	Total	\$
Other real estate (exclude subject property)		Real estate mortgage payable	
Parcel no./acreage/description	Market Value	Lender/type/maturity/property identification	Monthly Pymt
<i>09-004-0013</i>	<i>240100</i>	<i>Bank of America</i>	\$ <i>1000</i>
<i>09-004-0006/B/9/12</i>	<i>39744</i>		
Total	\$ <i>279844</i>	Total	\$ <i>1000</i>
Stocks, bonds and securities		Unpaid medical expenses	
Description	Market Value	Medical facility/patient/illness	Monthly Pymt
	\$		\$
Total	\$	Total	\$
Other assets (vehicles, accounts receivable, etc.)		Other debts (credit cards, utility payments, etc.)	
Description	Market Value	Description	Monthly Pymt
<i>2013 Nissan Rogue</i>	\$ <i>18000</i>	<i>Elec & Heat</i>	\$ <i>275</i>
<i>2005 Chrysler Park</i>	<i>1500</i>		
Total	\$ <i>19500</i>	Total	\$ <i>275</i>
Total Assets	\$ <i>301314</i>	Total Liabilities	\$ <i>1275</i>

U.S. Return of Partnership Income

Department of the Treasury
Internal Revenue Service

For calendar year 2011, or tax year beginning _____, ending _____
▶ See separate instructions.

2011

A Principal business activity LEASING	Print or type.	Name of partnership FOSTER HOLDINGS LLC	D Employer identification number 20-5072275
B Principal product or service REAL ESTATE		Number, street, and room or suite no. If a P.O. box, see the instructions. 13481 N 2400 E	E Date business started 6/1/2005
C Business code number 531120		City or town State ZIP code COVE UT 84320	F Total assets (see the instructions) \$ 703,652

- G** Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)
- H** Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ _____ **2**
- J** Check if Schedules C and M-3 are attached. _____

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Merchant card and third-party payments (including amounts reported on Form(s) 1099-K). For 2011, enter -0-	1a	0	
	b Gross receipts or sales not reported on line 1a (see instructions)	1b		
	c Total. Add lines 1a and 1b	1c	0	
	d Returns and allowances plus any other adjustments to line 1a (see instructions)	1d		
	e Subtract line 1d from line 1c	1e	0	
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1e	3		0
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
5 Net farm profit (loss) (attach Schedule F (Form 1040))	5			
6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6			
7 Other income (loss) (attach statement)	7			
8 Total income (loss). Combine lines 3 through 7	8		0	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13		
	14 Taxes and licenses	14		
	15 Interest	15		
	16a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		
	16c	16c		0
	17 Depletion (Do not deduct oil and gas depletion.)	17		
	18 Retirement plans, etc.	18		
	19 Employee benefit programs	19		
	20 Other deductions (attach statement)	20		
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		0
22 Ordinary business income (loss). Subtract line 21 from line 8	22		0	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

▶ _____ ▶ _____
Signature of general partner or limited liability company member manager Date

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name CRAIG CURTIS	Preparer's signature CRAIG CURTIS	Date 9/15/2012	Check <input checked="" type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00415830
	Firm's name ▶ CRAIG CURTIS CPA	Firm's EIN ▶ 84-1152466		
	Firm's address ▶ PO BOX 6130	Phone no. (435) 752-9461		
	City LOGAN State UT	ZIP code 84341		

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:

- a Domestic general partnership
- b Domestic limited partnership
- c Domestic limited liability company
- d Domestic limited liability partnership
- e Foreign partnership
- f Other ▶

Yes	No
	X
X	

2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?

3 At the end of the tax year:

a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership.

b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership.

4 At the end of the tax year, did the partnership:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

	Yes	No
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		
6 Does the partnership satisfy all four of the following conditions? a The partnership's total receipts for the tax year were less than \$250,000. b The partnership's total assets at the end of the tax year were less than \$1 million. c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.	X	
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
10 At any time during calendar year 2011, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ▶		X
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions.		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) ▶ <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶ 0		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶ 0		
18a Did you make any payments in 2011 that would require you to file Form(s) 1099? See instructions		
b If "Yes," did you or will you file all required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	▶ RON K FOSTER	Identifying number of TMP	▶ 519-68-8928
If the TMP is an entity, name of TMP representative	▶	Phone number of TMP	▶
Address of designated TMP	▶ 13481 NORTH 2400 EAST COVE		

UT

84320

Schedule K Partners' Distributive Share Items

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	
	2 Net rental real estate income (loss) (attach Form 8825)	2	-23,454
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	0
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14a Net earnings (loss) from self-employment	14a	
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ f Other ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ k Other ▶	16k	
l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l		
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties—gross income	17d	
	e Oil, gas, and geothermal properties—deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l					1	-23,454
2	Analysis by partner type:						
	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
a	General partners						
b	Limited partners						
		-23,454					

Schedule L Balance Sheets per Books

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1	Cash			
2a	Trade notes and accounts receivable			
b	Less allowance for bad debts	0		0
3	Inventories			
4	U.S. government obligations			
5	Tax-exempt securities			
6	Other current assets (attach statement)			
7a	Loans to partners (or persons related to partners)			
b	Mortgage and real estate loans			
8	Other investments (attach statement)			
9a	Buildings and other depreciable assets	553,365	553,365	
b	Less accumulated depreciation	45,525	59,713	493,652
10a	Depletable assets			
b	Less accumulated depletion		0	0
11	Land (net of any amortization)		210,000	210,000
12a	Intangible assets (amortizable only)			
b	Less accumulated amortization		0	0
13	Other assets (attach statement)			
14	Total assets		717,840	703,652
Liabilities and Capital				
15	Accounts payable			
16	Mortgages, notes, bonds payable in less than 1 year			
17	Other current liabilities (attach statement)			
18	All nonrecourse loans			
19a	Loans from partners (or persons related to partners)			
b	Mortgages, notes, bonds payable in 1 year or more		285,112	294,378
20	Other liabilities (attach statement)			
21	Partners' capital accounts		432,728	409,274
22	Total liabilities and capital		717,840	703,652

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1	Net income (loss) per books	(23,454)	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	
b	Travel and entertainment \$		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	(23,454)
5	Add lines 1 through 4	(23,454)			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	432,728	6	Distributions:	
2	Capital contributed:		a	Cash	
a	Cash		b	Property	
b	Property		7	Other decreases (itemize):	
3	Net income (loss) per books	(23,454)	8	Add lines 6 and 7	
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	409,274
5	Add lines 1 through 4	409,274			

**SCHEDULE B-1
(Form 1065)**

(December 2009)
Department of the Treasury
Internal Revenue Service

**Information on Partners Owning 50% or
More of the Partnership**

OMB No. 1545-0099

▶ Attach to Form 1065. See instructions on back.

Name of partnership FOSTER HOLDINGS LLC	Employer identification number (EIN) 20-5072275
--	--

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
RON K FOSTER	519-68-8928	United States	50.000%
ELAINE K FOSTER	519-72-1509	United States	50.000%

FOSTER HOLDINGS LLC
13481 N 2400 E
COVE, UT 84320

February 12, 2013

RON K FOSTER
13481 NORTH 2400 EAST
COVE, UT 84320

RE: FOSTER HOLDINGS LLC
20-5072275

Enclosed is your current year Schedule K-1 (Form 1065) for the above-referenced account. The amounts shown are your distributive share of the partnership's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocation of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the partnership.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

RON K FOSTER

Final K-1

Amended K-1

Schedule K-1 (Form 1065)

2011

Department of the Treasury Internal Revenue Service

For calendar year 2011, or tax year beginning _____, 2011 ending _____, 20 _____

Partner's Share of Income, Deductions, Credits, etc. See back of form and separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Column number, and Category. Rows include Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss), and Credits, Foreign transactions, Alternative minimum tax (AMT) items, Distributions, and Other information.

Part I Information About the Partnership

A Partnership's employer identification number 20-5072275
B Partnership's name, address, city, state, and ZIP code FOSTER HOLDINGS LLC 13481 N 2400 E COVE UT 84320
C IRS Center where partnership filed return Ogden, UT 84201-0011
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 1 519-68-8928
F Partner's name, address, city, state, and ZIP code RON K FOSTER 13481 NORTH 2400 EAST COVE, UT 84320

G General partner or LLC member-manager (checked) Limited partner or other LLC member
H Domestic partner (checked) Foreign partner
I What type of entity is this partner? Active Individual
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.000000% 50.000000%
Loss 50.000000% 50.000000%
Capital 50.000000% 50.000000%

K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$ 147,189
Recourse \$

L Partner's capital account analysis:
Beginning capital account \$ 216,365
Capital contributed during the year \$
Current year increase (decrease) \$ -11,727
Withdrawals & distributions \$ ()
Ending capital account \$ 204,638

Tax basis GAAP Section 704(b) book Other (explain)

M Did the partner contribute property with a built-in gain or loss? Yes No (checked)
If "Yes," attach statement (see instructions)

*See attached statement for additional information.

For IRS Use Only



Final K-1

Amended K-1

Schedule K-1 (Form 1065)

2011

Department of the Treasury Internal Revenue Service

For calendar year 2011, or tax year beginning _____, 2011 ending _____, 20 _____

Partner's Share of Income, Deductions, Credits, etc.

See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 20-5072275

B Partnership's name, address, city, state, and ZIP code FOSTER HOLDINGS LLC 13481 N 2400 E COVE UT 84320

C IRS Center where partnership filed return Ogden, UT 84201-0011

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 2 519-72-1509

F Partner's name, address, city, state, and ZIP code ELAINE K FOSTER 13481 NORTH 2400 EAST COVE, UT 84320

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I What type of entity is this partner? Active Individual

J Partner's share of profit, loss, and capital (see instructions): Table with columns for Beginning and Ending, and rows for Profit, Loss, and Capital.

K Partner's share of liabilities at year end: Nonrecourse, Qualified nonrecourse financing, Recourse

L Partner's capital account analysis: Table with rows for Beginning capital account, Capital contributed during the year, Current year increase (decrease), Withdrawals & distributions, Ending capital account.

Tax basis GAAP Section 704(b) book Other (explain)

M Did the partner contribute property with a built-in gain or loss? Yes No

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Code. Rows include Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss), Credits, Foreign transactions, Alternative minimum tax (AMT) items, Distributions, and Other information.

*See attached statement for additional information.

For IRS Use Only



Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

▶ File a separate application for each return.
▶ See separate instructions.

**Print
or
Type**

Name	Identifying number
FOSTER HOLDINGS LLC	20-5072275
Number, street, and room or suite no. (If P.O. box, see instructions.)	
13481 N 2400 E	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).	
COVE	UT 84320

Note. File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . .

5a The application is for calendar year 20 11 , or tax year beginning _____, 20 _____, and ending _____, 20 _____

b Short tax year. If this tax year is less than 12 months, check the reason:
 Initial return Final return Change in accounting period Consolidated return to be filed

6 Tentative total tax	6	0
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	0

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

▶ See instructions on back.

▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

Name: **FOSTER HOLDINGS LLC** Employer identification number: **20-5072275**

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.			
	Physical address of each property—street, city, state, ZIP code	Type—Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	OFFICE BULIDING / SHOP - MAIN STREET HYDE PARK, UT 84318	4		
B				
C				
D				

		Properties			
		A	B	C	D
2	Rental Real Estate Income Gross rents	2 38,400			
3	Rental Real Estate Expenses Advertising	3			
4	Auto and travel	4			
5	Cleaning and maintenance	5			
6	Commissions	6			
7	Insurance	7			
8	Legal and other professional fees	8			
9	Interest	9 47,666			
10	Repairs	10			
11	Taxes	11			
12	Utilities	12			
13	Wages and salaries	13			
14	Depreciation (see instructions)	14 14,188			
15	Other (list) ▶ BANK CHARGES SUPPLIES	15			
16	Total expenses for each property. Add lines 3 through 15	16 61,854			
17	Income or (Loss) from each property. Subtract line 16 from line 2	17 -23,454			
18a	Total gross rents. Add gross rents from line 2, columns A through H	18a	38,400		
18b	Total expenses. Add total expenses from line 16, columns A through H	18b	(61,854)		
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19			
20a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a			
b	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:				
	(1) Name	(2) Employer identification number			
			
			
			
21	Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4	21	-23,454		

Sch L (1065) - Balance Sheets per Books

Assets		Beginning	Ending
1	Cash	0	
2a	Trade notes and accounts receivable		
2b	Less allowance for bad debts		
2c	Net trade notes and accounts receivable	0	0
3	Inventories	0	0
4	U.S. government obligations		
5	Tax-exempt securities		
6	Other current assets	0	0
7a	Loans to partners (or persons related to partners)		
7b	Mortgage and real estate loans		
8	Other investments	0	0
9a	Buildings and other depreciable assets	553,365	553,365
9b	Less accumulated depreciation	45,525	59,713
9c	Net buildings and other depreciable assets	507,840	493,652
10a	Depletable assets		
10b	Less accumulated depletion		
10c	Net depletable assets	0	0
11	Land (net of any amortization)	210,000	210,000
12a	Intangible assets (amortizable only)	0	0
12b	Less accumulated amortization	0	0
12c	Net intangible assets	0	0
13	Other assets	0	0
14	Total assets	717,840	703,652
Liabilities and Capital			
15	Accounts payable		
16	Mortgages, notes, bonds payable in less than 1 year		
17	Other current liabilities	0	0
18	All nonrecourse loans		
19a	Loans from partners (or persons related to partners)		
19b	Mortgages, notes, bonds payable in 1 year or more	285,112	294,378
20	Other liabilities	0	0
21	Partners' capital accounts	432,728	409,274
22	Total liabilities and capital	717,840	703,652

End of year balance sheet out of balance by 0

Assets by Classification - 8825: 01

12/31/2011 FOSTER HOLDINGS LLC 20-5072275

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2011 Deprec.	2011 Accum. Deprec.	
	Land																
	Land	10/31/2007	N-1	100.00%	210,000	0	0	0	0	210,000				0	0	0	
	Total: Land				210,000	0	0	0	0	210,000				0	0	0	
	39-yr Nonresidential real estate																
	BUILDING	10/31/2007	R-5	100.00%	553,365	0	0	0	0	553,365	39	SL/GDS	MM	45,525	14,188	59,713	
	Total: 39-yr Nonresidential and commercial real estate				553,365	0	0	0	0	553,365				45,525	14,188	59,713	
	SubTotals				763,365	0	0	0	0	763,365				45,525	14,188	59,713	
	Less: Disposed Assets				(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)	
	Ending Totals				763,365	0	0	0	0	763,365				45,525	14,188	59,713	

Detail Report

8825: 01

12/31/2011 FOSTER HOLDINGS LLC 20-5072275

Item No.	Description of Property *** indicates DISPOSED	Date Placed in Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	AMT Type	Recovery Period (Years)	Method	Convention Code
					763,365					0	763,365			
BUILDING		10/31/2007	R-5	100.00%	553,365	0	0	0	0	0	553,365	39	SL/GDS	MM
Land		10/31/2007	N-1	100.00%	210,000	0	0	0	0	0	210,000			
SubTotals					763,365	0	0	0	0	0	763,365			
Less: Disposed Assets					(0)	(0)	(0)	(0)	(0)	(0)	(0)			
Ending Totals					763,365	0	0	0	0	0	763,365			

Detail Report

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Prior Accum. Deprec., 179, Bonus	2011 Current Deprec.	2011 Accum. Deprec.
8825:01			45,525	14,188	59,713
	BUILDING	10/31/2007	45,525	14,188	59,713
	Land	10/31/2007	0	0	0
SubTotals			45,525	14,188	59,713
Less: Disposed Assets			(0)	(0)	(0)
Ending Totals			<u>45,525</u>	<u>14,188</u>	<u>59,713</u>

**Utah TC-65
Tax Return
for**

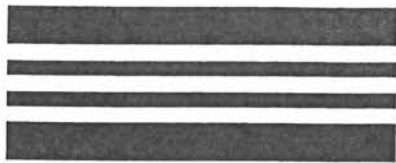
FOSTER HOLDINGS LLC

2011

**CRAIG CURTIS CPA
PO BOX 6130
LOGAN, UT 84341
(435) 752-9461**

65101

1015



Utah Partnership / Limited Liability Partnership / Limited Liability Company Return

2011 TC-65

For calendar year 2011 or fiscal year (mm/dd/yyyy): beginning - and ending -

Amended Return (code 1 - 4)

Mark "X" if you filed federal form 8886

Mark "X" if this is a new address:

- Physical address
Mailing address

FOSTER HOLDINGS LLC

13481 N 2400 E

COVE

UT 84320

Employer Identification Number 205072275

ENTITY TYPE (check one):

- General partnership
Limited partnership
Other (describe below)
Limited liability partnership
X Limited liability company

- 1 Date registered in Utah (mm/dd/yyyy) 09/19/2007
2 If dissolved, date of dissolution (mm/dd/yyyy)
3 Total pass-through withholding tax - enter the total amount from Schedule N, column I
Note: This amount must be paid by the due date of the return, without extensions
4 Prepayments made for the year
5 Amended return only (see instructions)
6 Total payments - add lines 4 and 5
7 Total due - subtract line 6 from line 3 (not less than zero)
8 Penalties and interest (see instructions)
9 Pay this amount - add lines 7 and 8. Make check payable to Utah State Tax Commission
10 Overpayment - subtract line 3 from line 6 (not less than zero)
11 Amount of overpayment on line 10 to be applied to next year
12 Refund - subtract line 11 from line 10

USTC USE ONLY

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

Signature of general partner or LLC member manager, Title, Date, Preparer's signature, Date, Preparer's telephone number, Preparer's PTIN, Preparer's EIN, Firm's name and address, PAID Preparer's Section

Schedule A - Utah Taxable Income
 65102 EIN 20-5072275

TC-65, Sch. A
2011

1	Net income (loss) from federal form 1065, Schedule K, Analysis of Net Income (Loss), line 1	• 1	-23454 .
2	Contributions from federal form 1065, Schedule K, line 13a	• 2	
3	Foreign taxes deducted on federal form 1065, Schedule K, line 16l	• 3	
4	Recapture of Section 179 deduction from all federal Schedules K-1, line 20c, code M	• 4	
5	Total income (loss) - add lines 1 through 4	5	-23454 .
6	Total guaranteed payments to partners (see instructions)	• 6	
7	Health insurance included in guaranteed payments on line 6	• 7	
8	Net guaranteed payments to partners - subtract line 7 from line 6	8	
9	Total portfolio income (see instructions)	• 9	
10	Nonbusiness income allocated to Utah from TC-20, Schedule H, line 14	• 10	
11	Nonbusiness income allocated outside Utah from TC-20, Schedule H, line 28	• 11	
12	Add lines 8 through 11	12	
13	Apportionable income (loss) - subtract line 12 from line 5	• 13	-23454 .
14	Apportionment fraction - enter 1.000000, or TC-20, Schedule J, line 9, 13 or 16, if applicable	• 14	1.000000
15	Utah apportioned business income (loss) - multiply line 13 by line 14	• 15	-23454 .
16	Total Utah income (loss) allocated to pass-through entity taxpayers - add line 10 and line 15	• 16	-23454 .

→ Number of Schedules K-1 attached to this return

2

	<u>Federal Amount</u>	<u>Utah Amount</u>
1 Ordinary business income (loss)		
2 Net rental real estate income (loss)	-23454.	-23454.
3 Other net rental income (loss)		
4 Guaranteed payments		
5 U.S. government interest income		
6 Other interest income		
7 Ordinary dividends		
8 Royalties		
9 Net short-term capital gain (loss)		
10 Net long-term capital gain (loss)		
11 Net Section 1231 gain (loss)		
12 Recapture of Section 179 deduction		
13 Other income (loss) (describe)		
14 Section 179 deduction		
15 Contributions		
16 Foreign taxes paid or accrued		
17 Other deductions (describe)		
18 Utah nonrefundable credits - enter name of Utah credit	<u>Code</u>	<u>Credit Amount</u>
19 Utah refundable credits - enter name of Utah credit	<u>Code</u>	<u>Credit Amount</u>
20 Total Utah tax withheld on behalf of all partners from Schedule N, column I		

Income (Loss)

Deductions

Utah Credits

CLIENT COPY

Partnership Information

A Partnership's EIN: 20-5072275
 B Partnership's name, address, city, state, and ZIP code:
 FOSTER HOLDINGS LLC
 13481 N 2400 E
 COVE, UT 84320

Partner Information

C Partner's SSN or EIN: 519-68-8928
 D Partner's name, address, city, state, and ZIP code: #1
 RON K FOSTER
 13481 NORTH 2400 EAST
 COVE UT 84320
 E Partner's phone number:
 F Percent of ownership: 50.0000
 G Enter "X" if limited partner or member
 H Entity code from list below: I
 Codes: I = Individual P = Gen'l Partnership
 C = Corporation L = Limited Partnership
 S = S Corporation B = LLC R = LLP
 N = Nonprofit Corp. T = Trust O = Other
 I Enter date: affiliated withdrawn

Partner's Share of Utah Income, Deduction and Credits

1 Utah ordinary business income (loss)
 2 Utah net rental real estate income (loss) -11727.
 3 Utah other net rental income (loss)
 4 Utah guaranteed payments
 5 Utah U.S. government interest income
 6 Utah other interest income
 7 Utah ordinary dividends
 8 Utah royalties
 9 Utah net short-term capital gain (loss)
 10 Utah net long-term capital gain (loss)
 11 Utah net Section 1231 gain (loss)
 12 Recapture of Section 179 deduction
 13 Utah other income (loss) (describe)
 14 Utah Section 179 deduction
 15 Contributions
 16 Foreign taxes paid or accrued
 17 Utah other deductions (describe)

18 Utah nonrefundable credits:
Name of Credit Code Credit Amount

19 Utah refundable credits:
Name of Credit Code Credit Amount

20 Utah tax withheld on behalf of partner
 "X" if withholding waiver applied for

Other Information

Note: For Utah residents, enter the amounts from their federal Sch. K-1.
 For Utah nonresidents, enter the amounts calculated, per instr.
 Complete lines 18 thru 20 for both residents and nonresidents.

For Utah State Tax Commission Use Only

65104 Schedule K-1 - Partner's Share of Utah Income, Deductions and Credits

Partnership Information Partner's Share of Utah Income, Deduction and Credits

A Partnership's EIN: 20-5072275
B Partnership's name, address, city, state, and ZIP code: FOSTER HOLDINGS LLC
13481 N 2400 E COVE, UT 84320

Partner Information

C Partner's SSN or EIN: 519-72-1509
D Partner's name, address, city, state, and ZIP code: #2 ELAINE K FOSTER
13481 NORTH 2400 EAST COVE UT 84320
E Partner's phone number:
F Percent of ownership: 50.0000
G Enter "X" if limited partner or member
H Entity code from list below: I
I = Individual P = Gen'l Partnership
C = Corporation L = Limited Partnership
S = S Corporation B = LLC R = LLP
N = Nonprofit Corp. T = Trust O = Other
I Enter date: affiliated withdrawn

- 1 Utah ordinary business income (loss)
2 Utah net rental real estate income (loss) -11727.
3 Utah other net rental income (loss)
4 Utah guaranteed payments
5 Utah U.S. government interest income
6 Utah other interest income
7 Utah ordinary dividends
8 Utah royalties
9 Utah net short-term capital gain (loss)
10 Utah net long-term capital gain (loss)
11 Utah net Section 1231 gain (loss)
12 Recapture of Section 179 deduction
13 Utah other income (loss) (describe)
14 Utah Section 179 deduction
15 Contributions
16 Foreign taxes paid or accrued
17 Utah other deductions (describe)
18 Utah nonrefundable credits: Name of Credit Code Credit Amount

Other Information

Note: For Utah residents, enter the amounts from their federal Sch. K-1. For Utah nonresidents, enter the amounts calculated, per instr. Complete lines 18 thru 20 for both residents and nonresidents.

For Utah State Tax Commission Use Only

- 19 Utah refundable credits: Name of Credit Code Credit Amount
20 Utah tax withheld on behalf of partner "X" if withholding waiver applied for

Federal
Tax Return
for

FOSTER HOLDINGS LLC

2010

CRAIG CURTIS CPA
PO BOX 6130
LOGAN, UT 84341
Phone: (435) 752-9461
Fax: (435) 753-4039
craig@centssolutions.com

CRAIG CURTIS CPA
PO BOX 6130
LOGAN, UT 84341
Phone: (435) 752-9461
Fax: (435) 753-4039
craig@centssolutions.com

September 16, 2011

FOSTER HOLDINGS LLC
13481 N 2400 E
COVE, UT 84320

Dear Sir,

We have prepared the 2010 Form 1065 for FOSTER HOLDINGS LLC based on the information you provided. The return has been successfully e-filed and a copy is enclosed for FOSTER HOLDINGS LLC's records.

There are no taxes or fees due with the return.

Also enclosed, please find two copies of the 2010 Utah TC-65 for FOSTER HOLDINGS LLC. Review the return, then file one copy with the state and retain the second copy for FOSTER HOLDINGS LLC's records. A general partner or a limited liability company member must sign and date the filing copy on page 1 before you mail the return. FOSTER HOLDINGS LLC's 2010 Utah taxes have been paid in full. Do not include a payment when you mail the return.

We recommend that you mail the Utah TC-65 return as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to:

Utah State Tax Commission
210 North 1950 West
Salt Lake City, UT 84134-0270

If you have any questions about the return(s) or about FOSTER HOLDINGS LLC's tax situation during the year, please do not hesitate to call us at (435) 752-9461. We appreciate this opportunity to serve you.

Sincerely,

CRAIG CURTIS
CRAIG CURTIS CPA

CRAIG CURTIS CPA
PO BOX 6130
LOGAN, UT 84341
Phone: (435) 752-9461
Fax: (435) 753-4039
craig@centssolutions.com

September 16, 2011

FOSTER HOLDINGS LLC
13481 N 2400 E
COVE, UT 84320

Dear Sir,

Please call us at (435) 752-9461 if you have any questions. We appreciate this opportunity to serve you.

Sincerely,

CRAIG CURTIS
CRAIG CURTIS CPA

Privacy Notice

As tax preparers, we have always protected your right to privacy. Like all providers of personal financial services, we are now required by law to inform our clients of our policies regarding privacy of client information.

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards. Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

September 16, 2011

FOSTER HOLDINGS LLC
13481 N 2400 E
COVE, UT 84320

CRAIG CURTIS
CRAIG CURTIS CPA
PO BOX 6130
LOGAN, UT 84341
(435) 752-9461 Fax: (435) 753-4039
craig@centssolutions.com

Form 1065

No tax is due.

Do not mail, this form is being e-filed. A copy is enclosed for your records.

Form 7004

No tax is due.

Mail this return to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045

Postmark your return by:
April 18, 2011

Form UT TC-559 (Ext)

No tax is due.

Mail this return to:

Corporate/Partnership Tax Payment
Utah State Tax Commission
210 N 1950 W
Salt Lake City, UT 84134-0180

Postmark your return by:
April 18, 2011

Form UT TC-65

No tax is due.

Sign and date this return on page 1 and mail it to:
Utah State Tax Commission
210 North 1950 West
Salt Lake City, UT 84134-0270

Postmark your return by:
September 15, 2011

Federal Information

Ordinary Income (Loss)	\$0
Schedule K Income Items	-\$28,279
Schedule K Deduction Items	\$0
Net Income (Loss)	-\$28,279

State Information

State: UT Form: TC-65

Total Tax	\$0
Overpayment	\$0
Amount Applied	\$0
Refund	\$0
Amount Due	\$0

CLIENT COPY

Form **1065**

U.S. Return of Partnership Income

OMB No. 1545-0099

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or tax year beginning _____, ending _____
▶ See separate instructions.

2010

A Principal business activity LEASING	Print or type.	Name of partnership FOSTER HOLDINGS LLC	D Employer identification number 20-5072275
B Principal product or service REAL ESTATE		Number, street, and room or suite no. If a P.O. box, see the instructions. 13481 N 2400 E	E Date business started 6/1/2005
C Business code number 531120		City or town State ZIP code COVE UT 84320	F Total assets (see the instructions) \$ 717,840

- G** Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)
- H** Check accounting method: (1) Cash (2) Accrual (3) Other (specify) _____ ▶
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year _____ ▶ **2**
- J** Check if Schedules C and M-3 are attached _____

Caution. Include *only* trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a		
	b Less returns and allowances	1b		1c 0
	2 Cost of goods sold (Schedule A, line 8)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		0
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
	7 Other income (loss) (attach statement)	7		
8 Total income (loss). Combine lines 3 through 7	8		0	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13		
	14 Taxes and licenses	14		
	15 Interest	15		
	16a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Schedule A and elsewhere on return	16b		16c 0
	17 Depletion (Do not deduct oil and gas depletion.)	17		
	18 Retirement plans, etc.	18		
	19 Employee benefit programs	19		
	20 Other deductions (attach statement)	20		
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		0
22 Ordinary business income (loss). Subtract line 21 from line 8	22		0	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager _____ Date _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name CRAIG CURTIS	Preparer's signature CRAIG CURTIS	Date 9/16/2011	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00415830
	Firm's name ▶ CRAIG CURTIS CPA	Firm's EIN ▶ 84-1152466			
	Firm's address ▶ PO BOX 6130	Phone no. (435) 752-9461			
	City LOGAN State UT	ZIP code 84341			

(HTA)

Schedule A Cost of Goods Sold (see the instructions)

1	Inventory at beginning of year	1	
2	Purchases less cost of items withdrawn for personal use	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	0
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	0

- 9a Check all methods used for valuing closing inventory:
- (i) Cost as described in Regulations section 1.471-3
 - (ii) Lower of cost or market as described in Regulations section 1.471-4
 - (iii) Other (specify method used and attach explanation) ▶
- b Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c)
- c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970).
- d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? Yes No
- e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

Schedule B Other Information

- 1 What type of entity is filing this return? Check the applicable box:
- | | | | |
|--|---|-----|----|
| a <input type="checkbox"/> Domestic general partnership | b <input type="checkbox"/> Domestic limited partnership | Yes | No |
| c <input checked="" type="checkbox"/> Domestic limited liability company | d <input type="checkbox"/> Domestic limited liability partnership | | |
| e <input type="checkbox"/> Foreign partnership | f <input type="checkbox"/> Other ▶ | | |
- 2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? Yes No
- 3 At the end of the tax year:
- a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership Yes No
- b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership Yes No
- 4 At the end of the tax year, did the partnership:
- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below Yes No

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below Yes No

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

	Yes	No
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		
6 Does the partnership satisfy all four of the following conditions? a The partnership's total receipts for the tax year were less than \$250,000. b The partnership's total assets at the end of the tax year were less than \$1 million. c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.	X	
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
10 At any time during calendar year 2010, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ▶		X
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions.		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than entities wholly-owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶ 0		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶	RON K FOSTER	Identifying number of TMP ▶	519-68-8928
If the TMP is an entity, name of TMP representative ▶		Phone number of TMP ▶	
Address of designated TMP ▶	13481 NORTH 2400 EAST COVE	UT	84320

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	
	2 Net rental real estate income (loss) (attach Form 8825)	2	-28,279
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	0
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
	b Collectibles (28%) gain (loss)	9b	
	c Unrecaptured section 1250 gain (attach statement)	9c	
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14a Net earnings (loss) from self-employment	14a	
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶	16a	
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ f Other ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ k Other ▶	16k	
	l Total foreign taxes (check one) ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties—gross income	17d	
	e Oil, gas, and geothermal properties—deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
	b Investment expenses	20b	
c Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	-28,279
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
a General partners							
b Limited partners		-28,279					

Schedule L

Balance Sheets per Books

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		770		
2a Trade notes and accounts receivable				
b Less allowance for bad debts		0		0
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7 Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	553,365		553,365	
b Less accumulated depreciation	31,337	522,028	45,525	507,840
10a Depletable assets				
b Less accumulated depletion		0		0
11 Land (net of any amortization)		210,000		210,000
12a Intangible assets (amortizable only)				
b Less accumulated amortization		0		0
13 Other assets (attach statement)				
14 Total assets		732,798		717,840
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more		271,791		285,112
20 Other liabilities (attach statement)				
21 Partners' capital accounts		461,007		432,728
22 Total liabilities and capital		732,798		717,840

Schedule M-1

Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books	(28,279)	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	(28,279)
5 Add lines 1 through 4	(28,279)		

Schedule M-2

Analysis of Partners' Capital Accounts

1 Balance at beginning of year	461,007	6 Distributions:	a Cash	
2 Capital contributed:			b Property	
a Cash		7 Other decreases (itemize):		
b Property				
3 Net income (loss) per books	(28,279)	8 Add lines 6 and 7		
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5		432,728
5 Add lines 1 through 4	432,728			

FOSTER HOLDINGS LLC
13481 N 2400 E
COVE, UT 84320

September 16, 2011

RON K FOSTER
13481 NORTH 2400 EAST
COVE, UT 84320

RE: FOSTER HOLDINGS LLC
20-5072275

Enclosed is your current year Schedule K-1 (Form 1065) for the above-referenced account. The amounts shown are your distributive share of the partnership's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocation of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the partnership.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

RON K FOSTER

Final K-1

Amended K-1

Schedule K-1 (Form 1065)

2010

Department of the Treasury Internal Revenue Service

For calendar year 2010, or tax year beginning _____, 2010 ending _____, 20 _____

Partner's Share of Income, Deductions, Credits, etc.

See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 20-5072275
B Partnership's name, address, city, state, and ZIP code FOSTER HOLDINGS LLC 13481 N 2400 E COVE UT 84320
C IRS Center where partnership filed return Ogden, UT 84201-0011
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 1 519-68-8928
F Partner's name, address, city, state, and ZIP code RON K FOSTER 13481 NORTH 2400 EAST COVE, UT 84320
G General partner or LLC member-manager (checked) Limited partner or other LLC member
H Domestic partner (checked) Foreign partner
I What type of entity is this partner? Active Individual
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.000000% 50.000000%
Loss 50.000000% 50.000000%
Capital 50.000000% 50.000000%
K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$ 142,556
Recourse \$
L Partner's capital account analysis:
Beginning capital account \$ 230,504
Capital contributed during the year \$
Current year increase (decrease) \$ -14,139
Withdrawals & distributions \$ ()
Ending capital account \$ 216,365
M Did the partner contribute property with a built-in gain or loss? Yes No (checked)
If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Column number, and Other information. Rows include Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss), Distributions, and Other information.

*See attached statement for additional information.

For IRS Use Only



FOSTER HOLDINGS LLC
13481 N 2400 E
COVE, UT 84320

September 16, 2011

ELAINE K FOSTER
13481 NORTH 2400 EAST
COVE, UT 84320

RE: FOSTER HOLDINGS LLC
20-5072275

Enclosed is your current year Schedule K-1 (Form 1065) for the above-referenced account. The amounts shown are your distributive share of the partnership's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocation of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the partnership.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

RON K FOSTER

Final K-1

Amended K-1

Schedule K-1 (Form 1065)

2010

Department of the Treasury Internal Revenue Service

For calendar year 2010, or tax year beginning _____, 2010 ending _____, 20 _____

Partner's Share of Income, Deductions, Credits, etc.

See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 20-5072275
B Partnership's name, address, city, state, and ZIP code FOSTER HOLDINGS LLC 13481 N 2400 E COVE UT 84320
C IRS Center where partnership filed return Ogden, UT 84201-0011
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 2 519-72-1509
F Partner's name, address, city, state, and ZIP code ELAINE K FOSTER 13481 NORTH 2400 EAST COVE, UT 84320

G General partner or LLC member-manager (checked) Limited partner or other LLC member
H Domestic partner (checked) Foreign partner
I What type of entity is this partner? Active Individual
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.000000% 50.000000%
Loss 50.000000% 50.000000%
Capital 50.000000% 50.000000%
K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$ 142,556
Recourse \$

L Partner's capital account analysis:
Beginning capital account \$ 230,503
Capital contributed during the year \$
Current year increase (decrease) \$ -14,140
Withdrawals & distributions \$ ()
Ending capital account \$ 216,363

Tax basis GAAP Section 704(b) book Other (explain)
M Did the partner contribute property with a built-in gain or loss? Yes No (checked)
If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Column number, and Item name. Includes rows for Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Dividends, Royalties, Capital gains, Section 179 deduction, Other deductions, Self-employment earnings (loss), Credits, Foreign transactions, Alternative minimum tax (AMT) items, Tax-exempt income and nondeductible expenses, Distributions, and Other information.

*See attached statement for additional information.

For IRS Use Only



Rental Real Estate Income and Expenses of a Partnership or an S Corporation

▶ See instructions on back.
▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

Name: **FOSTER HOLDINGS LLC** Employer identification number: **20-5072275**

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.			
	Physical address of each property—street, city, state, ZIP code	Type—Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	OFFICE BULIDING / SHOP - MAIN STREET HYDE PARK, UT 84318	4		
B				
C				
D				

		Properties					
		A	B	C	D		
2	Rental Real Estate Income						
2	Gross rents	41,976					
3	Rental Real Estate Expenses						
3	Advertising						
4	Auto and travel						
5	Cleaning and maintenance						
6	Commissions						
7	Insurance						
8	Legal and other professional fees						
9	Interest	55,817					
10	Repairs						
11	Taxes						
12	Utilities						
13	Wages and salaries						
14	Depreciation (see instructions)	14,188					
15	Other (list) ▶ BANK CHARGES SUPPLIES	250					
15							
16	Total expenses for each property. Add lines 3 through 15	70,255					
17	Income or (Loss) from each property. Subtract line 16 from line 2	-28,279					
18a	Total gross rents. Add gross rents from line 2, columns A through H					18a	41,976
18b	Total expenses. Add total expenses from line 16, columns A through H					18b	(70,255)
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities					19	
20a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)					20a	
b	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:						
	(1) Name		(2) Employer identification number				
				
				
				
21	Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4					21	-28,279

**SCHEDULE B-1
(Form 1065)**

(December 2009)
Department of the Treasury
Internal Revenue Service

**Information on Partners Owning 50% or
More of the Partnership**

OMB No. 1545-0099

▶ Attach to Form 1065. See instructions on back.

Name of partnership FOSTER HOLDINGS LLC	Employer identification number (EIN) 20-5072275
---	---

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
RON K FOSTER	519-68-8928	United States	50.000%
ELAINE K FOSTER	519-72-1509	United States	50.000%

Line 15 (8825) - Other Expense Summary for 01

1	BANK CHARGES	1	250
2	SUPPLIES	2	
3	Total	3	250

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Sch L (1065) - Balance Sheets per Books

		Beginning	Ending
Assets			
1	Cash	770	
2a	Trade notes and accounts receivable		
2b	Less allowance for bad debts		
2c	Net trade notes and accounts receivable	0	0
3	Inventories	0	0
4	U.S. government obligations		
5	Tax-exempt securities		
6	Other current assets	0	0
7	Mortgage and real estate loans		
8	Other investments	0	0
9a	Buildings and other depreciable assets	553,365	553,365
9b	Less accumulated depreciation	31,337	45,525
9c	Net buildings and other depreciable assets	522,028	507,840
10a	Depletable assets		
10b	Less accumulated depletion		
10c	Net depletable assets	0	0
11	Land (net of any amortization)	210,000	210,000
12a	Intangible assets (amortizable only)	0	0
12b	Less accumulated amortization	0	0
12c	Net intangible assets	0	0
13	Other assets	0	0
14	Total assets	732,798	717,840
Liabilities and Capital			
15	Accounts payable		
16	Mortgages, notes, bonds payable in less than 1 year		
17	Other current liabilities	0	0
18	All nonrecourse loans		
19	Mortgages, notes, bonds payable in 1 year or more	271,791	285,112
20	Other liabilities	0	0
21	Partners' capital accounts	461,007	432,728
22	Total liabilities and capital	732,798	717,840
End of year balance sheet out of balance by			0

Utah TC-65
Tax Return
for

FOSTER HOLDINGS LLC

2010

CRAIG CURTIS CPA
PO BOX 6130
LOGAN, UT 84341
(435) 752-9461

65001

1015

Utah Partnership/Limited Liability Partnership/
Limited Liability Company Return

2010
TC-65

For calendar year 2010 or fiscal year (mm/dd/yyyy):
beginning - and ending -

Amended Return (code 1 - 4)

Mark "X" if you filed federal form 8866

Mark "X" if this is a
new address:

- Physical
address
Mailing
address

FOSTER HOLDINGS LLC

13481 N 2400 E

COVE

UT 84320

Employer Identification Number

205072275

ENTITY TYPE (check one):

- General partnership
Limited partnership
Other (describe below)
Limited liability partnership
X Limited liability company

- 1 Date registered in Utah (mm/dd/yyyy) 09/19/2007
2 If dissolved, date of dissolution (mm/dd/yyyy)
3 Total pass-through withholding tax - Enter the total amount from Schedule N, column I
Note: This amount must be paid by the due date of the return, without extensions
4 Prepayments made for the year
5 Amended returns only (see instructions)
6 Total payments - Total of lines 4 and 5
7 Total due - Subtract line 6 from line 3 (not less than zero)
8 Penalties and interest (see instructions)
9 Pay this amount - Add lines 7 and 8. Make check payable to Utah State Tax Commission
10 Overpayment - Subtract line 3 from line 6 (not less than zero)
11 Amount of overpayment on line 10 to be applied to next year
12 Refund - Subtract line 11 from line 10

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Under penalties of perjury, I declare to the best of my knowledge and belief,
this return and accompanying schedules are true, correct and complete.

Signature of officer, Title, Date, Preparer's signature, Date, Preparer's telephone number, Preparer's PTIN, Firm's name and address, Preparer's EIN

65002 Schedule A - Utah Taxable Income

TC-65, Sch. A

EIN 20-5072275

1	Net income (loss) from federal form 1065, Schedule K, Analysis of Net Income (Loss), line 1	•1	-28279.
2	Contributions from federal form 1065, Schedule K, line 13a	•2	
3	Foreign taxes deducted on federal form 1065, Schedule K, line 16l	•3	
4	Recapture of Section 179 deduction from all federal Schedules K-1, line 20c, code M	•4	
5	Total income (loss) (add lines 1 through 4)	5	-28279.
6	Total guaranteed payments to partners (see instructions)	•6	
7	Health insurance included in guaranteed payments on line 6	•7	
8	Net guaranteed payments to partners - subtract line 7 from line 6	8	
9	Total portfolio income (see instructions)	•9	
10	Utah nonbusiness income net of expenses (see instructions)	•10	
11	Non-Utah nonbusiness income net of expenses (see instructions)	•11	
12	Add lines 8 through 11	12	
13	Apportionable income (subtract line 12 from line 5)	•13	-28279.
14	Apportionment fraction (enter 1.000000, or TC-65, Schedule B, line 8 or line 12, if applicable)	•14	1.000000
15	Utah apportioned business income (loss) (multiply line 13 by line 14)	•15	-28279.
16	Total Utah income (loss) allocated to pass-through entity taxpayers (add line 10 and line 15)	•16	-28279.

65005 Schedule K - Partners' Distributive Share Items

TC-65, Sch. K

1015

EIN 20-5072275

→ Number of Schedules K-1 attached to this return

2

	<u>Federal Amount</u>	<u>Utah Amount</u>
Income (Loss)		
1 Ordinary business income (loss)		
2 Net rental real estate income (loss)	-28279.	-28279.
3 Other net rental income (loss)		
4 Guaranteed payments		
5 U.S. government interest income		
6 Other interest income		
7 Ordinary dividends		
8 Royalties		
9 Net short-term capital gain (loss)		
10 Net long-term capital gain (loss)		
11 Net Section 1231 gain (loss)		
12 Recapture of Section 179 deduction		
13 Other income (loss) (describe)		
Deductions		
14 Section 179 deduction		
15 Contributions		
16 Foreign taxes paid or accrued		
17 Other deductions (describe)		
Utah Credits		
18 Utah nonrefundable credits - enter name of Utah credit	<u>Code</u>	<u>Credit Amount</u>
19 Utah refundable credits: - enter name of Utah credit	<u>Code</u>	<u>Credit Amount</u>
20 Total Utah tax withheld on behalf of all partners from Schedule N, column I		

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Partnership Information

A Partnership's EIN: 20-5072275
 B Partnership's name, address, city, state, and ZIP code:
 FOSTER HOLDINGS LLC
 13481 N 2400 E
 COVE, UT 84320

Partner Information

C Partner's SSN or EIN: 519-68-8928
 D Partner's name, address, city, state, and ZIP code: #1
 RON K FOSTER
 13481 NORTH 2400 EAST
 COVE UT 84320
 E Partner's phone number:
 F Percent of ownership: 50.0000
 G Enter "X" if limited partner or member
 H Entity code from list below: I
 I = Individual P = Gen'l Partnership
 C = Corporation L = Limited Partnership
 S = S Corporation B = LLC R = LLP
 N = Nonprofit Corp. T = Trust O = Other
 I Enter date: affiliated withdrawn

Partner's Share of Utah Income, Deduction and Credits

- 1 Utah ordinary business income (loss)
- 2 Utah net rental real estate income (loss) -14139.
- 3 Utah other net rental income (loss)
- 4 Utah guaranteed payments
- 5 Utah U.S. government interest income
- 6 Utah other interest income
- 7 Utah ordinary dividends
- 8 Utah royalties
- 9 Utah net short-term capital gain (loss)
- 10 Utah net long-term capital gain (loss)
- 11 Utah net Section 1231 gain (loss)
- 12 Recapture of Section 179 deduction
- 13 Utah other income (loss) (describe)
- 14 Utah Section 179 deduction
- 15 Contributions
- 16 Foreign taxes paid or accrued
- 17 Utah other deductions (describe)
- 18 Utah nonrefundable credits:

<u>Name of Credit</u>	<u>Code</u>	<u>Credit Amount</u>
- 19 Utah refundable credits:

<u>Name of Credit</u>	<u>Code</u>	<u>Credit Amount</u>
- 20 Utah tax withheld on behalf of partner
 "X" if withholding waiver applied for

For Utah State Tax Commission Use Only

Partnership Information

A Partnership's EIN: 20-5072275
 B Partnership's name, address, city, state, and ZIP code:
 FOSTER HOLDINGS LLC
 13481 N 2400 E
 COVE, UT 84320

Partner Information

C Partner's SSN or EIN: 519-72-1509
 D Partner's name, address, city, state, and ZIP code: #2
 ELAINE K FOSTER
 13481 NORTH 2400 EAST
 COVE UT 84320
 E Partner's phone number:
 F Percent of ownership: 50.0000
 G Enter "X" if limited partner or member
 H Entity code from list below: I
 I = Individual P = Gen'l Partnership
 C = Corporation L = Limited Partnership
 S = S Corporation B = LLC R = LLP
 N = Nonprofit Corp. T = Trust O = Other
 I Enter date: affiliated withdrawn

Partner's Share of Utah Income, Deduction and Credits

- 1 Utah ordinary business income (loss)
- 2 Utah net rental real estate income (loss) -14140.
- 3 Utah other net rental income (loss)
- 4 Utah guaranteed payments
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- 13 Utah other income (loss) (describe)
- 14 Utah Section 179 deduction
- 15 Contributions
- 16 Foreign taxes paid or accrued
- 17 Utah other deductions (describe)
- 18 Utah nonrefundable credits:

<u>Name of Credit</u>	<u>Code</u>	<u>Credit Amount</u>
- 19 Utah refundable credits:

<u>Name of Credit</u>	<u>Code</u>	<u>Credit Amount</u>
- 20 Utah tax withheld on behalf of partner
 "X" if withholding waiver applied for

For Utah State Tax Commission Use Only

COPY B, FOR PAYER/BORROWER

CACHE VALLEY BANK
PO BOX 3227
101 NORTH MAIN
LOGAN UT 84321

TAX YEAR 2010
TAX ID # 52-2391850
BANK ID # 87-0310100
BANK PH # 435-753-3020
CORRECTED NO

*****AUTO**5-DIGIT 84318
1293 0.4830 AV 0.335 4 1 107
A+ CONTRACTORS, LLC
3821 NORTH 200 WEST
HYDE PARK UT 84318-6713

PLEASE VERIFY YOUR TAX ID NUMBER AND/OR YOUR SOCIAL SECURITY NUMBER.
IF THESE NUMBERS ARE INCORRECT, NOTIFY THE BANK IMMEDIATELY
SO WE MAY MAKE THE NECESSARY ADJUSTMENTS. THANK YOU.

1098: MORTGAGE INTEREST STATEMENT

OMB No. 1545-0901
TAX YEAR 2010

THE INFORMATION IN BOXES 1, 2, 3 AND 4 IS IMPORTANT TAX INFORMATION AND IS
BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO
FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU
IF THE IRS DETERMINES THAT AN UNDERPAYMENT OF TAX RESULTS BECAUSE YOU OVER-
STATED A DEDUCTION FOR THIS MORTGAGE INTEREST OR FOR THESE POINTS OR
BECAUSE YOU DID NOT REPORT THIS REFUND OF INTEREST ON YOUR RETURN.

*CAUTION: THE AMOUNT SHOWN MAY NOT BE FULLY DEDUCTIBLE BY YOU. LIMITS
BASED ON THE LOAN AMOUNT AND THE COST AND VALUE OF THE SECURED PROPERTY MAY
APPLY. ALSO, YOU MAY ONLY DEDUCT INTEREST TO THE EXTENT IT WAS INCURRED BY
YOU, ACTUALLY PAID BY YOU, AND NOT REIMBURSED BY ANOTHER PERSON.

ACCOUNT NUMBER:
BOX 1. MORTGAGE INTEREST RECEIVED
FROM PAYER(S)/BORROWER(S):

51056646 LOAN
4633.55

COPY B, FOR PAYER/BORROWER

CACHE VALLEY BANK
PO BOX 3227
101 NORTH MAIN
LOGAN UT 84321

TAX YEAR 2010
TAX ID # 20-4997799
BANK ID # 87-0310100
BANK PH # 435-753-3020
CORRECTED NO

*****AUTO**5-DIGIT 84318
1291 0.4830 AV 0.335 4 1 105

RON FOSTER CONSTRUCTION INC
3821 NORTH 200 WEST
HYDE PARK UT 84318-6713

PLEASE VERIFY YOUR TAX ID NUMBER AND/OR YOUR SOCIAL SECURITY NUMBER.
IF THESE NUMBERS ARE INCORRECT, NOTIFY THE BANK IMMEDIATELY
SO WE MAY MAKE THE NECESSARY ADJUSTMENTS. THANK YOU.

1098: MORTGAGE INTEREST STATEMENT OMB No. 1545-0901
TAX YEAR 2010

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BASED ON THE LOAN AMOUNT AND THE COST AND VALUE OF THE SECURED PROPERTY MAY
APPLY. ALSO, YOU MAY ONLY DEDUCT INTEREST TO THE EXTENT IT WAS INCURRED BY
YOU, ACTUALLY PAID BY YOU, AND NOT REIMBURSED BY ANOTHER PERSON.

ACCOUNT NUMBER: 56020258 LOAN
BOX 1. MORTGAGE INTEREST RECEIVED
FROM PAYER(S)/BORROWER(S): 373.91

COPY B, FOR PAYER/BORROWER

CACHE VALLEY BANK
PO BOX 3227
101 NORTH MAIN
LOGAN UT 84321

TAX YEAR 2010
TAX ID # 519-68-8928
BANK ID # 87-0310100
BANK PH # 435-753-3020
CORRECTED NO

*****AUTO**5-DIGIT 84318
1292 0.4830 AV 0.335 4 1 106
RONNIE K FOSTER
3821 NORTH 200 WEST
HYDE PARK UT 84318-6713

PLEASE VERIFY YOUR TAX ID NUMBER AND/OR YOUR SOCIAL SECURITY NUMBER.
IF THESE NUMBERS ARE INCORRECT, NOTIFY THE BANK IMMEDIATELY
SO WE MAY MAKE THE NECESSARY ADJUSTMENTS. THANK YOU.

1098: MORTGAGE INTEREST STATEMENT

OMB No. 1545-0901
TAX YEAR 2010

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IF THE IRS DETERMINES THAT AN UNDERPAYMENT OF TAX RESULTS BECAUSE YOU OVER-
STATED A DEDUCTION FOR THIS MORTGAGE INTEREST OR FOR THESE POINTS OR
BECAUSE YOU DID NOT REPORT THIS REFUND OF INTEREST ON YOUR RETURN.

*CAUTION: THE AMOUNT SHOWN MAY NOT BE FULLY DEDUCTIBLE BY YOU. LIMITS
BASED ON THE LOAN AMOUNT AND THE COST AND VALUE OF THE SECURED PROPERTY MAY
APPLY. ALSO, YOU MAY ONLY DEDUCT INTEREST TO THE EXTENT IT WAS INCURRED BY
YOU, ACTUALLY PAID BY YOU, AND NOT REIMBURSED BY ANOTHER PERSON.

ACCOUNT NUMBER:	51062701 LOAN
BOX 1. MORTGAGE INTEREST RECEIVED	
FROM PAYER(S)/BORROWER(S):	29520.54
ACCOUNT NUMBER:	56019805 LOAN
BOX 1. MORTGAGE INTEREST RECEIVED	
FROM PAYER(S)/BORROWER(S):	21288.98

1098 FORM TOTALS:
BOX 1. INTEREST PAID: 50809.52

4:02 PM
09/09/11
Cash Basis

Foster Holdings LLC
Profit & Loss
January through December 2010

	<u>Jan - Dec 10</u>	<u>Jan - Dec 09</u>
Ordinary Income/Expense		
Income		
4000 · RENTAL INCOME	3,533.00	21,328.50
Total Income	<u>3,533.00</u>	<u>21,328.50</u>
Expense		
6120 · Bank Service Charges	9.00	36.00
6200 · Interest Expense		
6210 · Finance Charge	0.00	529.83
6220 · Loan Interest	0.00	14,360.02
6200 · Interest Expense - Other	0.00	-4,062.09
Total 6200 · Interest Expense	<u>0.00</u>	<u>10,827.76</u>
6820 · Taxes	0.00	720.00
Total Expense	<u>9.00</u>	<u>11,583.76</u>
Net Ordinary Income	<u>3,524.00</u>	<u>9,744.74</u>
Net Income	<u><u>3,524.00</u></u>	<u><u>9,744.74</u></u>

4:03 PM
09/09/11
Cash Basis

Foster Holdings LLC
Balance Sheet
As of December 31, 2010

	<u>Dec 31, 10</u>	<u>Dec 31, 09</u>
ASSETS		
Current Assets		
Checking/Savings		
Checking	761.40	769.66
Total Checking/Savings	<u>761.40</u>	<u>769.66</u>
Total Current Assets	761.40	769.66
Fixed Assets		
1500 · Buildings	553,365.00	553,365.00
1501 · Accum Depreciation Building	-14,986.97	-14,986.97
1550 · Land	210,000.00	210,000.00
Total Fixed Assets	<u>748,378.03</u>	<u>748,378.03</u>
TOTAL ASSETS	<u>749,139.43</u>	<u>749,147.69</u>
LIABILITIES & EQUITY		
Liabilities		
Long Term Liabilities		
2500 · Building Loan	268,294.30	271,826.56
Total Long Term Liabilities	<u>268,294.30</u>	<u>271,826.56</u>
Total Liabilities	268,294.30	271,826.56
Equity		
3000 · Opening Bal Equity	425,149.82	425,149.82
3110 · Retained Earnings	52,171.31	42,426.57
Net Income	3,524.00	9,744.74
Total Equity	<u>480,845.13</u>	<u>477,321.13</u>
TOTAL LIABILITIES & EQUITY	<u>749,139.43</u>	<u>749,147.69</u>

**Federal
Tax Return
for**

FOSTER HOLDINGS LLC

2009

**CRAIG CURTIS CPA
PO BOX 6130
LOGAN, UT 84341-6130
(435) 752-9461**

U.S. Return of Partnership Income

For calendar year 2009, or tax year beginning _____, ending _____
▶ See separate instructions.

2009

A Principal business activity LEASING	Use the IRS label. Otherwise, print or type.	Name of partnership FOSTER HOLDINGS LLC	D Employer identification number 20-5072275
B Principal product or service REAL ESTATE		Number, street, and room or suite no. If a P.O. box, see the instructions. 13481 N 2400 E	E Date business started 6/1/2005
C Business code number 531120		City or town State ZIP code COVE UT 84320	F Total assets (see the instructions) \$ 732,798

- G** Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)
- H** Check accounting method: (1) Cash (2) Accrual (3) Other (specify) _____ ▶
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year _____ ▶ **2**
- J** Check if Schedules C and M-3 are attached _____

Caution. Include *only* trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a		
	b Less returns and allowances	1b		1c 0
	2 Cost of goods sold (Schedule A, line 8)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		0
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
	7 Other income (loss) (attach statement)	7		
8 Total income (loss). Combine lines 3 through 7	8		0	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13		
	14 Taxes and licenses	14		
	15 Interest	15		
	16a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Schedule A and elsewhere on return	16b		16c 0
	17 Depletion (Do not deduct oil and gas depletion.)	17		
	18 Retirement plans, etc.	18		
19 Employee benefit programs	19			
20 Other deductions (attach statement)	20			
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		0	
22 Ordinary business income (loss). Subtract line 21 from line 8	22		0	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager _____ Date _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only	Preparer's signature CRAIG CURTIS	Date 9/13/2010	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00415830
	Firm's name (or yours if self-employed), address, and ZIP code CRAIG CURTIS CPA PO BOX 6130 LOGAN	State UT	EIN 84-1152466	Phone no. (435) 752-9461
			ZIP code 84341-6130	

Schedule A Cost of Goods Sold (see the instructions)

1	Inventory at beginning of year	1	
2	Purchases less cost of items withdrawn for personal use	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	0
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	0

- 9a Check all methods used for valuing closing inventory:
- (i) Cost as described in Regulations section 1.471-3
 - (ii) Lower of cost or market as described in Regulations section 1.471-4
 - (iii) Other (specify method used and attach explanation) ▶
- b Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(e)
- c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970).
- d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? Yes No
- e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation. Yes No

Schedule B Other Information

- 1 What type of entity is filing this return? Check the applicable box:
- | | | | |
|--|---|-----|----|
| a <input type="checkbox"/> Domestic general partnership | b <input type="checkbox"/> Domestic limited partnership | Yes | No |
| c <input checked="" type="checkbox"/> Domestic limited liability company | d <input type="checkbox"/> Domestic limited liability partnership | | |
| e <input type="checkbox"/> Foreign partnership | f <input type="checkbox"/> Other ▶ | | |
- 2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? X
- 3 At the end of the tax year:
- a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership X
- b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership X
- 4 At the end of the tax year, did the partnership:
- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

	Yes	No
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details.		X
6 Does the partnership satisfy all four of the following conditions? a The partnership's total receipts for the tax year were less than \$250,000. b The partnership's total assets at the end of the tax year were less than \$1 million. c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. d The partnership is not filing and is not required to file Schedule M-3. If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.	X	
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
10 At any time during calendar year 2009, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		X
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions.		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions.		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions.		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than entities wholly-owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership.		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. 0		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	RON K FOSTER	Identifying number of TMP	519-68-8928
If the TMP is an entity, name of TMP representative		Phone number of TMP	
Address of designated TMP	13481 NORTH 2400 EAST COVE	UT	84320

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	
	2 Net rental real estate income (loss) (attach Form 8825)	2	-4,407
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	0
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
Deductions	9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss)	9b	
	c Unrecaptured section 1250 gain (attach statement)	9c	
	10 Net section 1231 gain (loss) (attach Form 4797)	10	
	11 Other income (loss) (see instructions) Type ▶	11	
	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d Other deductions (see instructions) Type ▶	13d	
	Self-Employment	14a Net earnings (loss) from self-employment	14a
b Gross farming or fishing income		14b	
c Gross nonfarm income		14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶	16a	
	b Gross income from all sources	16b	
	c Gross income sourced at partner level Foreign gross income sourced at partnership level	16c	
	d Passive category ▶ e General category ▶ f Other ▶ Deductions allocated and apportioned at partner level	16f	
	g Interest expense h Other ▶ Deductions allocated and apportioned at partnership level to foreign source income	16h	
	i Passive category ▶ j General category ▶ k Other ▶	16k	
	l Total foreign taxes (check one) ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
	m Reduction in taxes available for credit (attach statement)	16m	
	n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties—gross income	17d	
	e Oil, gas, and geothermal properties—deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16i						1	-4,407
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
a General partners							
b Limited partners		-4,407					

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		614		770
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts		0		0
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets	553,365		553,365	
b	Less accumulated depreciation	17,149	536,216	31,337	522,028
10a	Depletable assets				
b	Less accumulated depletion		0		0
11	Land (net of any amortization)		210,000		210,000
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization		0		0
13	Other assets (attach statement)				
14	Total assets		746,830		732,798
Liabilities and Capital					
15	Accounts payable		2,756		
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19	Mortgages, notes, bonds payable in 1 year or more		278,660		271,791
20	Other liabilities (attach statement)				
21	Partners' capital accounts		465,414		461,007
22	Total liabilities and capital		746,830		732,798

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1	Net income (loss) per books	(4,407)	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 16i, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16i (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	
b	Travel and entertainment \$		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	(4,407)
5	Add lines 1 through 4	(4,407)			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	465,414	6	Distributions:	
2	Capital contributed:		a	Cash	
a	Cash		b	Property	
b	Property		7	Other decreases (itemize):	
3	Net income (loss) per books	(4,407)	8	Add lines 6 and 7	
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	461,007
5	Add lines 1 through 4	461,007			

FOSTER HOLDINGS LLC
13481 N 2400 E
COVE, UT 84320

September 13, 2010

RON K FOSTER
13481 NORTH 2400 EAST
COVE, UT 84320

RE: FOSTER HOLDINGS LLC
20-5072275

Enclosed is your current year Schedule K-1 (Form 1065) for the above-referenced account. The amounts shown are your distributive share of the partnership's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocation of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the partnership.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

RON K FOSTER

Final K-1

Amended K-1

Schedule K-1 (Form 1065)

2009

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning _____, 2009 ending _____, 20__

Partner's Share of Income, Deductions, Credits, etc.

See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 20-5072275
B Partnership's name, address, city, state, and ZIP code FOSTER HOLDINGS LLC 13481 N 2400 E COVE UT 84320
C IRS Center where partnership filed return Ogden, UT 84201-0011
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 1 519-68-8928
F Partner's name, address, city, state, and ZIP code RON K FOSTER 13481 NORTH 2400 EAST COVE, UT 84320

G General partner or LLC member-manager (checked) Limited partner or other LLC member
H Domestic partner (checked) Foreign partner
I What type of entity is this partner? Active Individual
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.000000% 50.000000%
Loss 50.000000% 50.000000%
Capital 50.000000% 50.000000%
K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$ 135,895
Recourse \$

L Partner's capital account analysis:
Beginning capital account \$ 232,707
Capital contributed during the year \$
Current year increase (decrease) \$ -2,203
Withdrawals & distributions \$ ()
Ending capital account \$ 230,504

Tax basis GAAP Section 704(b) book Other (explain)
M Did the partner contribute property with a built-in gain or loss? Yes No (checked)
If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 3 columns: Line number, Description, and Amount. Rows include Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss), Credits, Foreign transactions, Alternative minimum tax (AMT) items, Tax-exempt income and nondeductible expenses, Distributions, Other information.

*See attached statement for additional information.

For IRS Use Only
Barcode area with vertical text 'For IRS Use Only' on the left.

FOSTER HOLDINGS LLC
13481 N 2400 E
COVE, UT 84320

September 13, 2010

ELAINE K FOSTER
13481 NORTH 2400 EAST
COVE, UT 84320

RE: FOSTER HOLDINGS LLC
20-5072275

Enclosed is your current year Schedule K-1 (Form 1065) for the above-referenced account. The amounts shown are your distributive share of the partnership's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocation of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the partnership.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

RON K FOSTER

Final K-1

Amended K-1

**Schedule K-1
(Form 1065)**

2009

Department of the Treasury
Internal Revenue Service

For calendar year 2009, or tax
year beginning _____, 2009
ending _____, 20__

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
20-5072275

B Partnership's name, address, city, state, and ZIP code
FOSTER HOLDINGS LLC
13481 N 2400 E
COVE UT 84320

C IRS Center where partnership filed return
Ogden, UT 84201-0011

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 2
519-72-1509

F Partner's name, address, city, state, and ZIP code
ELAINE K FOSTER
13481 NORTH 2400 EAST
COVE, UT 84320

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I What type of entity is this partner? Active Individual

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000%	50.000000%
Loss	50.000000%	50.000000%
Capital	50.000000%	50.000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	135,896
Recourse	\$	

L Partner's capital account analysis:

Beginning capital account	\$	232,707
Capital contributed during the year	\$	
Current year increase (decrease)	\$	-2,204
Withdrawals & distributions	\$	()
Ending capital account	\$	230,503

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?
 Yes No
If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
		-2,204	
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)		
12	Section 179 deduction		19 Distributions
13	Other deductions		
			20 Other information
14	Self-employment earnings (loss)		

*See attached statement for additional information.

For IRS Use Only



Rental Real Estate Income and Expenses of a Partnership or an S Corporation

▶ See instructions on back.

OMB No. 1545-1186

▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

Name: **FOSTER HOLDINGS LLC** Employer identification number: **20-5072275**

1 Show the kind and location of each property. See page 2 to list additional properties.

- A OFFICE BULIDING / SHOP
MAIN STREET, HYDE PARK, UT 84318
- B -----
- C -----
- D -----

		Properties			
		A	B	C	D
2	Rental Real Estate Income				
	Gross rents	2	21,329		
	Rental Real Estate Expenses				
3	Advertising	3			
4	Auto and travel	4			
5	Cleaning and maintenance	5			
6	Commissions	6			
7	Insurance	7			
8	Legal and other professional fees	8			
9	Interest	9	10,828		
10	Repairs	10			
11	Taxes	11	720		
12	Utilities	12			
13	Wages and salaries	13			
14	Depreciation (see instructions)	14	14,188		
15	Other (list) ▶ BANK CHARGES SUPPLIES	15			
16	Total expenses for each property. Add lines 3 through 15	16	25,736		

17 Total gross rents. Add gross rents from line 2, columns A through H 17 21,329

18 Total expenses. Add total expenses from line 16, columns A through H 18 (25,736)

19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities 19

20 a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1) 20a

b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:

(1) Name	(2) Employer identification number
-----	-----
-----	-----
-----	-----

21 Net rental real estate income (loss). Combine lines 17 through 20a. Enter the result here and on: 21 -4,407

- Form 1065 or 1120S: Schedule K, line 2, or
- Form 1065-B: Part I, line 4

**SCHEDULE B-1
(Form 1065)**

(December 2009)
Department of the Treasury
Internal Revenue Service

**Information on Partners Owning 50% or
More of the Partnership**

OMB No. 1545-0099

▶ Attach to Form 1065. See instructions on back.

Name of partnership FOSTER HOLDINGS LLC	Employer identification number (EIN) 20-5072275
--	--

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
RON K FOSTER	519-68-8928	United States	50.000%
ELAINE K FOSTER	519-72-1509	United States	50.000%

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

▶ File a separate application for each return.
▶ See separate instructions.

Type or Print	Name	Identifying number
	FOSTER HOLDINGS LLC	20-5072275
	Number, street, and room or suite no. (If P.O. box, see instructions.)	
	13481 N 2400 E	
File by the due date for the return for which an extension is requested. See instructions.		
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).		
COVE UT 84320		

Note. See instructions before completing this form.

Part I Automatic 5-Month Extension Complete if Filing Form 1065, 1041, or 8804

1a Enter the form code for the return that this application is for (see below) 09

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension Complete if Filing Other Forms

b Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-PC	21
Form 706-GS(T)	02	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120-S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36
Form 1120-ND (section 4951 taxes)	20		

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . .

5a The application is for calendar year 20 09 , or tax year beginning _____, 20 _____, and ending _____, 20 _____

b Short tax year. If this tax year is less than 12 months, check the reason:

- Initial return Final return Change in accounting period Consolidated return to be filed

6 Tentative total tax	6	0
7 Total payments and credits (see instructions)	7	0
8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions)	8	0

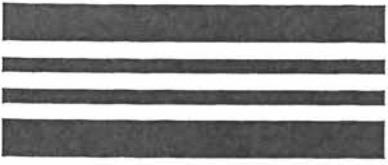
**Utah TC-65
Tax Return
for**

FOSTER HOLDINGS LLC

2009

**CRAIG CURTIS CPA
PO BOX 6130
LOGAN, UT 84341-6130
(435) 752-9461**

65901



Utah Partnership/Limited Liability Partnership/Limited Liability Company Return

2009 TC-65

1015

If for fiscal year -

to

Amended Return (code 1 - 4)

Mark "X" if you filed federal form 8886

Mark "X" if this is a new address:

- Physical address
Mailing address

FOSTER HOLDINGS LLC

Employer Identification Number

13481 N 2400 E

205072275

COVE

UT 84320

ENTITY TYPE (check one):

General partnership

Limited partnership

Other (describe below)

Limited liability partnership

X Limited liability company

Do not file this return if all partners/members are Utah resident individuals (see instructions, page 1)

1 Date registered in Utah

1 09/19/2007

2 If dissolved, date of dissolution

2

3 Total pass-through withholding tax - Enter the total amount from Schedule N, column H. Note: This amount must be paid by the due date of the return, without extensions

3

4 Prepayments made for the year

4

5 Amended returns only (see instructions)

5

6 Total payments (total of lines 4 and 5)

6

7 Total due - (subtract line 6 from line 3 - not less than zero)

7

8 Penalties and interest (see instructions)

8

9 Pay this amount (add lines 7 and 8). Make check payable to Utah State Tax Commission

9

10 Overpayment (subtract line 3 from line 6 - not less than zero)

10

11 Amount of overpayment on line 10 to be applied to next year

11

12 Refund (subtract line 11 from line 10)

12

USTC USE ONLY

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

Signature and identification section including fields for SIGN HERE, Title, Date, Preparer's signature, Date, Preparer's telephone number, Preparer's SSN/PTIN, Preparer's EIN, and Firm's name and address.

Partner's Share of Income
Substitute State Schedule K-1

UT
2009

For calendar year 2009 or tax year beginning _____, 2009 and ending _____, 20

Partner's identifying number	519-68-8928	Partnership's identifying number	20-5072275
Partner's name, address, and ZIP code	#1 RON K FOSTER 13481 NORTH 2400 EAST COVE UT 84320	Partnership's name, address, and ZIP code	FOSTER HOLDINGS LLC 13481 N 2400 E COVE, UT 84320

Partner's percentage 50.000000% Entity Type Active Individual
 Nonresident Apportionment Ratio 1.000000
 Amended Final

1 Net Federal income or loss	1	-2,203
2 Interest from U.S. Government obligations	2	0
3 Utah nonbusiness income (net of expenses)	3	0
4 Non-Utah nonbusiness income (net of expenses)	4	0
5 Net Income subject to apportionment	5	-2,203
6 Utah Source Income	6	-2,203
7 Tax withheld	7	0

Partner's Share of Income
Substitute State Schedule K-1

UT

2009

For calendar year 2009 or tax year beginning _____, 2009 and ending _____, 20

Partner's identifying number 519-72-1509	Partnership's identifying number 20-5072275
Partner's name, address, and ZIP code #2 ELAINE K FOSTER 13481 NORTH 2400 EAST COVE UT 84320	Partnership's name, address, and ZIP code FOSTER HOLDINGS LLC 13481 N 2400 E COVE, UT 84320

Partner's percentage	50.000000%	Entity Type	Active Individual
Nonresident	<input checked="" type="checkbox"/>	Apportionment Ratio	1.000000
Amended	<input type="checkbox"/>	Final	<input type="checkbox"/>

1 Net Federal income or loss	1	-2,204
2 Interest from U.S. Government obligations	2	0
3 Utah nonbusiness income (net of expenses)	3	0
4 Non-Utah nonbusiness income (net of expenses)	4	0
5 Net Income subject to apportionment	5	-2,204
6 Utah Source Income	6	-2,204
7 Tax withheld	7	0

65902 TC-65, Schedule A - Utah Taxable Income

1015

EIN 20-5072275

1	Net income (loss) from form 1065, Schedule K, Analysis of Net Income (Loss), line 1	• 1	-4407.
2	Contributions from form 1065, Schedule K, line 13a	• 2	
3	Add lines 1 and 2	• 3	-4407.
4	Interest from U.S. Government obligations included in line 1 above	• 4	
5	Utah nonbusiness income net of expenses (see instructions)	• 5	
6	Non-Utah nonbusiness income net of expenses (see instructions)	• 6	
7	Add line 4 through line 6	• 7	
8	Net income subject to apportionment (subtract line 7 from line 3)	• 8	-4407.
9	Apportionment factor (enter 1.000000, or TC-65, Schedule B, line 8 or line 12, if applicable)	• 9	1.000000
10	Utah business income (multiply line 8 by line 9)	• 10	-4407.
11	Total Utah income (add line 5 and line 10)	• 11	-4407.

CLIENT COPY

**Notice to be Posted by County
of Delinquent Property Tax
Settlement or Deferral**

UCA §59-2-1347
Form PT-034
PT-034.ai Rev. 1/00

Property Owner Information

Property owner name

EAST BENCH HOLDINGS LLC

Property owner address

PO BOX 313

City

PARADISE

State

UT

Zip

84328

Property Information

Parcel, serial, or account number

01-108-0004

Type of property

GREENBELT

Location or address

9600 S 200 E PARADISE UTAH

Legal description (including acreage)

BEG AT NW COR SEC 34 T 10N R 1E & TH S 2627.63 FT TH E 697.74 FT TO NW COR HERITAGE SUBD PH 3 TH S88°34'45"E 1595.36 FT TO W BANK OF PARADISE CANAL TH S'LY ALG CANAL IN 9 COURSES: S29°44'45"E 105.29 FT TH S32°33'E 334.35 FT TH S21°48'10"W 196.17 FT TH S17°58'46"W 121.31 FT TH S17°21'21"E 105.26 FT TH S04°36'51"E 73.09 FT TH S10°03'08"E 63.15 FT TH S15°48'08"E 100.3 FT TH S15°28'31"W 195.83 FT TH S 15°28'31" W 82 FT TH S01°07'47"W 324.03 FT TH S21°20'02"E 181.49 FT TH S15°55'45"W 149.27 FT TH S02°33'52"E 71.09 FT TH S11°44'33"E 354.72 FT TO FENCE TH S 78°13'39" W 274.37 FT TO TRUE POB TH S 78°13'39" W 948.63 FT TH N 1°16'15" E 319.04 FT TH S 88°43'45" E 924.0 FT TH S 1°11'21" W 104.95 FT TO TRUE POB CONT 4.50 AC M/B

Settlement or Deferral Information

Total property value _____	\$ 67,497 .00
Total interest, penalties, and taxes due _____	\$ 4,860.91
Amount paid _____	\$
Amount abated _____	\$
Amount deferred _____	\$

Comments

REQUEST WAIVER OF PENALTIES & INTEREST DUE TO FIVE YEARS OF LITIGATION TO SETTLE OWNERSHIP. WILL PAY BACK TAXES IN FULL.

County Approval

This property tax settlement/deferral has been approved by the county legislative body of:

Cache County Council on _____, _____.

Cache County Council Chair

Cache County Executive

Cache County Clerk

Application for Settlement or Deferral of Delinquent Property Tax

UCA §59-2-1109 & 1347
Form PT-33
PT-033-1.ai Rev. 11/00

This form should be used in conjunction with Form PT-33A "Agreement of Lien Holder For Deferral or Settlement of Delinquent Taxes". One Form PT-33A should be attached for each lien holder. A deferral may not be granted without the written consent of the holder of any mortgage or trust deed outstanding on the property.

Property Owner Information

Property owner name Paul Danielson	Home phone number 245-4253	Work phone number
Property owner address 550 E. 9400 So.		
City Paradise	State Ut.	Zip 84328

Property Information

Parcel, serial, or account number 01-108-0004	Type of property (e.g., commercial, primary residential, etc.) Farm land
Location or address 9600 So. 200 E. Paradise Ut.	
Legal description (including acreage)	

Property Value and Tax Information

Year(s) of Delinquency (May go back five years)	Taxes	Penalty	Interest	Total
2008 to present				
Total				4860.91

Current year market value of property (Attach copy of most recent valuation/tax notice)	\$ See attached
Amount received from home owner/mobile home owner (circuit breaker) tax credits	\$
Amount owner offers in settlement (Attach proposed payment schedule)	\$ 3882.62
Amount to be deferred	Property should be taxed as green belt

I/we have exhausted efforts to obtain funds to pay the delinquent taxes. I/we have contacted the lending institutions and other potential sources of funds, such as friends and relatives, identified below:

1. ~~Property has been subject of litigation for past 5 years and is being returned to us. Property should never have gone out of green belt. It is still harvested~~
2. ~~Property has been subject of litigation for past 5 years and is being returned to us. Property should never have gone out of green belt. It is still harvested~~
3. ~~Property has been subject of litigation for past 5 years and is being returned to us. Property should never have gone out of green belt. It is still harvested~~

Attach the following:

- | | |
|---|--|
| 1. Owner's statement of circumstances and request for relief. | 5. Copies of last 5 years' filings with I.R.S. |
| 2. Most recent valuation/tax notice. | 6. Form PT-33A, "Agreement of Lien Holder for Deferral or Settlement of Delinquent Taxes". |
| 3. Proposed payment schedule. | 7. Other documentation as required. |
| 4. Financial Summary (back of this form) | |

Signature

I certify to the best of my knowledge and understanding, that this information is true, correct, and complete.

Signature of property owner(s) Paul Danielson	Date March 19, 2011
X	
X	

Paul Danielson
550 E. 9400 S.
Paradise, Utah 84328
435-245-4253

Cache County Council
199 N. Main
Logan, Utah 84321

June 4, 2014

To Whom It May Concern,

On behalf of East Bench Holdings, LLC, I Paul Danielson, formally request that Cache County waive the interest and penalties associated with the back taxes owed on the following Tax Parcel #:

01-108-0004
01-108-0034
01-108-0035

01-141-0002
01-141-0004
01-141-0009

The request is based upon the fact, that I just acquired the title to the above mentioned parcels after four to five years of litigations.

I sincerely appreciate you considering my request.


Paul Danielson

EAST BENCH HOLDINGS LLC C/O PAUL DANIELSON
 SETTLEMENT-WILL PAY BACK TAX NO PENALTY OR INTEREST

PARCEL 01-108-0004 01-108-0034 01-108-0035 01-141-0002 01-141-0004 01-141-0009

TOTAL DELINQUENT AMOUNT 4860.91 16399.11 6078.45 5609.6 5609.6 7472.58 **46,030.25**

BACK TAX AMOUNT

2008	25.49	63.38	20.39	810.86	810.86	1042.54
2009-13	3,857.13	13,134.45	4,987.30	3,662.51	3,662.51	4,935.64
TOTAL	3,882.62	13,197.83	5,007.69	4,473.37	4,473.37	5,978.18

TOTAL BACK TAX 37,013.06

TOTAL PENALTY & INTEREST 9,017.19

Cache County Corporation Tax Roll Information

Monday, June 09, 2014 12:53 PM

01-108-0004

Owner's Name & Address

Parcel	01-108-0004	Entry	1105590
Name	EAST BENCH HOLDINGS LLC,		
C/O Name			
Address	PO BOX 313		
City, ST Zip	PARADISE, UT 84328		
District	002 PARADISE CITY		
Year	2014	Status	TX

Owners List

1 EAST BENCH HOLDINGS LLC, 1105590 1806/350
--

Property Address

Address	
City	
Tax Rate	0.010455 (Tax Rate Proposed For 2014)

PARCEL HISTORY

SEG 11/01 TO 0028,29,30,31 OWNER REQUEST; REM 11/03 01-140-001 TO 0012; COMB W/01-108-0007,0028,0029,0030,0031 5/06; REM 5/07 01-141-0001 TO 0016; REM 7/08-0033; REM 11/08-0034,0035; REM 12/08-0036;

LEGAL DESCRIPTION FOR 2014

BEG AT NW COR SEC 34 T 10N R 1E & TH S 2627.63 FT TH E 697.74 FT TO NW COR HERITAGE SUBD PH 3 TH S88°34'45"E 1595.36 FT TO W BANK OF PARADISE CANAL TH S'LY ALG CANAL IN 9 COURSES:
 S29°44'45"E 105.29 FT TH S32°33'E 334.35 FT TH S21°48'10"W 196.17 FT TH S17°58'46"W 121.31 FT TH S17°21'21"E 105.26 FT TH S04°36'51"E 73.09 FT TH S10°03'08"E 63.15 FT TH S15°48'08"E 100.3 FT TH S15°28'31"W 195.83 FT TH S 15°28'31" W 82 FT TH S01°07'47"W 324.03 FT TH S21°20'02"E 181.49 FT TH S15°55'45"W 149.27 FT TH S02°33'52"E 71.09 FT TH S11°44'33"E 354.72 FT TO FENCE TH S 78°13'39" W 274.37 FT TO TRUE POB TH S 78°13'39" W 948.63 FT TH N 1°16'15" E 319.04 FT TH S 88°43'45" E 924.0 FT TH S 1°11'21" W 104.95 FT TO TRUE POB CONT 4.50 AC M/B

PROPERTY INFORMATION

Property Type	Acres	2013		Acres	2014	
		Market	Taxable		Market	Taxable
LG LAND GREENBELT	4.50	67,497	2,190	4.50	67,497	2,060
PROPERTY VALUE TOTALS:	4.50	67,497	2,190	4.50	67,497	2,060

BUILDING & TAX INFORMATION

2013 Taxes:	22.90	(Certified Rate: 0.010455)
2014 Taxes:	21.54	(Proposed Rate: 0.010455)
Special Tax: +	0.00	
Abatements: -	0.00	
Payments: -	0.00	
2014 Balance Due:	21.54	

Cache County Corporation Tax Roll Information

01-108-0004

BACK TAX SUMMARY

* Interest is calculated on a monthly basis. Please call the Treasurer's Office for an updated payoff amount at 435-755-1500.

Year	Back Taxes	Special Tax	Rollback	Attached	Interest	Penalty	Year Total
2008	25.49	.00	.00	.00	12.56	10.00	48.05
2009	19.45	.00	.00	.00	8.60	10.00	38.05
2010	668.47	.00	1,717.51	.00	652.87	16.71	3,055.56
2011	707.89	.00	.00	.00	139.19	17.70	864.78
2012	720.91	.00	.00	.00	81.69	18.02	820.62
2013	22.90	.00	.00	.00	.95	10.00	33.85
Total Back Taxes Owed:							4,860.91

GREENBELT INFORMATION

Class	Description	Acres	Market Value	Taxable Value
IT	IRRIGATION TILLABLE IV	.00		0
IT	IRRIGATION TILLABLE III	4.50	67,497	2,060
Totals		4.50	67,497	2,060

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual)

no lien holder

Contact person

Daytime phone number

Property owner/borrower name

Amount of lien

\$

Parcel, serial, or account number

Type of property (e.g., commercial, primary residential, etc.)

Property location or address

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

X

**Abstract for parcel 01-108-0004 in Cache County, Utah.**

Recorder's Office

01-108-0004

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
DEVELOPER ASSISTANTS INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	1084683 1762/0010	4/3/2013 11:02	03/19/2013 (image)	
DANIELSON, PAUL & BARBARA, PLTF EAST BENCH HOLDINGS LLC, PLTF,	WILDING, JUSTIN, DEF WILDING, AMANDA, DEF JM EQUITY HOLDINGS INC, DEF, PARADISE COUNTRY ESTATES INC, DEF, PARADISE COUNTRY ESTATE WATER USERS ASSOC, DEF, DEVELOPER ASSISTANTS IND, DEF, DOES, JOHN H-IV, DEF	LIS PENDENS \$0.00	1016514 1610/1293	2/22/2010 4:33	02/19/2010 (image)	
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	WARRANTY DEED \$10.00	1003272 1584/0421	7/23/2009 11:43	<u> / / </u> (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	994386 1564/2019	4/8/2009 2:04	04/08/2009 (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	985611 1544/0407	12/9/2008 5:36	12/08/2008 (image)	
CACHE TITLE CO TR,	PARADISE COUNTRY ESTATES INC,	DEED OF RECONVEYANCE \$0.00	985206 1543/1106	12/2/2008 12:32	12/01/2008 (image)	1526/0517 975818
ZIONS FIRST NATIONAL BANK TR,	PARADISE COUNTRY ESTATES INC,	FULL RECONVEYANCE \$0.00	985205 1543/1104	12/2/2008 12:32	11/24/2008 (image)	1435/0492 930442
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	TRUST DEED \$460,000.00	975818 1526/0517	7/11/2008 4:23	05/20/2006 (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	946737 1468/0874	6/15/2007 3:53	06/15/2007 (image)	
PARADISE COUNTRY ESTATES INC,	WHOM IT MAY CONCERN,	DECLARATION OF COVENANTS \$0.00	944735 1464/0606	5/24/2007 11:46	05/22/2007 (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	934930 1444/0830	1/16/2007 4:44	01/12/2007 (image)	
PARADISE COUNTRY ESTATES INC,	ZIONS FIRST NATIONAL BANK,	LAND DEVELOPMENT LOAN TRUST DEED & ETC \$1,032,000.00	930442 1435/0492	11/13/2006 11:54	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	929962 1434/0562	11/3/2006 2:13	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	PARADISE COUNTRY ESTATES INC,	WARRANTY DEED \$10.00	929789 1433/1871	11/2/2006 10:59	11/01/2006 (image)	
EAST BENCH HOLDINGS LLC,	JM EQUITY HOLDINGS LLC,	WARRANTY DEED \$10.00	916710 1406/1132	5/18/2006 2:50	05/18/2006 (image)	
BONNEVILLE TITLE CO INC TR,	HERITGAGE HOLDING & DEVELOPMENT CORP INC,	DEED OF RECONVEYANCE \$0.00	894467 1361/0903	7/8/2005 9:22	07/07/2005 (image)	1307/0792 866224
WATTERFALL, R SCOTT & NANCY	CHENEY FINANCIAL SERVICES INC,	ASSIGNMENT OF TRUST DEED \$0.00	888578 1349/1355	4/25/2005 3:58	04/08/2005 (image)	1307/0792 866224

**Abstract for parcel 01-108-0004 in Cache County, Utah.**

Recorder's Office

01-108-0004

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	883883 1341/0042	2/22/2005 4:53	02/22/2005 (image)	
CHENEY FINANCIAL SERVICES INC PROFIT SHARING PLAN,	WATERFALL, R SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	874030 1322/0143	10/6/2004 4:01	09/20/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	ASSIGNMENT OF TRUST DEED \$0.00	873039 1319/0500	9/24/2004 3:46	09/17/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	KNOWLTON, EDWARD	ASSIGNMENT OF TRUST DEED \$0.00	873038 1319/0498	9/24/2004 3:46	09/21/2004 (image)	1307/0792 866224
BONNEVILLE TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	DEED OF RECONVEYANCE \$0.00	866742 1308/0831	7/14/2004 11:09	07/08/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	EAST BENCH HOLDINGS LLC,	QUIT CLAIM DEED \$10.00	866439 1307/1517	7/9/2004 4:26	07/08/2004 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$370,000.00	866224 1307/0792	7/7/2004 1:43	07/01/2004 (image)	
CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	WATERFALL, SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	855253 1285/1061	2/27/2004 11:22	01/29/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	853628 1282/1648	2/4/2004 9:16	02/03/2004 (image)	
BONNEVILLE TITLE COMPANY TR,	HERITAGE HOLDING AND DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	851074 1278/1357	1/5/2004 2:48	12/02/2003 (image)	1184/0145 809978
HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	TRUST DEED \$354,000.00	848702 1274/1340	12/8/2003 4:37	12/02/2003 (image)	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION MAP \$0.00	836129 2003/1708	8/14/2003 4:32	07/28/2003	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION ORDINANCE \$0.00	836128 1252/1965	8/14/2003 4:32	01/22/2003 (image)	
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	821436 1220/1366	4/17/2003 3:00	4/17/2003 (image)	
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	PARTIAL ASSIGNMENT OF TRUST DEED \$0.00	813764 1197/1041	2/13/2003 2:48	(image)	1184/0147 809979
HERITAGE HOLDING AND DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$185,000.00	809978 1184/0145	1/13/2003 11:35	01/09/2003 (image)	
DANIELSON, LADELL T TRS	HERITAGE HOLDING AND DEVELOPMENT CORP,	QUIT CLAIM DEED \$10.00	807927 1176/0375	12/19/2002 4:02	(image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	777254 1067/0369	12/21/2001 12:51	12/21/2001 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	599739 0608/0518	4/15/1994 10:42	(image)	

**Abstract for parcel 01-108-0004 in Cache County, Utah.**

Recorder's Office

01-108-0004

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
UTAH STATE DEPT OF HEALTH,	DANIELSON, DAVID CARL, DEC	DEATH CERTIFICATE \$0.00	592885 0595/0951	1/21/1994 4:37	(image)	
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507005 0415/0567	10/14/1987 12:19	08/19/1987 (image)	0140/0574
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507004 0415/0564	10/14/1987 12:18	08/19/1987 (image)	0136/0389
DANIELSON, DAVID CARL DANIELSON, LADELL T	DANIELSON, DAVID CARL TR DANIELSON, LADELL T TR	QUIT CLAIM DEED \$10.00	507003 0415/0562	10/14/1987 12:18	10/14/1987 (image)	
FEDERAL LAND BANK SACRAMENTO,	DANIELSON, DAVID C & LADELL T	REL OF MTGE \$0.00	468750 0334/0325	5/3/1984 2:18	04/26/1984 (image)	0134/0024
Parcel Number 01-108-0007 is a PARENT of 01-108-0004, 1 generation from 01-108-0004.						
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	873097 1319/0615	9/24/2004 4:48	09/24/2004 (image)	
NORTHERN TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	811379 1188/0587	1/23/2003 3:04	01/23/2003 (image)	1092/0092 784997
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	788866 1103/0283	5/23/2002 11:36	5/23/2002 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	SORENSEN, GARY & ELAYNE	TRUST DEED \$125,000.00	784997 1092/0092	4/4/2002 12:58	4/3/2002 (image)	
DANIELSON, LADELL T TR	HERITAGE HOLDING AND DEVELOPMENT CORP,	WARRANTY DEED \$10.00	783918 1088/0744	3/22/2002 10:13	3/21/2002 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	679790 0799/0993	3/24/1998 2:37	03/17/1998 (image)	
USA, FARMERS HOME ADMINISTRATION	DANIELSON, DAVID C & LADELL T	TERMINATION STATEMENT \$0.00	616250 0643/0796	2/24/1995 11:25	(image)	0000/0000 347459
Parcel Number 01-108-0028 is a PARENT of 01-108-0004, 1 generation from 01-108-0004.						
Parcel Number 01-108-0029 is a PARENT of 01-108-0004, 1 generation from 01-108-0004.						
Parcel Number 01-108-0030 is a PARENT of 01-108-0004, 1 generation from 01-108-0004.						
Parcel Number 01-108-0031 is a PARENT of 01-108-0004, 1 generation from 01-108-0004.						



Abstract for parcel 01-108-0004 in Cache County, Utah.

Recorder's Office

01-108-0004

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
Parcel Number 01-108-0004 is a PARENT to the following Parcels: 01-108-0028 01-108-0029 01-108-0030 01-108-0031 01-108-0033 01-108-0034 01-108-0035 01-108-0036 01-140-0001 01-141-0001						

Caché County Corporation
Tax Roll Information

Monday, March 17, 2014

For 01-108-0004

1:58PM

Owner Name & Address

Owners List

Parcel 01-108-0004 Entry 1003272
Name DEVELOPER ASSISTANTS INC,
C/O Name
Address 1 PO BOX 105
Address 2
City State Zip PARADISE UT 84328
District 002 PARADISE CITY
Year 2014 Status TX

1 DEVELOPER ASSISTANTS INC,
1003272 1584/421

Property Address

Address
City
Tax Rate 0.010455

***** PROPERTY INFORMATION *****

		2013		2014		
LG	LAND GREENBELT	UNITS/ ACRES	MARKET	TAXABLE	MARKET	TAXABLE
		4.50	67,497	2,190	67,497	2,190
	Totals		67,497	2,190	67,497	2,190

***** BUILDING & TAX INFORMATION *****

Square Footage: 0
Year Built: 0
Building Type:

Taxes for: 2013 22.90
Taxes for: 2014 22.90
Special Tax: 0.00
Abatements: 0.00
Payments: (0.00)
Balance Due: 22.90

***** GREENBELT INFORMATION *****

CLASS	ACRES	MARKET	TAXABLE
IT	4.50	67,497	2,190
IT	0.00	0	
	5	67,497	2,190

***** BACK TAX SUMMARY *****

Back Taxes for the Year: 2008 47.51 accurate
Back Taxes for the Year: 2009 137.60 accurate
Back Taxes for the Year: 2010 3,013.50 we request green belt tax
Back Taxes for the Year: 2011 852.09 we request green belt tax
Back Taxes for the Year: 2012 807.69 we request green belt tax
Back Taxes for the Year: 2013 33.28 accurate

Total Back Taxes: 4,791.67 to be paid 11/2014

Dev Assist 4/24/13 GB App

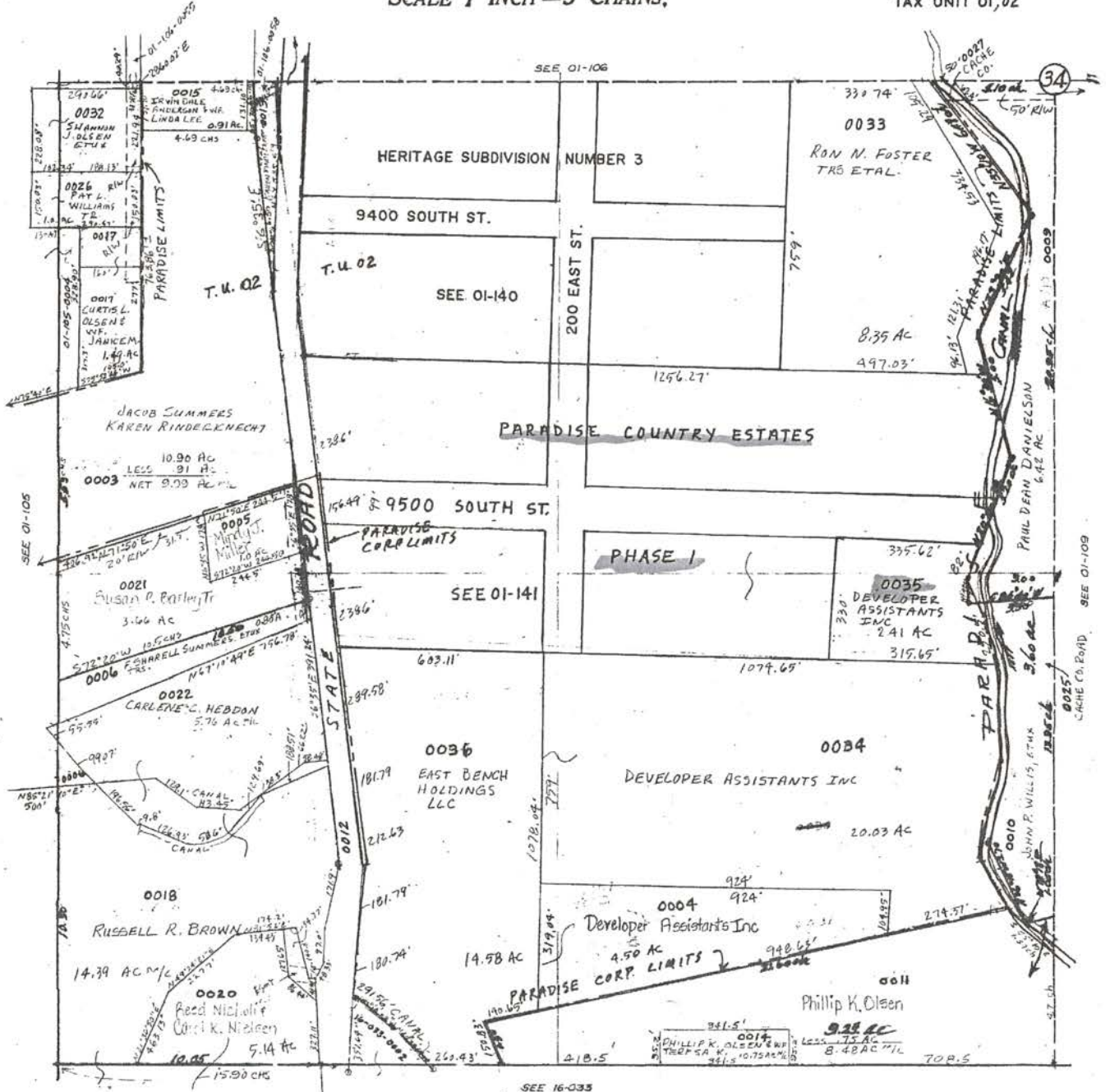
***** PARCEL HISTORY SECTION *****

SEG 11/01 TO 0028,29,30,31 OWNER REQUEST; REM 11/03 01-140-001 TO 0012; COMB W/01-108-0007,0028,0029,0030,0031 5/06; REM

SW⁴ SECTION 34 TOWNSHIP 10 NORTH, RANGE 1 EAST.

SCALE 1 INCH = 3 CHAINS,

TAX UNIT 01,02



**Notice to be Posted by County
of Delinquent Property Tax
Settlement or Deferral**

UCA §59-2-1347
Form PT-034
PT-034.ai Rev. 1/00

Property Owner Information

Property owner name

EAST BENCH HOLDINGS LLC

Property owner address

PO BOX 313

City

PARADISE

State

UT

Zip

84328

Property Information

Parcel, serial, or account number

01-108-0034

Type of property

GREENBELT

Location or address

9550 S 200 E PARADISE UTAH

Legal description (including acreage)

BEG AT NW COR SEC 34 T 10N R 1E & TH S 4146.80 FT TH E 733.74 FT TO SW COR PARADISE COUNTRY ESTATES PH 1 TH E'LY 603.11 FT ALG S LN OF SD SUBD TO TRUE POB TH S88°43'45"E 1074.65 FT TO W BANK OF PARADISE CANAL TH ALG SD CANAL IN 5 COURSES: S1°07'47"W 73.53 FT TH S21°20'02"E 181.49 FT TH S15°55'45"W 149.27 FT TH S2°33'52"E 71.09 FT TH S11°44'33"E 354.72 FT TO FENCE TH S78°13'39"W 274.37 FT TH N1°11'21"E 104.95 FT TH N88°43'45"W 924 FT TH N1°16'15"E 759 FT TO TRUE POB CONT 20.03 AC M/B

Settlement or Deferral Information

Total property value _____

\$ 250,292.00

Total interest, penalties, and taxes due _____

\$ 16,399.11

Amount paid _____

\$

Amount abated _____

\$

Amount deferred _____

\$

Comments

REQUEST WAIVER OF PENALTIES & INTEREST DUE TO FIVE YEARS OF LITIGATION TO SETTLE OWNERSHIP. WILL PAY BACK TAXES IN FULL.

County Approval

This property tax settlement/deferral has been approved by the county legislative body of:

Cache County Council on _____, _____.

Cache County Council Chair

Cache County Executive

Cache County Clerk

**Application for Settlement or Deferral
of Delinquent Property Tax**

UCA §59-2-1109 & 1347
Form PT-33
PT-033-1.ai Rev. 11/00

This form should be used in conjunction with Form PT-33A "Agreement of Lien Holder For Deferral or Settlement of Delinquent Taxes". One Form PT-33A should be attached for each lien holder. A deferral may not be granted without the written consent of the holder of any mortgage or trust deed outstanding on the property.

Property Owner Information

Property owner name PAUL DANIELSON	Home phone number 245-4153	Work phone number
Property owner address 550 E 9400 So.		
City Paradise	State UT	Zip 84328

Property Information

Parcel, serial, or account number 01-108-0034	Type of property (e.g., commercial, primary residential, etc.) Building Farm Land
Location or address 9550 So. 200 E. Paradise Ut.	
Legal description (including acreage)	

Property Value and Tax Information

Year(s) of Delinquency (May go back five years)	Taxes	Penalty	Interest	Total
2008 to present				
Total				16,399.11

Current year market value of property (Attach copy of most recent valuation/tax notice)	\$ see attached
Amount received from home-owner/mobile home owner (circuit breaker) tax credits	\$
Amount owner offers in settlement (Attach proposed payment schedule)	\$ 13,197.83
Amount to be deferred	Property should be taxed as green belt

I/we have exhausted efforts to obtain funds to pay the delinquent taxes. I/we have contacted the lending institutions and other potential sources of funds, such as friends and relatives, identified below:

- ~~Property has been subject of litigation for past 5 years and is being returned to us. Property should never have gone out of green belt. It is still invested~~

- Attach the following:
- Owner's statement of circumstances and request for relief.
 - Most recent valuation/tax notice.
 - Proposed payment schedule.
 - Financial Summary (back of this form)
 - Copies of last 4 years' filings with I.R.S.
 - Form PT-33A, "Agreement of Lien Holder for Deferral or Settlement of Delinquent Taxes".
 - Other documentation as required.

Signature

I certify to the best of my knowledge and understanding, that this information is true, correct, and complete.

Signature of property owner(s) **Paul Danielson** Date **March 19, 2014**

X

X

Paul Danielson
550 E. 9400 S.
Paradise, Utah 84328
435-245-4253

Cache County Council
199 N. Main
Logan, Utah 84321

June 4, 2014

To Whom It May Concern,

On behalf of East Bench Holdings, LLC, I Paul Danielson, formally request that Cache County waive the interest and penalties associated with the back taxes owed on the following Tax Parcel #:

01-108-0004
01-108-0034
01-108-0035

01-141-0002
01-141-0004
01-141-0009

The request is based upon the fact, that I just acquired the title to the above mentioned parcels after four to five years of litigations.

I sincerely appreciate you considering my request.


Paul Danielson

EAST BENCH HOLDINGS LLC C/O PAUL DANIELSON
 SETTLEMENT-WILL PAY BACK TAX NO PENALTY OR INTEREST

PARCEL 01-108-0004 01-108-0034 01-108-0035 01-141-0002 01-141-0004 01-141-0009

TOTAL DELINQUENT AMOUNT 4860.91 16399.11 6078.45 5609.6 5609.6 7472.58 **46,030.25**

BACK TAX AMOUNT					
2008	25.49	63.38	20.39	810.86	810.86
2009-13	3,857.13	13,134.45	4,987.30	3,662.51	3,662.51
TOTAL	3,882.62	13,197.83	5,007.69	4,473.37	4,473.37

TOTAL BACK TAX 37,013.06

TOTAL PENALTY & INTEREST 9,017.19

Cache County Corporation Tax Roll Information

Monday, June 09, 2014 1:01 PM

01-108-0034

Owner's Name & Address	
Parcel	01-108-0034 Entry 1105590
Name	EAST BENCH HOLDINGS LLC,
C/O Name	
Address	PO BOX 313
City, ST Zip	PARADISE, UT 84328
District	002 PARADISE CITY
Year	2014 Status TX

Owners List	
1	EAST BENCH HOLDINGS LLC,
1105590	1806/350

Property Address	
Address	
City	
Tax Rate	0.010455 (Tax Rate Proposed For 2014)

PARCEL HISTORY

PT 01-108-0004 11/08;

LEGAL DESCRIPTION FOR 2014

BEG AT NW COR SEC 34 T 10N R 1E & TH S 4146.80 FT TH E 733.74 FT TO SW COR PARADISE COUNTRY ESTATES PH 1 TH E'LY 603.11 FT ALG S LN OF SD SUBD TO TRUE POB TH S88*43'45"E 1074.65 FT TO W BANK OF PARADISE CANAL TH ALG SD CANAL IN 5 COURSES: S1*07'47"W 73.53 FT TH S21*20'02"E 181.49 FT TH S15*55'45"W 149.27 FT TH S2*33'52"E 71.09 FT TH S11*44'33"E 354.72 FT TO FENCE TH S78*13'39"W 274.37 FT TH N1*11'21"E 104.95 FT TH N88*43'45"W 924 FT TH N1*16'15"E 759 FT TO TRUE POB CONT 20.03 AC M/B

PROPERTY INFORMATION

Property Type	2013			2014		
	Acres	Market	Taxable	Acres	Market	Taxable
LG LAND GREENBELT	20.03	250,292	9,755	20.03	250,292	9,175
PROPERTY VALUE TOTALS:	20.03	250,292	9,755	20.03	250,292	9,175

BUILDING & TAX INFORMATION

2013 Taxes:	101.99	(Certified Rate: 0.010455)
2014 Taxes:	95.92	(Proposed Rate: 0.010455)
Special Tax: +	0.00	
Abatements: -	0.00	
Payments: -	0.00	
2014 Balance Due:	95.92	

BACK TAX SUMMARY

* Interest is calculated on a monthly basis. Please call the Treasurer's Office for an updated payoff amount at 435-755-1500.

Year	Back Taxes	Special Tax	Rollback	Attached	Interest	Penalty	Year Total
2008	63.38	.00	.00	.00	26.96	10.00	100.34
2009	86.59	.00	.00	.00	29.60	10.00	126.19
2010	2,478.87	.00	5,168.61	.00	2,097.66	61.97	9,807.11
2011	2,625.04	.00	.00	.00	516.54	65.63	3,207.21
2012	2,673.35	.00	.00	.00	302.84	66.83	3,043.02

Cache County Corporation Tax Roll Information

01-108-0034

BACK TAX SUMMARY (Continued)

* Interest is calculated on a monthly basis. Please call the Treasurer's Office for an updated payoff amount at 435-755-1500.

Year	Back Taxes	Special Tax	Rollback	Attached	Interest	Penalty	Year Total
2013	101.99	.00	.00	.00	3.25	10.00	115.24
Total Back Taxes Owed:							16,399.11

GREENBELT INFORMATION

Class	Description	Acres	Market Value	Taxable Value
IT	IRRIGATION TILLABLE III	20.03	250,292	9,175

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual)	
no lien holder	
Contact person	Daytime phone number
Property owner/borrower name	Amount of lien \$
Parcel, serial, or account number	Type of property (e.g., commercial, primary residential, etc.)
Property location or address	

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

X



Abstract for parcel 01-108-0034 in Cache County, Utah.

Recorder's Office

01-108-0034

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
DEVELOPER ASSISTANTS INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	1084683 1762/0010	4/3/2013 11:02	03/19/2013 (image)	
DANIELSON, PAUL & BARBARA, PLTF EAST BENCH HOLDINGS LLC, PLTF,	WILDING, JUSTIN, DEF WILDING, AMANDA, DEF JM EQUITY HOLDINGS INC, DEF, PARADISE COUNTRY ESTATES INC, DEF, PARADISE COUNTRY ESTATE WATER USERS ASSOC, DEF, DEVELOPER ASSISTANTS IND, DEF, DOES, JOHN I-IV, DEF	LIS PENDENS \$0.00	1016514 1610/1293	2/22/2010 4:33	02/19/2010 (image)	
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	WARRANTY DEED \$10.00	1003272 1584/0421	7/23/2009 11:43	<u> </u> (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	1002940 1583/1344	7/21/2009 10:38	07/20/2009 (image)	
DEVELOPER ASSISTANTS INC,	PARADISE COUNTRY ESTATES INC,	WARRANTY DEED \$10.00	990201 1555/0425	2/19/2009 1:56	12/16/2008 (image)	
DEVELOPER ASSISTANTS INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	989779 1554/0570	2/12/2009 5:30	02/12/2009 (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	985611 1544/0407	12/9/2008 5:36	12/08/2008 (image)	
CACHE TITLE CO TR,	PARADISE COUNTRY ESTATES INC,	DEED OF RECONVEYANCE \$0.00	985206 1543/1106	12/2/2008 12:32	12/01/2008 (image)	1526/0517 975818
ZIONS FIRST NATIONAL BANK TR,	PARADISE COUNTRY ESTATES INC,	FULL RECONVEYANCE \$0.00	985205 1543/1104	12/2/2008 12:32	11/24/2008 (image)	1435/0492 930442
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	WARRANTY DEED \$10.00	983490 1540/1149	11/3/2008 12:33	10/31/2008 (image)	
Parcel Number 01-108-0004 is a PARENT of 01-108-0034, 1 generation from 01-108-0034.						
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	TRUST DEED \$460,000.00	975818 1526/0517	7/11/2008 4:23	05/20/2006 (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	946737 1468/0874	6/15/2007 3:53	06/15/2007 (image)	
PARADISE COUNTRY ESTATES INC,	WHOM IT MAY CONCERN,	DECLARATION OF COVENANTS \$0.00	944735 1464/0606	5/24/2007 11:46	05/22/2007 (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	934930 1444/0830	1/16/2007 4:44	01/12/2007 (image)	
PARADISE COUNTRY ESTATES INC,	ZIONS FIRST NATIONAL BANK,	LAND DEVELOPMENT LOAN TRUST DEED & ETC \$1,032,000.00	930442 1435/0492	11/13/2006 11:54	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	929962 1434/0562	11/3/2006 2:13	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	PARADISE COUNTRY ESTATES INC,	WARRANTY DEED \$10.00	929789 1433/1871	11/2/2006 10:59	11/01/2006 (image)	

**Abstract for parcel 01-108-0034 in Cache County, Utah.**

Recorder's Office

01-108-0034

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
EAST BENCH HOLDINGS LLC,	JM EQUITY HOLDINGS LLC,	WARRANTY DEED \$10.00	916710 1406/1132	5/18/2006 2:50	05/18/2006 (image)	
BONNEVILLE TITLE CO INC TR,	HERITGAGE HOLDING & DEVELOPMENT CORP INC,	DEED OF RECONVEYANCE \$0.00	894467 1361/0903	7/8/2005 9:22	07/07/2005 (image)	1307/0792 866224
WATERFALL, R SCOTT & NANCY INC,	CHENEY FINANCIAL SERVICES INC,	ASSIGNMENT OF TRUST DEED \$0.00	888578 1349/1355	4/25/2005 3:58	04/08/2005 (image)	1307/0792 866224
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	883883 1341/0042	2/22/2005 4:53	02/22/2005 (image)	
CHENEY FINANCIAL SERVICES INC PROFIT SHARING PLAN,	WATERFALL, R SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	874030 1322/0143	10/6/2004 4:01	09/20/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	ASSIGNMENT OF TRUST DEED \$0.00	873039 1319/0500	9/24/2004 3:46	09/17/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	KNOWLTON, EDWARD	ASSIGNMENT OF TRUST DEED \$0.00	873038 1319/0498	9/24/2004 3:46	09/21/2004 (image)	1307/0792 866224
BONNEVILLE TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	DEED OF RECONVEYANCE \$0.00	866742 1308/0831	7/14/2004 11:09	07/08/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	EAST BENCH HOLDINGS LLC,	QUIT CLAIM DEED \$10.00	866439 1307/1517	7/9/2004 4:26	07/08/2004 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$370,000.00	866224 1307/0792	7/7/2004 1:43	07/01/2004 (image)	
CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	WATERFALL, SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	855253 1285/1061	2/27/2004 11:22	01/29/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	853628 1282/1648	2/4/2004 9:16	02/03/2004 (image)	
BONNEVILLE TITLE COMPANY TR,	HERITAGE HOLDING AND DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	851074 1278/1357	1/5/2004 2:48	12/02/2003 (image)	1184/0145 809978
HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	TRUST DEED \$354,000.00	848702 1274/1340	12/8/2003 4:37	12/02/2003 (image)	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION MAP \$0.00	836129 2003/1708	8/14/2003 4:32	07/28/2003	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION ORDINANCE \$0.00	836128 1252/1965	8/14/2003 4:32	01/22/2003 (image)	
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	821436 1220/1366	4/17/2003 3:00	4/17/2003 (image)	
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	PARTIAL ASSIGNMENT OF TRUST DEED \$0.00	813764 1197/1041	2/13/2003 2:48	(image)	1184/0147 809979
HERITAGE HOLDING AND DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$185,000.00	809978 1184/0145	1/13/2003 11:35	01/09/2003 (image)	

**Abstract for parcel 01-108-0034 in Cache County, Utah.**

Recorder's Office

01-108-0034

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
DANIELSON, LADELL T TRS	HERITAGE HOLDING AND DEVELOPMENT CORP,	QUIT CLAIM DEED \$10.00	807927 1176/0375	12/19/2002 4:02	(image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	777254 1067/0369	12/21/2001 12:51	12/21/2001 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	599739 0608/0518	4/15/1994 10:42	(image)	
UTAH STATE DEPT OF HEALTH,	DANIELSON, DAVID CARL, DEC	DEATH CERTIFICATE \$0.00	592885 0595/0951	1/21/1994 4:37	(image)	
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507005 0415/0567	10/14/1987 12:19	08/19/1987 (image)	0140/0574
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507004 0415/0564	10/14/1987 12:18	08/19/1987 (image)	0136/0389
DANIELSON, DAVID CARL DANIELSON, LADELL T	DANIELSON, DAVID CARL TR DANIELSON, LADELL T TR	QUIT CLAIM DEED \$10.00	507003 0415/0562	10/14/1987 12:18	10/14/1987 (image)	
FEDERAL LAND BANK SACRAMENTO,	DANIELSON, DAVID C & LADELL T	REL OF MTGE \$0.00	468750 0334/0325	5/3/1984 2:18	04/26/1984 (image)	0134/0024
Parcel Number 01-108-0007 is a PARENT of 01-108-0004, 2 generations from 01-108-0034.						
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	873097 1319/0615	9/24/2004 4:48	09/24/2004 (image)	
NORTHERN TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	811379 1188/0587	1/23/2003 3:04	01/23/2003 (image)	1092/0092 784997
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	788866 1103/0283	5/23/2002 11:36	5/23/2002 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	SORENSEN, GARY & ELAYNE	TRUST DEED \$125,000.00	784997 1092/0092	4/4/2002 12:58	4/3/2002 (image)	
DANIELSON, LADELL T TR	HERITAGE HOLDING AND DEVELOPMENT CORP,	WARRANTY DEED \$10.00	783918 1088/0744	3/22/2002 10:13	3/21/2002 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	679790 0799/0993	3/24/1998 2:37	03/17/1998 (image)	
USA, FARMERS HOME ADMINISTRATION	DANIELSON, DAVID C & LADELL T	TERMINATION STATEMENT \$0.00	616250 0643/0796	2/24/1995 11:25	(image)	0000/0000 347459
Parcel Number 01-108-0028 is a PARENT of 01-108-0004, 2 generations from 01-108-0034.						
Parcel Number 01-108-0029 is a PARENT of 01-108-0004, 2 generations from 01-108-0034.						
Parcel Number 01-108-0030 is a PARENT of 01-108-0004, 2 generations from 01-108-0034.						
Parcel Number 01-108-0031 is a PARENT of 01-108-0004, 2 generations from 01-108-0034.						

Cache County Corporation
Tax Roll Information

Monday, March 17, 2014

For 01-108-0034

1:34PM

Owner Name & Address

Owners List

Parcel 01-108-0034 Entry 1003272
 Name DEVELOPER ASSISTANTS INC,
 C/O Name
 Address 1 PO BOX 105
 Address 2
 City State Zip PARADISE UT 84328
 District 002 PARADISE CITY
 Year 2014 Status TX

1 DEVELOPER ASSISTANTS INC,
 1003272 1584/421

Property Address

Address
 City
 Tax Rate 0.010455

***** PROPERTY INFORMATION *****

		2013		2014		
LG	LAND GREENBELT	UNITS/ ACRES	MARKET	TAXABLE	MARKET	TAXABLE
		20.03	250,292	9,755	250,292	9,755
Totals			250,292	9,755	250,292	9,755

***** BUILDING & TAX INFORMATION *****

Square Footage: 0	Taxes for: 2013	101.99
Year Built: 0	Taxes for: 2014	101.99
Building Type:	Special Tax:	0.00
	Abatements:	0.00
	Payments: (0.00)
	Balance Due:	101.99

***** GREENBELT INFORMATION *****

CLASS	ACRES	MARKET	TAXABLE
IT	20.03	250,292	9,755
	20	250,292	9,755

***** BACK TAX SUMMARY *****

Back Taxes for the Year: 2008	99.20	accurate
Back Taxes for the Year: 2009	124.69	accurate
Back Taxes for the Year: 2010	9,672.20	request green belt
Back Taxes for the Year: 2011	3,160.11	request green belt
Back Taxes for the Year: 2012	2,995.08	request green belt
Back Taxes for the Year: 2013	113.29	accurate
Total Back Taxes:	16,164.57	to be paid 11/2014

Name [Signature]
4/24/13 Dev Assist
GB App

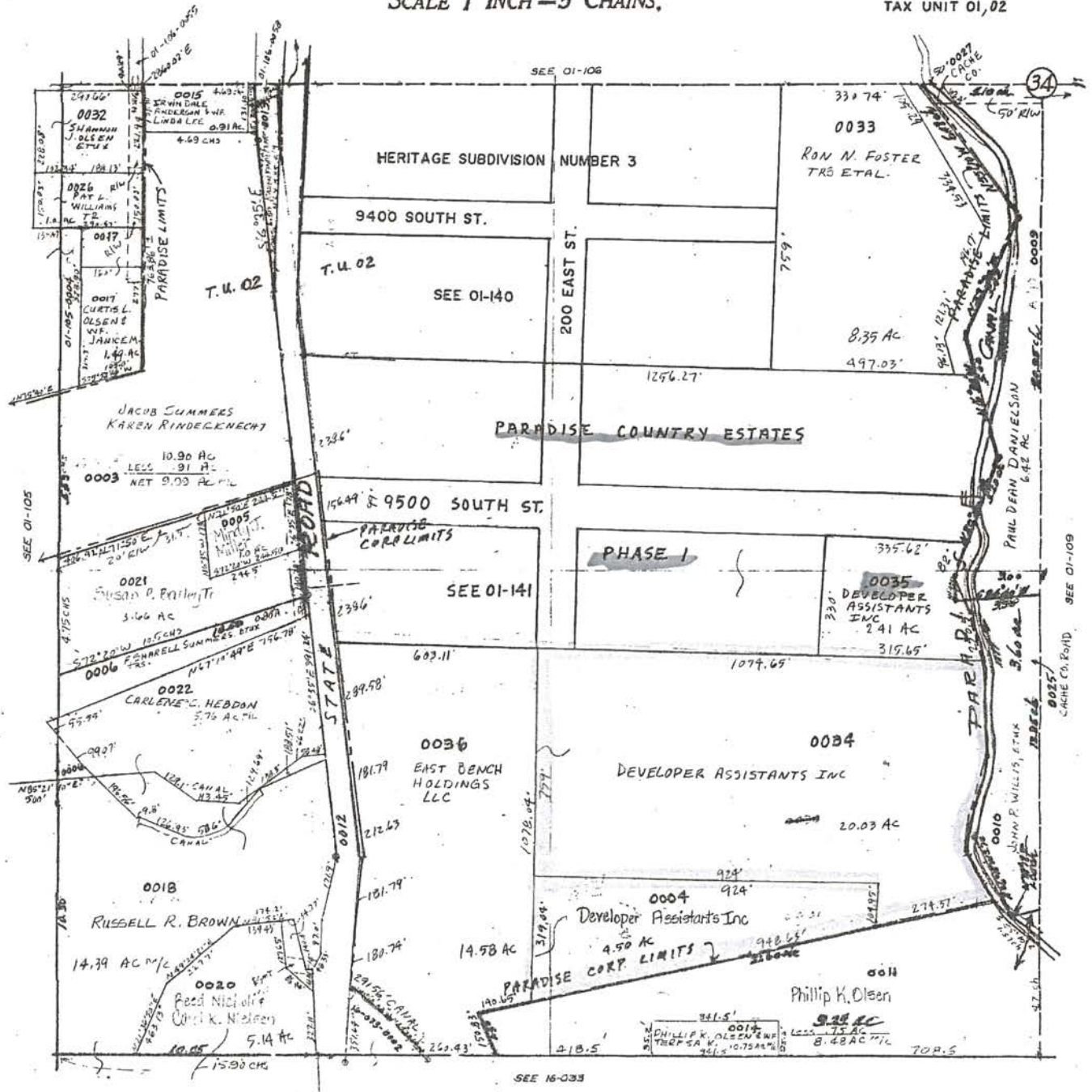
***** PARCEL HISTORY SECTION *****

PT 01-108-0004 11/08;

SW⁴ SECTION 34 TOWNSHIP 10 NORTH, RANGE 1 EAST.

SCALE 1 INCH-3 CHAINS.

TAX UNIT 01,02



**Notice to be Posted by County
of Delinquent Property Tax
Settlement or Deferral**

UCA §59-2-1347
Form PT-034
PT-034.ai Rev. 1/00

Property Owner Information

Property owner name

EAST BENCH HOLDINGS LLC

Property owner address

PO BOX 313

City

PARADISE

State

UT

Zip

84328

Property Information

Parcel, serial, or account number

01-108-0035

Type of property

VACANT

Location or address

9500 S 300 E PARADISE UTAH

Legal description (including acreage)

BEG AT NW COR SEC 34 T 10N R 1E & TH S 4146.80 FT TH E 733.74 FT TO SW COR PARADISE COUNTRY ESTATES PH 1 TH E'LY 1362.11 FT ALG S LN OF SD SUBD TO TRUE POB TH N1*11'21"E 330 FT ALG E LN OF SD SUBD TH S88*43'45"E 335.62 FT ALG S LN SD SUBD TO W BANK OF PARADISE

Settlement or Deferral Information

Total property value _____	\$ 82,100.00
Total interest, penalties, and taxes due _____	\$ 6,078.45
Amount paid _____	\$
Amount abated _____	\$
Amount deferred _____	\$

Comments

REQUEST WAIVER OF PENALTIES & INTEREST DUE TO FIVE YEARS OF LITIGATION TO SETTLE OWNERSHIP. WILL PAY BACK TAXES IN FULL.

County Approval

This property tax settlement/deferral has been approved by the county legislative body of:

Cache County Council on _____, _____.

Cache County Council Chair

Cache County Executive

Cache County Clerk

**Application for Settlement or Deferral
of Delinquent Property Tax**

UCA §59-2-1109 & 1347
Form PT-33
PT-033-1.ai Rev. 11/00

This form should be used in conjunction with Form PT-33A "Agreement of Lien Holder For Deferral or Settlement of Delinquent Taxes". One Form PT-33A should be attached for each lien holder. A deferral may not be granted without the written consent of the holder of any mortgage or trust deed outstanding on the property.

Property Owner Information

Property owner name <i>Paul Danielson</i>	Home phone number <i>245-4253</i>	Work phone number
Property owner address <i>550 E. 9400 So.</i>		
City <i>Paradise</i>	State <i>Ut.</i>	Zip <i>84328</i>

Property Information

Parcel, serial, or account number <i>01-108-0035</i>	Type of property (e.g., commercial, primary residential, etc.) <i>Farm Land</i>
Location or address <i>9500 So. 300 E Paradise Ut.</i>	
Legal description (including acreage)	

Property Value and Tax Information

Year(s) of Delinquency (May go back five years)	Taxes	Penalty	Interest	Total
<i>2008 to present</i>				
Total				<i>6078.45</i>

Current-year market value of property (Attach copy of most recent valuation/tax notice)	\$ <i>see attached</i>
Amount received from home owner/mobile home owner (circuit breaker) tax credits	\$
Amount owner offers in settlement (Attach proposed payment schedule)	\$ <i>5007.69</i>
Amount to be deferred	<i>Property should be taxed as green belt</i>

I/we have exhausted efforts to obtain funds to pay the delinquent taxes. I/we have contacted the lending institutions and other potential sources of funds, such as friends and relatives identified below.

- Property has been subject of litigation for past 5 years and is being returned to us. Property should never have gone out of green belt. It is still harvested*
-
-

Attach the following:

- | | |
|---|--|
| 1. Owner's statement of circumstances and request for relief. | 5. Copies of last 5 years' filings with I.R.S. |
| 2. Most recent valuation/tax notice. | 6. Form PT-33A, "Agreement of Lien Holder for Deferral or Settlement of Delinquent Taxes". |
| 3. Proposed payment schedule. | 7. Other documentation as required. |
| 4. Financial Summary (back of this form) | |

Signature

I certify to the best of my knowledge and understanding, that this information is true, correct, and complete.

Signature of property owner(s) <i>Paul Danielson</i>	Date <i>March 19, 2014</i>
---	-------------------------------

X

X

Paul Danielson
550 E. 9400 S.
Paradise, Utah 84328
435-245-4253

Cache County Council
199 N. Main
Logan, Utah 84321

June 4, 2014

To Whom It May Concern,

On behalf of East Bench Holdings, LLC, I Paul Danielson, formally request that Cache County waive the interest and penalties associated with the back taxes owed on the following Tax Parcel #:

01-108-0004
01-108-0034
01-108-0035

01-141-0002
01-141-0004
01-141-0009

The request is based upon the fact, that I just acquired the title to the above mentioned parcels after four to five years of litigations.

I sincerely appreciate you considering my request.


Paul Danielson

EAST BENCH HOLDINGS LLC C/O PAUL DANIELSON
 SETTLEMENT-WILL PAY BACK TAX NO PENALTY OR INTEREST

PARCEL 01-108-0004 01-108-0034 01-108-0035 01-141-0002 01-141-0004 01-141-0009

TOTAL DELINQUENT AMOUNT 4860.91 16399.11 6078.45 5609.6 5609.6 7472.58 **46,030.25**

BACK TAX AMOUNT

2008	25.49	63.38	20.39	810.86	810.86	1042.54
2009-13	3,857.13	13,134.45	4,987.30	3,662.51	3,662.51	4,935.64
TOTAL	3,882.62	13,197.83	5,007.69	4,473.37	4,473.37	5,978.18

TOTAL BACK TAX 37,013.06

TOTAL PENALTY & INTEREST 9,017.19

Cache County Corporation Tax Roll Information

Monday, June 09, 2014 1:01 PM

01-108-0035

Owner's Name & Address	
Parcel	01-108-0035 Entry 1105590
Name	EAST BENCH HOLDINGS LLC,
C/O Name	
Address	PO BOX 313
City, ST Zip	PARADISE, UT 84328
District	002 PARADISE CITY
Year	2014 Status TX

Owners List	
1	EAST BENCH HOLDINGS LLC, 1105590 1806/350

Property Address	
Address	
City	
Tax Rate	0.010455 (Tax Rate Proposed For 2014)

PARCEL HISTORY

PT 01-108-0004 11/08;

LEGAL DESCRIPTION FOR 2014

BEG AT NW COR SEC 34 T 10N R 1E & TH S 4146.80 FT TH E 733.74 FT TO SW COR PARADISE COUNTRY ESTATES PH 1 TH E'LY 1362.11 FT ALG S LN OF SD SUBD TO TRUE POB TH N1*11'21"E 330 FT ALG E LN OF SD SUBD TH S88*43'45"E 335.62 FT ALG S LN SD SUBD TO W BANK OF PARADISE CANAL TH S15*28'31"W 82.0 FT ALG CANAL TH S1*07'47"W 250.50 FT ALG CANAL TH N88*43'45"W 315.65 FT TO TRUE POB CONT 2.41 AC M/B

PROPERTY INFORMATION

Property Type	2013			2014		
	Acres	Market	Taxable	Acres	Market	Taxable
	2.41	82,100	82,100	2.41	82,100	82,100

BUILDING & TAX INFORMATION

2013 Taxes:	858.36	(Certified Rate: 0.010455)
2014 Taxes:	858.36	(Proposed Rate: 0.010455)
Special Tax: +	0.00	
Abatements: -	0.00	
Payments: -	0.00	
2014 Balance Due:	858.36	

BACK TAX SUMMARY

* Interest is calculated on a monthly basis. Please call the Treasurer's Office for an updated payoff amount at 435-755-1500.

Year	Back Taxes	Special Tax	Rollback	Attached	Interest	Penalty	Year Total
2008	20.39	.00	.00	.00	11.12	10.00	41.51
2009	10.43	.00	.00	.00	6.12	10.00	26.55
2010	813.12	.00	1,567.42	.00	653.88	20.33	3,054.75
2011	861.06	.00	.00	.00	169.43	21.53	1,052.02
2012	876.91	.00	.00	.00	99.32	21.92	998.15
2013	858.36	.00	.00	.00	25.65	21.46	905.47

Total Back Taxes Owed: 6,078.45

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual) <i>no lien holder</i>	
Contact person	Daytime phone number
Property owner/borrower name	Amount of lien \$
Parcel, serial, or account number	Type of property (e.g., commercial, primary residential, etc.)
Property location or address	

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.
Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

X

**Abstract for parcel 01-108-0035 in Cache County, Utah.**

Recorder's Office

01-108-0035

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
DANIELSON, PAUL & BARBARA, PLTF EAST BENCH HOLDINGS LLC, PLTF,	WILDING, JUSTIN, DEF WILDING, AMANDA, DEF JM EQUITY HOLDINGS INC, DEF, PARADISE COUNTRY ESTATES INC, DEF, PARADISE COUNTRY ESTATE WATER USERS ASSOC, DEF, DEVELOPER ASSISTANTS IND, DEF, DOES, JOHN I-IV, DEF	LIS PENDENS \$0.00	1016514 1610/1293	2/22/2010 4:33	02/19/2010 (image)	
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	WARRANTY DEED \$10.00	1003272 1584/0421	7/23/2009 11:43	<u> </u> / <u> </u> / <u> </u> (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	1002940 1583/1344	7/21/2009 10:38	07/20/2009 (image)	
DEVELOPER ASSISTANTS INC,	PARADISE COUNTRY ESTATES INC,	WARRANTY DEED \$10.00	990201 1555/0425	2/19/2009 1:56	12/16/2008 (image)	
DEVELOPER ASSISTANTS INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	989779 1554/0570	2/12/2009 5:30	02/12/2009 (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	985611 1544/0407	12/9/2008 5:36	12/08/2008 (image)	
CACHE TITLE CO TR,	PARADISE COUNTRY ESTATES INC,	DEED OF RECONVEYANCE \$0.00	985206 1543/1106	12/2/2008 12:32	12/01/2008 (image)	1526/0517 975818
ZIONS FIRST NATIONAL BANK TR,	PARADISE COUNTRY ESTATES INC,	FULL RECONVEYANCE \$0.00	985205 1543/1104	12/2/2008 12:32	11/24/2008 (image)	1435/0492 930442
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	WARRANTY DEED \$10.00	983489 1540/1146	11/3/2008 12:32	10/31/2008 (image)	
Parcel Number 01-108-0004 is a PARENT of 01-108-0035, 1 generation from 01-108-0035.						
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	TRUST DEED \$460,000.00	975818 1526/0517	7/11/2008 4:23	05/20/2006 (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	946737 1468/0874	6/15/2007 3:53	06/15/2007 (image)	
PARADISE COUNTRY ESTATES INC,	WHOM IT MAY CONCERN,	DECLARATION OF COVENANTS \$0.00	944735 1464/0606	5/24/2007 11:46	05/22/2007 (image)	
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	934930 1444/0830	1/16/2007 4:44	01/12/2007 (image)	
PARADISE COUNTRY ESTATES INC,	ZIONS FIRST NATIONAL BANK,	LAND DEVELOPMENT LOAN TRUST DEED & ETC \$1,032,000.00	930442 1435/0492	11/13/2006 11:54	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	929962 1434/0562	11/3/2006 2:13	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	PARADISE COUNTRY ESTATES INC,	WARRANTY DEED \$10.00	929789 1433/1871	11/2/2006 10:59	11/01/2006 (image)	
EAST BENCH HOLDINGS LLC,	JM EQUITY HOLDINGS LLC,	WARRANTY DEED \$10.00	916710 1406/1132	5/18/2006 2:50	05/18/2006 (image)	

**Abstract for parcel 01-108-0035 in Cache County, Utah.**

Recorder's Office

01-108-0035

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
BONNEVILLE TITLE CO INC TR,	HERITGAGE HOLDING & DEVELOPMENT CORP INC,	DEED OF RECONVEYANCE \$0.00	894467 1361/0903	7/8/2005 9:22	07/07/2005 (image)	1307/0792 866224
WATERFALL, R SCOTT & NANCY INC,	CHENEY FINANCIAL SERVICES INC,	ASSIGNMENT OF TRUST DEED \$0.00	888578 1349/1355	4/25/2005 3:58	04/08/2005 (image)	1307/0792 866224
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	883883 1341/0042	2/22/2005 4:53	02/22/2005 (image)	
CHENEY FINANCIAL SERVICES INC PROFIT SHARING PLAN,	WATERFALL, R SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	874030 1322/0143	10/6/2004 4:01	09/20/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	ASSIGNMENT OF TRUST DEED \$0.00	873039 1319/0500	9/24/2004 3:46	09/17/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	KNOWLTON, EDWARD	ASSIGNMENT OF TRUST DEED \$0.00	873038 1319/0498	9/24/2004 3:46	09/21/2004 (image)	1307/0792 866224
BONNEVILLE TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	DEED OF RECONVEYANCE \$0.00	866742 1308/0831	7/14/2004 11:09	07/08/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	EAST BENCH HOLDINGS LLC,	QUIT CLAIM DEED \$10.00	866439 1307/1517	7/9/2004 4:26	07/08/2004 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$370,000.00	866224 1307/0792	7/7/2004 1:43	07/01/2004 (image)	
CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	WATERFALL, SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	855253 1285/1061	2/27/2004 11:22	01/29/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	853628 1282/1648	2/4/2004 9:16	02/03/2004 (image)	
BONNEVILLE TITLE COMPANY TR,	HERITAGE HOLDING AND DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	851074 1278/1357	1/5/2004 2:48	12/02/2003 (image)	1184/0145 809978
HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	TRUST DEED \$354,000.00	848702 1274/1340	12/8/2003 4:37	12/02/2003 (image)	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION MAP \$0.00	836129 2003/1708	8/14/2003 4:32	07/28/2003	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION ORDINANCE \$0.00	836128 1252/1965	8/14/2003 4:32	01/22/2003 (image)	
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	821436 1220/1366	4/17/2003 3:00	4/17/2003 (image)	
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	PARTIAL ASSIGNMENT OF TRUST DEED \$0.00	813764 1197/1041	2/13/2003 2:48	(image)	1184/0147 809979
HERITAGE HOLDING AND DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$185,000.00	809978 1184/0145	1/13/2003 11:35	01/09/2003 (image)	
DANIELSON, LADELL T TRS	HERITAGE HOLDING AND DEVELOPMENT CORP,	QUIT CLAIM DEED \$10.00	807927 1176/0375	12/19/2002 4:02	(image)	



Abstract for parcel 01-108-0035 in Cache County, Utah.

Recorder's Office

01-108-0035

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	777254 1067/0369	12/21/2001 12:51	12/21/2001 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	599739 0608/0518	4/15/1994 10:42	(image)	
UTAH STATE DEPT OF HEALTH,	DANIELSON, DAVID CARL, DEC	DEATH CERTIFICATE \$0.00	592885 0595/0951	1/21/1994 4:37	(image)	
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507005 0415/0567	10/14/1987 12:19	08/19/1987 (image)	0140/0574
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507004 0415/0564	10/14/1987 12:18	08/19/1987 (image)	0136/0389
DANIELSON, DAVID CARL DANIELSON, LADELL T	DANIELSON, DAVID CARL TR DANIELSON, LADELL T TR	QUIT CLAIM DEED \$10.00	507003 0415/0562	10/14/1987 12:18	10/14/1987 (image)	
FEDERAL LAND BANK SACRAMENTO,	DANIELSON, DAVID C & LADELL T	REL OF MTGE \$0.00	468750 0334/0325	5/3/1984 2:18	04/26/1984 (image)	0134/0024
Parcel Number 01-108-0007 is a PARENT of 01-108-0004, 2 generations from 01-108-0035.						
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	873097 1319/0615	9/24/2004 4:48	09/24/2004 (image)	
NORTHERN TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	811379 1188/0587	1/23/2003 3:04	01/23/2003 (image)	1092/0092 784997
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	788866 1103/0283	5/23/2002 11:36	5/23/2002 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	SORENSEN, GARY & ELAYNE	TRUST DEED \$125,000.00	784997 1092/0092	4/4/2002 12:58	4/3/2002 (image)	
DANIELSON, LADELL T TR	HERITAGE HOLDING AND DEVELOPMENT CORP,	WARRANTY DEED \$10.00	783918 1088/0744	3/22/2002 10:13	3/21/2002 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	679790 0799/0993	3/24/1998 2:37	03/17/1998 (image)	
USA, FARMERS HOME ADMINISTRATION	DANIELSON, DAVID C & LADELL T	TERMINATION STATEMENT \$0.00	616250 0643/0796	2/24/1995 11:25	(image)	0000/0000 347459
Parcel Number 01-108-0028 is a PARENT of 01-108-0004, 2 generations from 01-108-0035.						
Parcel Number 01-108-0029 is a PARENT of 01-108-0004, 2 generations from 01-108-0035.						
Parcel Number 01-108-0030 is a PARENT of 01-108-0004, 2 generations from 01-108-0035.						
Parcel Number 01-108-0031 is a PARENT of 01-108-0004, 2 generations from 01-108-0035.						

**Cache County Corporation
Tax Roll Information**

Monday, March 17, 2014

For 01-108-0035

1:58PM

Owner Name & Address

Owners List

Parcel	01-108-0035	Entry	1003271
Name	DEVELOPER ASSISTANTS INC,		
C/O Name			
Address 1	PO BOX 105		
Address 2			
City State Zip	PARADISE	UT	84328
District	002	PARADISE CITY	
Year	2014	Status	TX

1 DEVELOPER ASSISTANTS INC,
1003272 1584/421

Property Address

Address	
City	
Tax Rate	0.010455

***** PROPERTY INFORMATION *****

		2013		2014		
LV	LAND VACANT	UNITS/ ACRES	MARKET	TAXABLE	MARKET	TAXABLE
		2.41	82,100	82,100	82,100	82,100
	Totals		82,100	82,100	82,100	82,100

***** BUILDING & TAX INFORMATION *****

Square Footage: 0	Taxes for: 2013	858.36
Year Built: 0	Taxes for: 2014	858.36
Building Type:	Special Tax:	0.00
	Abatements:	0.00
	Payments: (0.00)
	Balance Due:	858.36

***** GREENBELT INFORMATION *****

CLASS	ACRES	MARKET	TAXABLE
IT	0.00	0	

***** BACK TAX SUMMARY *****

Back Taxes for the Year:	2008	41.03	<i>accurate</i>
Back Taxes for the Year:	2009	26.22	<i>accurate</i>
Back Taxes for the Year:	2010	3,012.72	<i>Request green belt tax</i>
Back Taxes for the Year:	2011	1,036.57	<i>Request green belt tax</i>
Back Taxes for the Year:	2012	982.43	<i>Request green belt tax</i>
Back Taxes for the Year:	2013	890.08	<i>Request green belt tax</i>
Total Back Taxes:		5,989.05	<i>to be paid 11/2014</i>

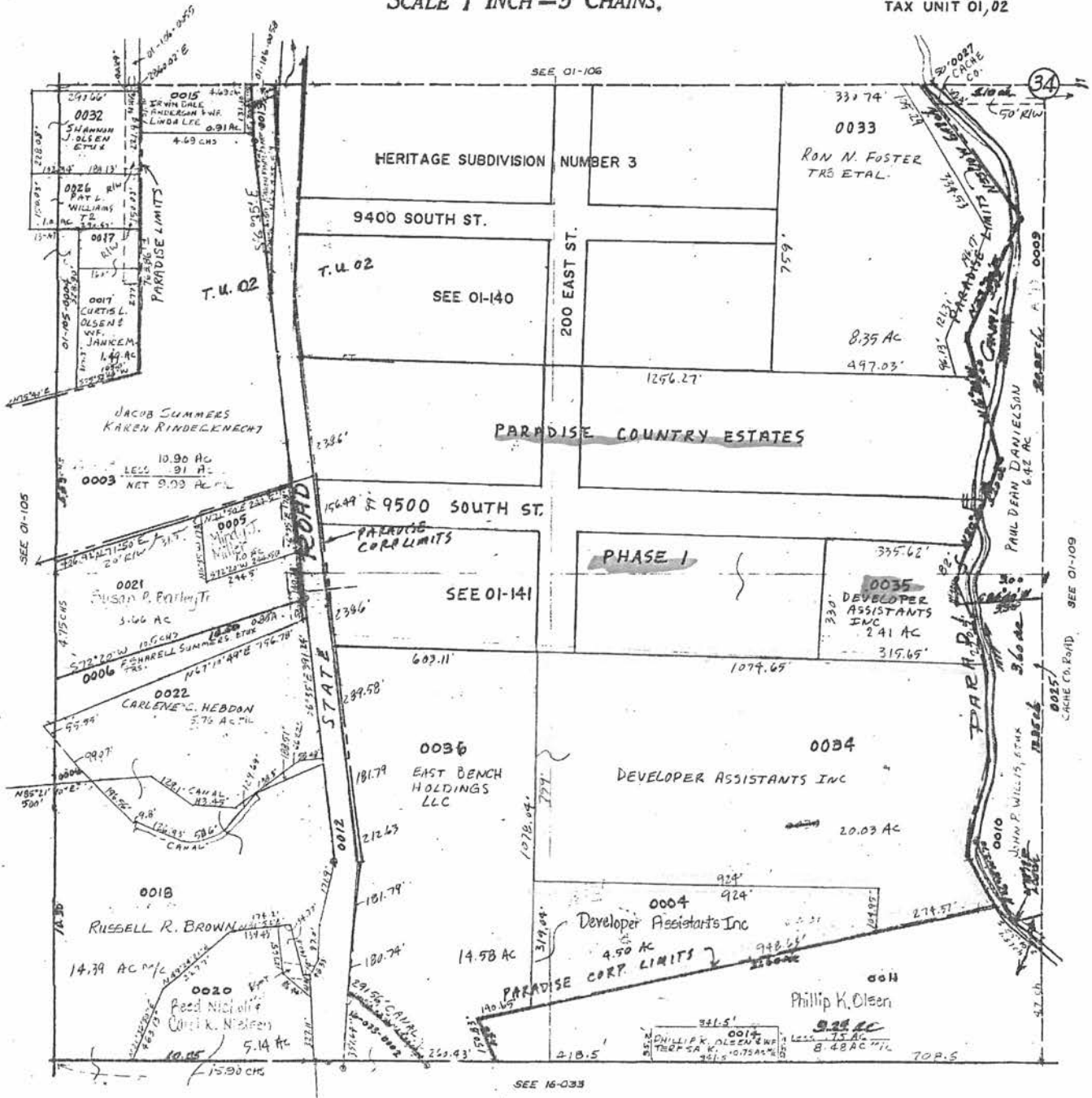
***** PARCEL HISTORY SECTION *****

PT 01-108-0004 11/08;

SW⁴ SECTION 34 TOWNSHIP 10 NORTH, RANGE 1 EAST.

SCALE 1 INCH = 3 CHAINS,

TAX UNIT 01,02



SEE 16-038

SEE 01-109

SEE 01-109

**Notice to be Posted by County
of Delinquent Property Tax
Settlement or Deferral**

UCA §59-2-1347
Form PT-034
PT-034.ai Rev. 1/00

Property Owner Information

Property owner name

EAST BENCH HOLDINGS LLC

Property owner address

PO BOX 313

City

PARADISE

State

UT

Zip

84328

Property Information

Parcel, serial, or account number

01-141-0002

Type of property

VACANT

Location or address

321 E 9500 S PARADISE UTAH

Legal description (including acreage)

LOT 2 PARADISE COUNTRY ESTATES PH 1 CONT 1.25 AC

Settlement or Deferral Information

Total property value _____	\$ 65,000.00
Total interest, penalties, and taxes due _____	\$ 5,609.60
Amount paid _____	\$
Amount abated _____	\$
Amount deferred _____	\$

Comments

REQUEST WAIVER OF PENALTIES & INTEREST DUE TO FIVE YEARS OF LITIGATION TO SETTLE OWNERSHIP. WILL PAY BACK TAXES IN FULL.

County Approval

This property tax settlement/deferral has been approved by the county legislative body of:

Cache County Council on _____, _____.

Cache County Council Chair

Cache County Executive

Cache County Clerk

**Application for Settlement or Deferral
of Delinquent Property Tax**

UCA §59-2-1109 & 1347
Form PT-33
PT-033-1.ai Rev. 11/00

This form should be used in conjunction with Form PT-33A "Agreement of Lien Holder For Deferral or Settlement of Delinquent Taxes". One Form PT-33A should be attached for each lien holder. A deferral may not be granted without the written consent of the holder of any mortgage or trust deed outstanding on the property.

Property Owner Information

Property owner name <i>Paul Danielson</i>	Home phone number <i>245-4253</i>	Work phone number
Property owner address <i>550 E. 9400 So.</i>		
City <i>Paradise</i>	State <i>Ut.</i>	Zip <i>84328</i>

Property Information

Parcel, serial, or account number <i>01-141-0002</i>	Type of property (e.g., commercial, primary residential, etc.) <i>building lot</i>
Location or address <i>321 E. 9500 So. Paradise Ut.</i>	
Legal description (including acreage)	

Property Value and Tax Information

Year(s) of Delinquency (May go back five years)	Taxes	Penalty	Interest	Total
<i>2008 to present</i>		<i>f</i>		<i>---</i>
		<i>u</i>	<i>u</i>	
Total				<i>3609.60</i>

Current year market value of property (Attach copy of most recent valuation/tax notice)	\$ <i>see attached</i>
Amount received from home owner/mobile home owner (circuit breaker) tax credits	\$
Amount owner offers in settlement (Attach proposed payment schedule)	\$ <i>4473.37</i>
Amount to be deferred	<i>2,532.28 until sale of property</i>

I/we have exhausted efforts to obtain funds to pay the delinquent taxes. I/we have contacted the lending institutions and other potential sources of funds, such as friends and relatives, identified below:

- Property has been subject of litigation for past 5 years.*
- and is being returned back to us. We would like to*
- defer payment of taxes until sale of property*

Attach the following:

- | | |
|---|--|
| 1. Owner's statement of circumstances and request for relief. | 5. Copies of last 5 years' filings with I.R.S. |
| 2. Most recent valuation/tax notice. | 6. Form PT-33A, "Agreement of Lien Holder for Deferral or Settlement of Delinquent Taxes". |
| 3. Proposed payment schedule. | 7. Other documentation as required. |
| 4. Financial Summary (back of this form) | |

Signature

I certify to the best of my knowledge and understanding, that this information is true, correct, and complete.

Signature of property owner(s) *Paul Danielson* Date *March 19, 2014*

X

X

Paul Danielson
550 E. 9400 S.
Paradise, Utah 84328
435-245-4253

Cache County Council
199 N. Main
Logan, Utah 84321

June 4, 2014

To Whom It May Concern,

On behalf of East Bench Holdings, LLC, I Paul Danielson, formally request that Cache County waive the interest and penalties associated with the back taxes owed on the following Tax Parcel #:

01-108-0004
01-108-0034
01-108-0035

01-141-0002
01-141-0004
01-141-0009

The request is based upon the fact, that I just acquired the title to the above mentioned parcels after four to five years of litigations.

I sincerely appreciate you considering my request.


Paul Danielson

EAST BENCH HOLDINGS LLC C/O PAUL DANIELSON
 SETTLEMENT-WILL PAY BACK TAX NO PENALTY OR INTEREST

PARCEL 01-108-0004 01-108-0034 01-108-0035 01-141-0002 01-141-0004 01-141-0009

TOTAL DELINQUENT AMOUNT 4860.91 16399.11 6078.45 5609.6 5609.6 7472.58 **46,030.25**

BACK TAX AMOUNT

2008	25.49	63.38	20.39	810.86	810.86	1042.54
2009-13	3,857.13	13,134.45	4,987.30	3,662.51	3,662.51	4,935.64
TOTAL	3,882.62	13,197.83	5,007.69	4,473.37	4,473.37	5,978.18

TOTAL BACK TAX 37,013.06

TOTAL PENALTY & INTEREST 9,017.19

Cache County Corporation Tax Roll Information

Monday, June 09, 2014 1:01 PM

01-141-0002

Owner's Name & Address	
Parcel	01-141-0002 Entry 1105590
Name	EAST BENCH HOLDINGS LLC,
C/O Name	
Address	PO BOX 313
City, ST Zip	PARADISE, UT 84328
District	002 PARADISE CITY
Year	2014 Status TX

Owners List	
1 EAST BENCH HOLDINGS LLC,	
1105590	1806/350

Property Address	
Address	321 E 9500 S
City	PARADISE
Tax Rate	0.010455 (Tax Rate Proposed For 2014)

PARCEL HISTORY

PT 01-108-0004 5/07;

LEGAL DESCRIPTION FOR 2014

LOT 2 PARADISE COUNTRY ESTATES PH 1 CONT 1.25 AC

PROPERTY INFORMATION

	Property Type	2013			2014		
		Acres	Market	Taxable	Acres	Market	Taxable
LV	LAND VACANT	1.25	65,000	65,000	1.25	65,000	65,000

BUILDING & TAX INFORMATION

2013 Taxes:	679.58	(Certified Rate: 0.010455)
2014 Taxes:	679.58	(Proposed Rate: 0.010455)
Special Tax: +	0.00	
Abatements: -	0.00	
Payments: -	0.00	
2014 Balance Due:	679.58	

BACK TAX SUMMARY

* Interest is calculated on a monthly basis. Please call the Treasurer's Office for an updated payoff amount at 435-755-1500.

Year	Back Taxes	Special Tax	Rollback	Attached	Interest	Penalty	Year Total
2008	810.86	.00	.00	.00	309.60	16.22	1,136.68
2009	963.19	.00	.00	.00	306.40	19.26	1,288.85
2010	643.76	.00	.00	.00	184.08	16.09	843.93
2011	681.72	.00	.00	.00	134.24	17.04	833.00
2012	694.26	.00	.00	.00	78.65	17.36	790.27
2013	679.58	.00	.00	.00	20.30	16.99	716.87

Total Back Taxes Owed: 5,609.60

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual)

no lien holder

Contact person

Daytime phone number

Property owner/borrower name

Amount of lien

\$

Parcel, serial, or account number

Type of property (e.g., commercial, primary residential, etc.)

Property location or address

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

X

**Abstract for parcel 01-141-0002 in Cache County, Utah.**

Recorder's Office

01-141-0002

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
DANIELSON, PAUL & BARBARA, PLTF EAST BENCH HOLDINGS LLC, PLTF,	WILDING, JUSTIN, DEF WILDING, AMANDA, DEF JM EQUITY HOLDINGS INC, DEF, PARADISE COUNTRY ESTATES INC, DEF, PARADISE COUNTRY ESTATE WATER USERS ASSOC, DEF, DEVELOPER ASSISTANTS IND, DEF, DOES, JOHN I-IV, DEF	LIS PENDENS \$0.00	1016514 1610/1293	2/22/2010 4:33	02/19/2010 (image)	
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	WARRANTY DEED \$10.00	1003272 1584/0421	7/23/2009 11:43	<u> </u> / <u> </u> / <u> </u> (image)	
DEVELOPER ASSISTANTS INC,	PARADISE COUNTRY ESTATES INC,	WARRANTY DEED \$10.00	990201 1555/0425	2/19/2009 1:56	12/16/2008 (image)	
CACHE TITLE CO TR,	PARADISE COUNTRY ESTATES INC,	DEED OF RECONVEYANCE \$0.00	985206 1543/1106	12/2/2008 12:32	12/01/2008 (image)	1526/0517 975818
ZIONS FIRST NATIONAL BANK TR,	PARADISE COUNTRY ESTATES INC,	FULL RECONVEYANCE \$0.00	985205 1543/1104	12/2/2008 12:32	11/24/2008 (image)	1435/0492 930442
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	WARRANTY DEED \$10.00	983087 1539/1471	10/28/2008 11:20	10/28/2008 (image)	
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	TRUST DEED \$460,000.00	975818 1526/0517	7/11/2008 4:23	05/20/2006 (image)	
PARADISE COUNTRY ESTATES INC,	WHOM IT MAY CONCERN,	DECLARATION OF COVENANTS \$0.00	944735 1464/0606	5/24/2007 11:46	05/22/2007 (image)	
PARADISE COUNTRY ESTATES INC,	PARADISE COUNTRY ESTATES PH 1 *PLAT,	SUBDIVISION PLAT \$0.00	943122 2007/2178	5/3/2007 11:44	05/02/2007	
Parcel Number 01-141-0001 is a PARENT of 01-141-0002, 1 generation from 01-141-0002.						
Parcel Number 01-108-0004 is a PARENT of 01-141-0001, 2 generations from 01-141-0002.						
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	934930 1444/0830	1/16/2007 4:44	01/12/2007 (image)	
PARADISE COUNTRY ESTATES INC,	ZIONS FIRST NATIONAL BANK,	LAND DEVELOPMENT LOAN TRUST DEED & ETC \$1,032,000.00	930442 1435/0492	11/13/2006 11:54	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	929962 1434/0562	11/3/2006 2:13	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	PARADISE COUNTRY ESTATES INC,	WARRANTY DEED \$10.00	929789 1433/1871	11/2/2006 10:59	11/01/2006 (image)	
EAST BENCH HOLDINGS LLC,	JM EQUITY HOLDINGS LLC,	WARRANTY DEED \$10.00	916710 1406/1132	5/18/2006 2:50	05/18/2006 (image)	
BONNEVILLE TITLE CO INC TR,	HERITGAGE HOLDING & DEVELOPMENT CORP INC,	DEED OF RECONVEYANCE \$0.00	894467 1361/0903	7/8/2005 9:22	07/07/2005 (image)	1307/0792 866224
WATTERFALL, R SCOTT & NANCY INC,	CHENEY FINANCIAL SERVICES INC,	ASSIGNMENT OF TRUST DEED \$0.00	888578 1349/1355	4/25/2005 3:58	04/08/2005 (image)	1307/0792 866224

**Abstract for parcel 01-141-0002 in Cache County, Utah.****Recorder's Office****01-141-0002**

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	883883 1341/0042	2/22/2005 4:53	02/22/2005 (image)	
CHENEY FINANCIAL SERVICES INC PROFIT SHARING PLAN,	WATERFALL, R SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	874030 1322/0143	10/6/2004 4:01	09/20/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	ASSIGNMENT OF TRUST DEED \$0.00	873039 1319/0500	9/24/2004 3:46	09/17/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	KNOWLTON, EDWARD	ASSIGNMENT OF TRUST DEED \$0.00	873038 1319/0498	9/24/2004 3:46	09/21/2004 (image)	1307/0792 866224
BONNEVILLE TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	DEED OF RECONVEYANCE \$0.00	866742 1308/0831	7/14/2004 11:09	07/08/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	EAST BENCH HOLDINGS LLC,	QUIT CLAIM DEED \$10.00	866439 1307/1517	7/9/2004 4:26	07/08/2004 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$370,000.00	866224 1307/0792	7/7/2004 1:43	07/01/2004 (image)	
CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	WATERFALL, SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	855253 1285/1061	2/27/2004 11:22	01/29/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	853628 1282/1648	2/4/2004 9:16	02/03/2004 (image)	
BONNEVILLE TITLE COMPANY TR,	HERITAGE HOLDING AND DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	851074 1278/1357	1/5/2004 2:48	12/02/2003 (image)	1184/0145 809978
HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	TRUST DEED \$354,000.00	848702 1274/1340	12/8/2003 4:37	12/02/2003 (image)	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION MAP \$0.00	836129 2003/1708	8/14/2003 4:32	07/28/2003	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION ORDINANCE \$0.00	836128 1252/1965	8/14/2003 4:32	01/22/2003 (image)	
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	821436 1220/1366	4/17/2003 3:00	4/17/2003 (image)	
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	PARTIAL ASSIGNMENT OF TRUST DEED \$0.00	813764 1197/1041	2/13/2003 2:48	(image)	1184/0147 809979
HERITAGE HOLDING AND DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$185,000.00	809978 1184/0145	1/13/2003 11:35	01/09/2003 (image)	
DANIELSON, LADELL T TRS	HERITAGE HOLDING AND DEVELOPMENT CORP,	QUIT CLAIM DEED \$10.00	807927 1176/0375	12/19/2002 4:02	(image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	777254 1067/0369	12/21/2001 12:51	12/21/2001 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	599739 0608/0518	4/15/1994 10:42	(image)	



Abstract for parcel 01-141-0002 in Cache County, Utah.

Recorder's Office

01-141-0002

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
UTAH STATE DEPT OF HEALTH,	DANIELSON, DAVID CARL, DEC	DEATH CERTIFICATE \$0.00	592885 0595/0951	1/21/1994 4:37	(image)	
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507005 0415/0567	10/14/1987 12:19	08/19/1987 (image)	0140/0574
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507004 0415/0564	10/14/1987 12:18	08/19/1987 (image)	0136/0389
DANIELSON, DAVID CARL DANIELSON, LADELL T	DANIELSON, DAVID CARL TR DANIELSON, LADELL T TR	QUIT CLAIM DEED \$10.00	507003 0415/0562	10/14/1987 12:18	10/14/1987 (image)	
FEDERAL LAND BANK SACRAMENTO,	DANIELSON, DAVID C & LADELL T	REL OF MTGE \$0.00	468750 0334/0325	5/3/1984 2:18	04/26/1984 (image)	0134/0024
Parcel Number 01-108-0007 is a PARENT of 01-108-0004, 3 generations from 01-141-0002.						
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	873097 1319/0615	9/24/2004 4:48	09/24/2004 (image)	
NORTHERN TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	811379 1188/0587	1/23/2003 3:04	01/23/2003 (image)	1092/0092 784997
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	788866 1103/0283	5/23/2002 11:36	5/23/2002 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	SORENSEN, GARY & ELAYNE	TRUST DEED \$125,000.00	784997 1092/0092	4/4/2002 12:58	4/3/2002 (image)	
DANIELSON, LADELL T TR	HERITAGE HOLDING AND DEVELOPMENT CORP,	WARRANTY DEED \$10.00	783918 1088/0744	3/22/2002 10:13	3/21/2002 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	679790 0799/0993	3/24/1998 2:37	03/17/1998 (image)	
USA, FARMERS HOME ADMINISTRATION	DANIELSON, DAVID C & LADELL T	TERMINATION STATEMENT \$0.00	616250 0643/0796	2/24/1995 11:25	(image)	0000/0000 347459
Parcel Number 01-108-0028 is a PARENT of 01-108-0004, 3 generations from 01-141-0002.						
Parcel Number 01-108-0029 is a PARENT of 01-108-0004, 3 generations from 01-141-0002.						
Parcel Number 01-108-0030 is a PARENT of 01-108-0004, 3 generations from 01-141-0002.						
Parcel Number 01-108-0031 is a PARENT of 01-108-0004, 3 generations from 01-141-0002.						

**Cache County Corporation
Tax Roll Information**

Monday, March 17, 2014

For 01-141-0002

1:59PM

Owner Name & Address

Owners List

Parcel 01-141-0002 Entry 1003271
 Name DEVELOPER ASSISTANTS INC,
 C/O Name
 Address 1 PO BOX 105
 Address 2
 City State Zip PARADISE UT 84328
 District 002 PARADISE CITY
 Year 2014 Status TX

1 DEVELOPER ASSISTANTS INC,
 1003272 1584/421

Property Address

Address 321 E 9500 S
 City PARADISE
 Tax Rate 0.010455

***** PROPERTY INFORMATION *****

		2013		2014		
LV	LAND VACANT	UNITS/ ACRES	MARKET	TAXABLE	MARKET	TAXABLE
		1.25	65,000	65,000	65,000	65,000
	Totals		65,000	65,000	65,000	65,000

***** BUILDING & TAX INFORMATION *****

Square Footage: 0
 Year Built: 0
 Building Type:

Taxes for: 2013 679.58
 Taxes for: 2014 679.58
 Special Tax: 0.00
 Abatements: 0.00
 Payments: (0.00)
 Balance Due: 679.58

***** BACK TAX SUMMARY *****

Back Taxes for the Year: 2008 1,123.75
 Back Taxes for the Year: 2009 1,273.49
 Back Taxes for the Year: 2010 832.38
 Back Taxes for the Year: 2011 820.76
 Back Taxes for the Year: 2012 777.82
 Back Taxes for the Year: 2013 704.69
 Total Back Taxes: 5,532.89

*Minus penalties and late fees
 to be paid on sale of property*

***** PARCEL HISTORY SECTION *****

PT 01-108-0004 5/07;

***** LEGAL DESCRIPTION *****

Property Address: 321 E 9500 S
 PARADISE

Current Year:

LOT 2 PARADISE COUNTRY ESTATES PH 1 CONT 1.25 AC

Next Year:

01-141

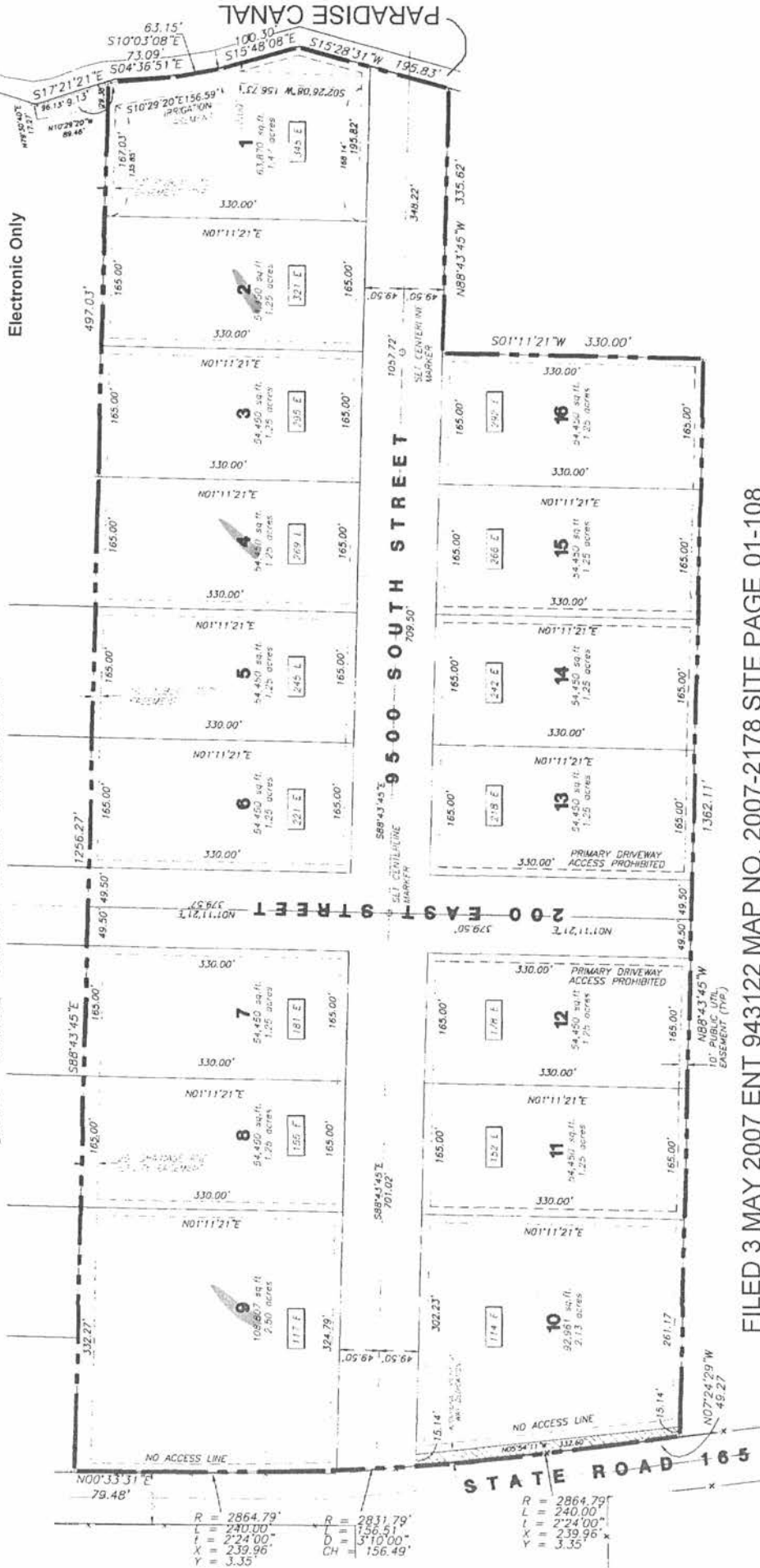


SCALE: 1 INCH = 100 FEET

TAX UNIT 02

PARADISE COUNTRY ESTATES PHASE 1

PART OF THE SOUTHWEST QUARTER OF SECTION 34,
TOWNSHIP 10 NORTH, RANGE 1 EAST
SALT LAKE BASE AND MERIDIAN



FILED 3 MAY 2007 ENT 943122 MAP NO. 2007-2178 SITE PAGE 01-108
PARCEL NO. = 01-141-L0T NO.

**Notice to be Posted by County
of Delinquent Property Tax
Settlement or Deferral**

UCA §59-2-1347
Form PT-034
PT-034.ai Rev. 1/00

Property Owner Information

Property owner name

EAST BENCH HOLDINGS LLC

Property owner address

PO BOX 313

City

PARADISE

State

UT

Zip

84328

Property Information

Parcel, serial, or account number

01-141-0004

Type of property

VACANT

Location or address

321 E 9500 S PARADISE UTAH

Legal description (including acreage)

LOT 4 PARADISE COUNTRY ESTATES PH 1 CONT 1.25 AC

Settlement or Deferral Information

Total property value _____	\$ 65,000.00
Total interest, penalties, and taxes due _____	\$ 5,609.60
Amount paid _____	\$
Amount abated _____	\$
Amount deferred _____	\$

Comments

REQUEST WAIVER OF PENALTIES & INTEREST DUE TO FIVE YEARS OF LITIGATION TO SETTLE OWNERSHIP. WILL PAY BACK TAXES IN FULL.

County Approval

This property tax settlement/deferral has been approved by the county legislative body of:

Cache County Council on _____, _____.

Cache County Council Chair

Cache County Executive

Cache County Clerk

Application for Settlement or Deferral of Delinquent Property Tax

UCA §59-2-1109 & 1347
Form PT-33
PT-033-1.ai Rev. 11/00

This form should be used in conjunction with Form PT-33A "Agreement of Lien Holder For Deferral or Settlement of Delinquent Taxes". One Form PT-33A should be attached for each lien holder. A deferral may not be granted without the written consent of the holder of any mortgage or trust deed outstanding on the property.

Property Owner Information

Property owner name Paul Danielson	Home phone number 245-4253	Work phone number
Property owner address 550 E. 9400 So.		
City Paradise	State Ut.	Zip 84328

Property Information

Parcel, serial, or account number 01-141-0004	Type of property (e.g., commercial, primary residential, etc.) building lot
Location or address 269 E. 9500 So. Paradise Ut.	
Legal description (including acreage)	

Property Value and Tax Information

Year(s) of Delinquency (May go back five years)	Taxes	Penalty	Interest	Total
2008 to present				
Total				5609.60

Current year market value of property (Attach copy of most recent valuation/tax notice)	\$ see attached
Amount received from home owner/mobile home owner (circuit breaker) tax credits	\$
Amount owner offers in settlement (Attach proposed payment schedule)	\$ 4473.37
Amount to be deferred until sale of property	

I/we have exhausted efforts to obtain funds to pay the delinquent taxes. I/we have contacted the lending institutions and other potential sources of funds, such as friends and relatives, identified below:

1. **Property has been subject of litigation for past 5 years**
2. **Case is being returned back to us. We would like to**
3. **defer payment of taxes until sale of property**

Attach the following:

- | | |
|---|--|
| 1. Owner's statement of circumstances and request for relief. | 5. Copies of last 5 years' filings with I.R.S. |
| 2. Most recent valuation/tax notice. | 6. Form PT-33A, "Agreement of Lien Holder for Deferral or Settlement of Delinquent Taxes". |
| 3. Proposed payment schedule. | 7. Other documentation as required. |
| 4. Financial Summary (back of this form) | |

Signature

I certify to the best of my knowledge and understanding, that this information is true, correct, and complete.

Signature of property owner(s) **Paul Danielson** Date **March 19, 2011**

X

X

Paul Danielson
550 E. 9400 S.
Paradise, Utah 84328
435-245-4253

Cache County Council
199 N. Main
Logan, Utah 84321

June 4, 2014

To Whom It May Concern,

On behalf of East Bench Holdings, LLC, I Paul Danielson, formally request that Cache County waive the interest and penalties associated with the back taxes owed on the following Tax Parcel #:

01-108-0004
01-108-0034
01-108-0035

01-141-0002
01-141-0004
01-141-0009

The request is based upon the fact, that I just acquired the title to the above mentioned parcels after four to five years of litigations.

I sincerely appreciate you considering my request.


Paul Danielson

EAST BENCH HOLDINGS LLC C/O PAUL DANIELSON
 SETTLEMENT-WILL PAY BACK TAX NO PENALTY OR INTEREST

PARCEL 01-108-0004 01-108-0034 01-108-0035 01-141-0002 01-141-0004 01-141-0009

TOTAL DELINQUENT AMOUNT 4860.91 16399.11 6078.45 5609.6 5609.6 7472.58 **46,030.25**

BACK TAX AMOUNT

2008	25.49	63.38	20.39	810.86	810.86	1042.54
2009-13	3,857.13	13,134.45	4,987.30	3,662.51	3,662.51	4,935.64
TOTAL	3,882.62	13,197.83	5,007.69	4,473.37	4,473.37	5,978.18

TOTAL BACK TAX 37,013.06

TOTAL PENALTY & INTEREST 9,017.19

Cache County Corporation Tax Roll Information

Monday, June 09, 2014 1:01 PM

01-141-0004

Owner's Name & Address

Parcel **01-141-0004** Entry **1105590**
 Name **EAST BENCH HOLDINGS LLC,**
 C/O Name
 Address **PO BOX 313**

 City, ST Zip **PARADISE, UT 84328**
 District **002 PARADISE CITY**
 Year **2014** Status **TX**

Owners List

1 EAST BENCH HOLDINGS LLC,
1105590 1806/350

Property Address

Address **269 E 9500 S**
 City **PARADISE**
 Tax Rate **0.010455** (Tax Rate Proposed For 2014)

PARCEL HISTORY

PT 01-108-0004 5/07;

LEGAL DESCRIPTION FOR 2014

LOT 4 PARADISE COUNTRY ESTATES PH 1 CONT 1.25 AC

PROPERTY INFORMATION

Property Type	Acres	2013		2014		
		Market	Taxable	Acres	Market	Taxable
LV LAND VACANT	1.25	65,000	65,000	1.25	65,000	65,000

BUILDING & TAX INFORMATION

2013 Taxes:	679.58	(Certified Rate: 0.010455)
2014 Taxes:	679.58	(Proposed Rate: 0.010455)
Special Tax: +	0.00	
Abatements: -	0.00	
Payments: -	0.00	
2014 Balance Due:	679.58	

BACK TAX SUMMARY

* Interest is calculated on a monthly basis. Please call the Treasurer's Office for an updated payoff amount at 435-755-1500.

Year	Back Taxes	Special Tax	Rollback	Attatched	Interest	Penalty	Year Total
2008	810.86	.00	.00	.00	309.60	16.22	1,136.68
2009	963.19	.00	.00	.00	306.40	19.26	1,288.85
2010	643.76	.00	.00	.00	184.08	16.09	843.93
2011	681.72	.00	.00	.00	134.24	17.04	833.00
2012	694.26	.00	.00	.00	78.65	17.36	790.27
2013	679.58	.00	.00	.00	20.30	16.99	716.87

Total Back Taxes Owed: 5,609.60

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual)

no lien holder

Contact person

Daytime phone number

Property owner/borrower name

Amount of lien

\$

Parcel, serial, or account number

Type of property (e.g., commercial, primary residential, etc.)

Property location or address

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

X

**Abstract for parcel 01-141-0004 in Cache County, Utah.**

Recorder's Office

01-141-0004

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
CANYON CREEK DEVELOPMENT LLC,	DEVELOPER ASSISTANTS INC,	SPECIAL WARRANTY DEED \$10.00	1085933 1764/1781	4/24/2013 3:41	04/15/2013 (image)	
DANIELSON, PAUL, PLTF DANIELSON, BARBARA, PLTF EAST BENCH HOLDINGS LLC, PLTF,	WILDING, JUSTIN, DEF WILDING, AMANDA, DEF JM EQUITY HOLDINGS INC, DEF, PARADISE COUNTRY ESTATES INC, DEF, PARADISE COUNTRY ESTATES WATER USERS ASSOC INC, DE, DEVELOPER ASSITANTS INC, DEF, BANKHEAD, DAVID, DEF DOES, JOHN I-V, DEF	LIS PENDENS \$0.00	1034898 1650/0675	12/13/2010 3:20	12/13/2010 (image)	
CANYON CREEK DEVELOPMENT LLC,	WILLIS, JOHN P	QUIT CLAIM DEED \$10.00	1030180 1639/0686	10/4/2010 3:55	10/04/2010 (image)	
PARADISE COUNTRY ESTATES INC,	CANYON CREEK DEVELOPMENT LLC,	WARRANTY DEED \$10.00	1002139 1582/0031	7/8/2009 5:04	07/08/2009 (image)	
DEVELOPER ASSISTANTS INC,	PARADISE COUNTRY ESTATES INC,	WARRANTY DEED \$10.00	1000618 1578/1867	6/22/2009 11:46	12/16/2008 (image)	
CACHE TITLE CO TR,	PARADISE COUNTRY ESTATES INC,	DEED OF RECONVEYANCE \$0.00	985206 1543/1106	12/2/2008 12:32	12/01/2008 (image)	1526/0517 975818
ZIONS FIRST NATIONAL BANK TR,	PARADISE COUNTRY ESTATES INC,	FULL RECONVEYANCE \$0.00	985205 1543/1104	12/2/2008 12:32	11/24/2008 (image)	1435/0492 930442
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	WARRANTY DEED \$10.00	983087 1539/1471	10/28/2008 11:20	10/28/2008 (image)	
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	TRUST DEED \$460,000.00	975818 1526/0517	7/11/2008 4:23	05/20/2006 (image)	
PARADISE COUNTRY ESTATES INC,	WHOM IT MAY CONCERN,	DECLARATION OF COVENANTS \$0.00	944735 1464/0606	5/24/2007 11:46	05/22/2007 (image)	
PARADISE COUNTRY ESTATES INC,	PARADISE COUNTRY ESTATES PH 1 *PLAT,	SUBDIVISION PLAT \$0.00	943122 2007/2178	5/3/2007 11:44	05/02/2007	
Parcel Number 01-141-0001 is a PARENT of 01-141-0004, 1 generation from 01-141-0004.						
Parcel Number 01-108-0004 is a PARENT of 01-141-0001, 2 generations from 01-141-0004.						
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	934930 1444/0830	1/16/2007 4:44	01/12/2007 (image)	
PARADISE COUNTRY ESTATES INC,	ZIONS FIRST NATIONAL BANK,	LAND DEVELOPMENT LOAN TRUST DEED & ETC \$1,032,000.00	930442 1435/0492	11/13/2006 11:54	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	929962 1434/0562	11/3/2006 2:13	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	PARADISE COUNTRY ESTATES INC,	WARRANTY DEED \$10.00	929789 1433/1871	11/2/2006 10:59	11/01/2006 (image)	
EAST BENCH HOLDINGS LLC,	JM EQUITY HOLDINGS LLC,	WARRANTY DEED \$10.00	916710 1406/1132	5/18/2006 2:50	05/18/2006 (image)	

**Abstract for parcel 01-141-0004 in Cache County, Utah.**

Recorder's Office

01-141-0004

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
BONNEVILLE TITLE CO INC TR,	HERITGAGE HOLDING & DEVELOPMENT CORP INC,	DEED OF RECONVEYANCE \$0.00	894467 1361/0903	7/8/2005 9:22	07/07/2005 (image)	1307/0792 866224
WATERFALL, R SCOTT & NANCY	CHENEY FINANCIAL SERVICES INC,	ASSIGNMENT OF TRUST DEED \$0.00	888578 1349/1355	4/25/2005 3:58	04/08/2005 (image)	1307/0792 866224
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	883883 1341/0042	2/22/2005 4:53	02/22/2005 (image)	
CHENEY FINANCIAL SERVICES INC PROFIT SHARING PLAN,	WATERFALL, R SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	874030 1322/0143	10/6/2004 4:01	09/20/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	ASSIGNMENT OF TRUST DEED \$0.00	873039 1319/0500	9/24/2004 3:46	09/17/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	KNOWLTON, EDWARD	ASSIGNMENT OF TRUST DEED \$0.00	873038 1319/0498	9/24/2004 3:46	09/21/2004 (image)	1307/0792 866224
BONNEVILLE TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	DEED OF RECONVEYANCE \$0.00	866742 1308/0831	7/14/2004 11:09	07/08/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	EAST BENCH HOLDINGS LLC,	QUIT CLAIM DEED \$10.00	866439 1307/1517	7/9/2004 4:26	07/08/2004 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$370,000.00	866224 1307/0792	7/7/2004 1:43	07/01/2004 (image)	
CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	WATERFALL, SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	855253 1285/1061	2/27/2004 11:22	01/29/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	853628 1282/1648	2/4/2004 9:16	02/03/2004 (image)	
BONNEVILLE TITLE COMPANY TR,	HERITAGE HOLDING AND DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	851074 1278/1357	1/5/2004 2:48	12/02/2003 (image)	1184/0145 809978
HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	TRUST DEED \$354,000.00	848702 1274/1340	12/8/2003 4:37	12/02/2003 (image)	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION MAP \$0.00	836129 2003/1708	8/14/2003 4:32	07/28/2003	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION ORDINANCE \$0.00	836128 1252/1965	8/14/2003 4:32	01/22/2003 (image)	
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	821436 1220/1366	4/17/2003 3:00	4/17/2003 (image)	
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	PARTIAL ASSIGNMENT OF TRUST DEED \$0.00	813764 1197/1041	2/13/2003 2:48	(image)	1184/0147 809979
HERITAGE HOLDING AND DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$185,000.00	809978 1184/0145	1/13/2003 11:35	01/09/2003 (image)	
DANIELSON, LADELL T TRS	HERITAGE HOLDING AND DEVELOPMENT CORP,	QUIT CLAIM DEED \$10.00	807927 1176/0375	12/19/2002 4:02	(image)	

**Abstract for parcel 01-141-0004 in Cache County, Utah.**

Recorder's Office

01-141-0004

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	777254 1067/0369	12/21/2001 12:51	12/21/2001 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	599739 0608/0518	4/15/1994 10:42	(image)	
UTAH STATE DEPT OF HEALTH,	DANIELSON, DAVID CARL, DEC	DEATH CERTIFICATE \$0.00	592885 0595/0951	1/21/1994 4:37	(image)	
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507005 0415/0567	10/14/1987 12:19	08/19/1987 (image)	0140/0574
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507004 0415/0564	10/14/1987 12:18	08/19/1987 (image)	0136/0389
DANIELSON, DAVID CARL DANIELSON, LADELL T	DANIELSON, DAVID CARL TR DANIELSON, LADELL T TR	QUIT CLAIM DEED \$10.00	507003 0415/0562	10/14/1987 12:18	10/14/1987 (image)	
FEDERAL LAND BANK SACRAMENTO,	DANIELSON, DAVID C & LADELL T	REL OF MTGE \$0.00	468750 0334/0325	5/3/1984 2:18	04/26/1984 (image)	0134/0024
Parcel Number 01-108-0007 is a PARENT of 01-108-0004, 3 generations from 01-141-0004.						
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	873097 1319/0615	9/24/2004 4:48	09/24/2004 (image)	
NORTHERN TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	811379 1188/0587	1/23/2003 3:04	01/23/2003 (image)	1092/0092 784997
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	788866 1103/0283	5/23/2002 11:36	5/23/2002 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	SORENSEN, GARY & ELAYNE	TRUST DEED \$125,000.00	784997 1092/0092	4/4/2002 12:58	4/3/2002 (image)	
DANIELSON, LADELL T TR	HERITAGE HOLDING AND DEVELOPMENT CORP,	WARRANTY DEED \$10.00	783918 1088/0744	3/22/2002 10:13	3/21/2002 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	679790 0799/0993	3/24/1998 2:37	03/17/1998 (image)	
USA, FARMERS HOME ADMINISTRATION	DANIELSON, DAVID C & LADELL T	TERMINATION STATEMENT \$0.00	616250 0643/0796	2/24/1995 11:25	(image)	0000/0000 347459
Parcel Number 01-108-0028 is a PARENT of 01-108-0004, 3 generations from 01-141-0004.						
Parcel Number 01-108-0029 is a PARENT of 01-108-0004, 3 generations from 01-141-0004.						
Parcel Number 01-108-0030 is a PARENT of 01-108-0004, 3 generations from 01-141-0004.						
Parcel Number 01-108-0031 is a PARENT of 01-108-0004, 3 generations from 01-141-0004.						

Cache County Corporation
Tax Roll Information

Monday, March 17, 2014

For 01-141-0004

1:59PM

Owner Name & Address

Owners List

Parcel 01-141-0004 Entry 1085931
 Name DEVELOPER ASSISTANTS INC,
 C/O Name
 Address 1 126 E 9300 S
 Address 2
 City State Zip PARADISE UT 84328
 District 002 PARADISE CITY
 Year 2014 Status TX

1 DEVELOPER ASSISTANTS INC,
 1085933 1764/1781

Property Address

Address 269 E 9500 S
 City PARADISE
 Tax Rate 0.010455

***** PROPERTY INFORMATION *****

		2013		2014		
LV	LAND VACANT	UNITS/ ACRES	MARKET	TAXABLE	MARKET	TAXABLE
		1.25	65,000	65,000	65,000	65,000
	Totals		65,000	65,000	65,000	65,000

***** BUILDING & TAX INFORMATION *****

Square Footage: 0	Taxes for: 2013	679.58
Year Built: 0	Taxes for: 2014	679.58
Building Type:	Special Tax:	0.00
	Abatements:	0.00
	Payments: (0.00)
	Balance Due:	679.58

***** BACK TAX SUMMARY *****

Back Taxes for the Year: 2008	1,123.75
Back Taxes for the Year: 2009	1,273.49
Back Taxes for the Year: 2010	832.38
Back Taxes for the Year: 2011	820.76
Back Taxes for the Year: 2012	777.82
Back Taxes for the Year: 2013	704.69
Total Back Taxes:	5,532.89

Minus penalties and late fees to be paid on sale of property

***** PARCEL HISTORY SECTION *****

PT 01-108-0004 5/07;

***** LEGAL DESCRIPTION *****

Property Address: 269 E 9500 S
 PARADISE

Current Year:

LOT 4 PARADISE COUNTRY ESTATES PH 1 CONT 1.25 AC

Next Year:

PARADISE COUNTRY ESTATES PHASE 1

PART OF THE SOUTHWEST QUARTER OF SECTION 34,
TOWNSHIP 10 NORTH, RANGE 1 EAST
SALT LAKE BASE AND MERIDIAN

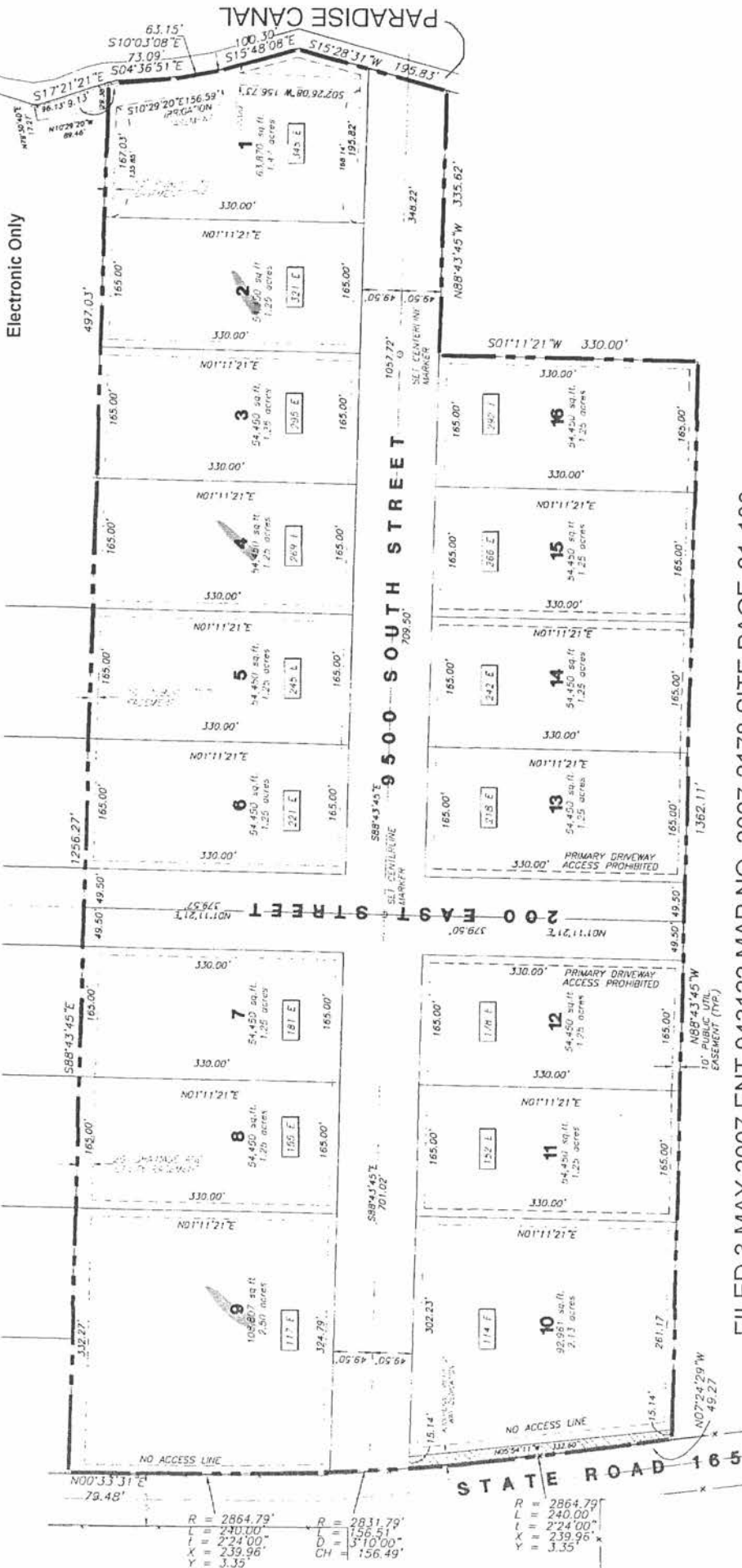
01-141

TAX UNIT 02



SCALE: 1 INCH = 100 FEET

Electronic Only



R = 2864.79'	R = 2831.79'
L = 230.00'	L = 156.51'
X = 232.00'	D = 3'10.00"
Y = 232.96'	CH = 156.49'
Y = 3.35'	

R = 2864.79'
L = 240.00'
X = 224.00'
Y = 239.96'
Y = 3.35'

FILED 3 MAY 2007 ENT 943122 MAP NO. 2007-2178 SITE PAGE 01-108
PARCEL NO. = 01-141-L0T NO.

**Notice to be Posted by County
of Delinquent Property Tax
Settlement or Deferral**

UCA §59-2-1347
Form PT-034
PT-034.ai Rev. 1/00

Property Owner Information

Property owner name

EAST BENCH HOLDINGS LLC

Property owner address

PO BOX 313

City

PARADISE

State

UT

Zip

84328

Property Information

Parcel, serial, or account number

01-141-0009

Type of property

VACANT

Location or address

117 E 9500 S PARADISE UTAH

Legal description (including acreage)

LOT 9 PARADISE COUNTRY ESTATES PH 1 CONT 2.50 AC

Settlement or Deferral Information

Total property value _____	\$ 90,000.00
Total interest, penalties, and taxes due _____	\$ 7,472.58
Amount paid _____	\$
Amount abated _____	\$
Amount deferred _____	\$

Comments

REQUEST WAIVER OF PENALTIES & INTEREST DUE TO FIVE YEARS OF LITIGATION TO SETTLE OWNERSHIP. WILL PAY BACK TAXES IN FULL.

County Approval

This property tax settlement/deferral has been approved by the county legislative body of:

Cache County Council on _____, _____.

Cache County Council Chair

Cache County Executive

Cache County Clerk

Application for Settlement or Deferral of Delinquent Property Tax

UCA §59-2-1109 & 1347
Form PT-33
PT-033-1.ai Rev. 11/00

This form should be used in conjunction with Form PT-33A "Agreement of Lien Holder For Deferral or Settlement of Delinquent Taxes". One Form PT-33A should be attached for each lien holder. A deferral may not be granted without the written consent of the holder of any mortgage or trust deed outstanding on the property.

Property Owner Information

Property owner name <i>Paul Danielson</i>	Home phone number <i>245-4253</i>	Work phone number
Property owner address <i>550 E. 9400 So.</i>		
City <i>Paradise</i>	State <i>Ut.</i>	Zip <i>84328</i>

Property Information

Parcel, serial, or account number <i>01-141-0009</i>	Type of property (e.g., commercial, primary residential, etc.) <i>building lot</i>
Location or address <i>117 E. 9500 So.</i>	
Legal description (including acreage)	

Property Value and Tax Information

Year(s) of Delinquency (May go back five years)	Taxes	Penalty	Interest	Total
<i>2008 to Present</i>				<i>7472.58</i>
Total				<i>7472.58</i>

Current year market value of property (Attach copy of most recent valuation/tax notice)	\$ <i>see attached</i>
Amount received from home owner/mobile home owner (circuit breaker) tax credits	\$
Amount owner offers in settlement (Attach proposed payment schedule)	\$ <i>5978.18</i>
Amount to be deferred	<i>7319.83</i> <i>until sale of property</i>

I/we have exhausted efforts to obtain funds to pay the delinquent taxes. I/we have contacted the lending institutions and other potential sources of funds, such as friends and relatives, identified below:

- ~~1. Property has been subject of litigation for past 5~~
- ~~2. years and is being returned to us. We would like to~~
- ~~3. defer payment of taxes until sale of property~~

Attach the following:

- | | |
|---|--|
| 1. Owner's statement of circumstances and request for relief. | 5. Copies of last 5 years' filings with I.R.S. |
| 2. Most recent valuation/tax notice. | 6. Form PT-33A, "Agreement of Lien Holder for Deferral or Settlement of Delinquent Taxes". |
| 3. Proposed payment schedule. | 7. Other documentation as required. |
| 4. Financial Summary (back of this form) | |

Signature

I certify to the best of my knowledge and understanding, that this information is true, correct, and complete.

Signature of property owner(s) *Paul Danielson* Date *March 19, 2014*

X

X

Paul Danielson
550 E. 9400 S.
Paradise, Utah 84328
435-245-4253

Cache County Council
199 N. Main
Logan, Utah 84321

June 4, 2014

To Whom It May Concern,

On behalf of East Bench Holdings, LLC, I Paul Danielson, formally request that Cache County waive the interest and penalties associated with the back taxes owed on the following Tax Parcel #:

01-108-0004
01-108-0034
01-108-0035

01-141-0002
01-141-0004
01-141-0009

The request is based upon the fact, that I just acquired the title to the above mentioned parcels after four to five years of litigations.

I sincerely appreciate you considering my request.


Paul Danielson

EAST BENCH HOLDINGS LLC C/O PAUL DANIELSON
 SETTLEMENT-WILL PAY BACK TAX NO PENALTY OR INTEREST

PARCEL 01-108-0004 01-108-0034 01-108-0035 01-141-0002 01-141-0004 01-141-0009

TOTAL DELINQUENT AMOUNT 4860.91 16399.11 6078.45 5609.6 5609.6 7472.58 **46,030.25**

BACK TAX AMOUNT

2008	25.49	63.38	20.39	810.86	810.86	1042.54
2009-13	3,857.13	13,134.45	4,987.30	3,662.51	3,662.51	4,935.64
TOTAL	3,882.62	13,197.83	5,007.69	4,473.37	4,473.37	5,978.18

TOTAL BACK TAX 37,013.06

TOTAL PENALTY & INTEREST 9,017.19

Cache County Corporation Tax Roll Information

Monday, June 09, 2014 1:01 PM

01-141-0009

Owner's Name & Address

Parcel	01-141-0009	Entry	1105590
Name	EAST BENCH HOLDINGS LLC,		
C/O Name			
Address	PO BOX 313		
City, ST Zip	PARADISE, UT 84328		
District	002 PARADISE CITY		
Year	2014	Status	TX

Owners List

1 EAST BENCH HOLDINGS LLC,
1105590 1806/350

Property Address

Address	117 E 9500 S
City	PARADISE
Tax Rate	0.010455 (Tax Rate Proposed For 2014)

PARCEL HISTORY

PT 01-108-0004 5/07;

LEGAL DESCRIPTION FOR 2014

LOT 9 PARADISE COUNTRY ESTATES PH 1 CONT 2.50 AC

PROPERTY INFORMATION

Property Type	Acres	2013		Acres	2014	
		Market	Taxable		Market	Taxable
LV LAND VACANT	2.50	89,999	90,000	2.50	89,999	90,000

BUILDING & TAX INFORMATION

2013 Taxes:	940.95	(Certified Rate: 0.010455)
2014 Taxes:	940.95	(Proposed Rate: 0.010455)
Special Tax: +	0.00	
Abatements: -	0.00	
Payments: -	0.00	
2014 Balance Due:	940.95	

BACK TAX SUMMARY

* Interest is calculated on a monthly basis. Please call the Treasurer's Office for an updated payoff amount at 435-755-1500.

Year	Back Taxes	Special Tax	Rollback	Attached	Interest	Penalty	Year Total
2008	1,042.54	.00	.00	.00	398.00	20.85	1,461.39
2009	1,198.12	.00	.00	.00	380.64	23.96	1,602.72
2010	891.36	.00	.00	.00	254.80	22.28	1,168.44
2011	943.92	.00	.00	.00	185.60	23.60	1,153.12
2012	961.29	.00	.00	.00	108.97	24.03	1,094.29
2013	940.95	.00	.00	.00	28.15	23.52	992.62

Total Back Taxes Owed: 7,472.58

**Agreement of Lien Holder
For Deferral or Settlement of Delinquent Taxes**

UCA §59-2-1347
Form PT-33A
PT-033a.ai Rev. 4/00

General Information

Lien Holder (company or individual)	
Contact person	Daytime phone number
Property owner/borrower name	Amount of lien
Parcel, serial, or account number	Type of property (e.g., commercial, primary residential, etc.)
Property location or address	

NO lien holder

We, as lien holder, have been notified that there are delinquent taxes on this property that will cause this property to be sold for taxes unless all delinquent taxes, penalties, and interest are paid by the date of the final tax sale. We have been notified by the property owner/borrower that he/she is applying for a settlement or deferral of the delinquent property taxes under UCA §59-2-1347, and we have no objections to the application. We also agree to establish and maintain an escrow account to provide for the timely payment of current and future taxes.

We also request that in the event the settlement or deferral is not granted, we be immediately notified so that we can take action to protect our interest in the property.

Signature

I give consent to allow a deferral to be granted at the discretion of the county legislative body.

Name of holder of any mortgage or trust deed outstanding on the property

Authorized signature

X



Abstract for parcel 01-141-0009 in Cache County, Utah.

Recorder's Office

01-141-0009

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
DANIELSON, PAUL & BARBARA, PLTF EAST BENCH HOLDINGS LLC, PLTF,	WILDING, JUSTIN, DEF WILDING, AMANDA, DEF JM EQUITY HOLDINGS INC, DEF, PARADISE COUNTRY ESTATES INC, DEF, PARADISE COUNTRY ESTATE WATER USERS ASSOC, DEF, DEVELOPER ASSISTANTS IND, DEF, DOES, JOHN I-IV, DEF	LIS PENDENS \$0.00	1016514 1610/1293	2/22/2010 4:33	02/19/2010 (image)	
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	WARRANTY DEED \$10.00	1003272 1584/0421	7/23/2009 11:43	_____ (image)	
DEVELOPER ASSISTANTS INC,	PARADISE COUNTRY ESTATES INC,	WARRANTY DEED \$10.00	990201 1555/0425	2/19/2009 1:56	12/16/2008 (image)	
CACHE TITLE CO TR,	PARADISE COUNTRY ESTATES INC,	DEED OF RECONVEYANCE \$0.00	985206 1543/1106	12/2/2008 12:32	12/01/2008 (image)	1526/0517 975818
ZIONS FIRST NATIONAL BANK TR,	PARADISE COUNTRY ESTATES INC,	FULL RECONVEYANCE \$0.00	985205 1543/1104	12/2/2008 12:32	11/24/2008 (image)	1435/0492 930442
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	WARRANTY DEED \$10.00	983087 1539/1471	10/28/2008 11:20	10/28/2008 (image)	
PARADISE COUNTRY ESTATES INC,	DEVELOPER ASSISTANTS INC,	TRUST DEED \$460,000.00	975818 1526/0517	7/11/2008 4:23	05/20/2006 (image)	
PARADISE COUNTRY ESTATES INC,	WHOM IT MAY CONCERN,	DECLARATION OF COVENANTS \$0.00	944735 1464/0606	5/24/2007 11:46	05/22/2007 (image)	
PARADISE COUNTRY ESTATES INC,	PARADISE COUNTRY ESTATES PH 1 *PLAT,	SUBDIVISION PLAT \$0.00	943122 2007/2178	5/3/2007 11:44	05/02/2007	
Parcel Number 01-141-0001 is a PARENT of 01-141-0009, 1 generation from 01-141-0009.						
Parcel Number 01-108-0004 is a PARENT of 01-141-0001, 2 generations from 01-141-0009.						
PARADISE COUNTRY ESTATES INC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	934930 1444/0830	1/16/2007 4:44	01/12/2007 (image)	
PARADISE COUNTRY ESTATES INC,	ZIONS FIRST NATIONAL BANK,	LAND DEVELOPMENT LOAN TRUST DEED & ETC \$1,032,000.00	930442 1435/0492	11/13/2006 11:54	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	929962 1434/0562	11/3/2006 2:13	11/03/2006 (image)	
JM EQUITY HOLDINGS LLC,	PARADISE COUNTRY ESTATES INC,	WARRANTY DEED \$10.00	929789 1433/1871	11/2/2006 10:59	11/01/2006 (image)	
EAST BENCH HOLDINGS LLC,	JM EQUITY HOLDINGS LLC,	WARRANTY DEED \$10.00	916710 1406/1132	5/18/2006 2:50	05/18/2006 (image)	
BONNEVILLE TITLE CO INC TR,	HERITGAGE HOLDING & DEVELOPMENT CORP INC,	DEED OF RECONVEYANCE \$0.00	894467 1361/0903	7/8/2005 9:22	07/07/2005 (image)	1307/0792 866224
WATTERFALL, R SCOTT & NANCY	CHENEY FINANCIAL SERVICES INC,	ASSIGNMENT OF TRUST DEED \$0.00	888578 1349/1355	4/25/2005 3:58	04/08/2005 (image)	1307/0792 866224

**Abstract for parcel 01-141-0009 in Cache County, Utah.****Recorder's Office****01-141-0009**

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	883883 1341/0042	2/22/2005 4:53	02/22/2005 (image)	
CHENEY FINANCIAL SERVICES INC PROFIT SHARING PLAN,	WATERFALL, R SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	874030 1322/0143	10/6/2004 4:01	09/20/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	ASSIGNMENT OF TRUST DEED \$0.00	873039 1319/0500	9/24/2004 3:46	09/17/2004 (image)	1307/0792 866224
CHENEY FINANCIAL SERVICES INC,	KNOWLTON, EDWARD	ASSIGNMENT OF TRUST DEED \$0.00	873038 1319/0498	9/24/2004 3:46	09/21/2004 (image)	1307/0792 866224
BONNEVILLE TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	DEED OF RECONVEYANCE \$0.00	866742 1308/0831	7/14/2004 11:09	07/08/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	EAST BENCH HOLDINGS LLC,	QUIT CLAIM DEED \$10.00	866439 1307/1517	7/9/2004 4:26	07/08/2004 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$370,000.00	866224 1307/0792	7/7/2004 1:43	07/01/2004 (image)	
CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	WATERFALL, SCOTT & NANCY	ASSIGNMENT OF TRUST DEED \$0.00	855253 1285/1061	2/27/2004 11:22	01/29/2004 (image)	1274/1340 848702
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	853628 1282/1648	2/4/2004 9:16	02/03/2004 (image)	
BONNEVILLE TITLE COMPANY TR,	HERITAGE HOLDING AND DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	851074 1278/1357	1/5/2004 2:48	12/02/2003 (image)	1184/0145 809978
HERITAGE HOLDING & DEVELOPMENT CORP AKA, HERITAGE HOLDING & DEVELOPMENT CORPORATION,	CHENEY, HOWARD W TR CHENEY, JOSHUA R TR	TRUST DEED \$354,000.00	848702 1274/1340	12/8/2003 4:37	12/02/2003 (image)	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION MAP \$0.00	836129 2003/1708	8/14/2003 4:32	07/28/2003	
PARADISE TOWN CORP,	WHOM IT MAY CONCERN,	ANNEXATION ORDINANCE \$0.00	836128 1252/1965	8/14/2003 4:32	01/22/2003 (image)	
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	821436 1220/1366	4/17/2003 3:00	4/17/2003 (image)	
CHENEY FINANCIAL SERVICES INC,	MORRISON, W JAMES MD TR RUFF, RONALD J MD TR	PARTIAL ASSIGNMENT OF TRUST DEED \$0.00	813764 1197/1041	2/13/2003 2:48	(image)	1184/0147 809979
HERITAGE HOLDING AND DEVELOPMENT CORP,	CHENEY FINANCIAL SERVICES INC,	TRUST DEED \$185,000.00	809978 1184/0145	1/13/2003 11:35	01/09/2003 (image)	
DANIELSON, LADELL T TRS	HERITAGE HOLDING AND DEVELOPMENT CORP,	QUIT CLAIM DEED \$10.00	807927 1176/0375	12/19/2002 4:02	(image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	777254 1067/0369	12/21/2001 12:51	12/21/2001 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	599739 0608/0518	4/15/1994 10:42	(image)	

**Abstract for parcel 01-141-0009 in Cache County, Utah.****Recorder's Office****01-141-0009**

179 North Main St. Suite 101 • Logan, UT 84321 • (435)755-1530

Grantors	Grantees	Kind of Inst. Consideration	Entry # Book/Pg	D.O.F. T.O.F.	D.O.I. (Image)	Affected Entry #
UTAH STATE DEPT OF HEALTH,	DANIELSON, DAVID CARL, DEC	DEATH CERTIFICATE \$0.00	592885 0595/0951	1/21/1994 4:37	(image)	
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507005 0415/0567	10/14/1987 12:19	08/19/1987 (image)	0140/0574
USA, FARMERS HOME ADMIN	DANIELSON, DAVID C AKA DANIELSON, DAVID CARL DANIELSON, LADELL T	SATISFACTION \$0.00	507004 0415/0564	10/14/1987 12:18	08/19/1987 (image)	0136/0389
DANIELSON, DAVID CARL DANIELSON, LADELL T	DANIELSON, DAVID CARL TR DANIELSON, LADELL T TR	QUIT CLAIM DEED \$10.00	507003 0415/0562	10/14/1987 12:18	10/14/1987 (image)	
FEDERAL LAND BANK SACRAMENTO,	DANIELSON, DAVID C & LADELL T	REL OF MTGE \$0.00	468750 0334/0325	5/3/1984 2:18	04/26/1984 (image)	0134/0024
Parcel Number 01-108-0007 is a PARENT of 01-108-0004, 3 generations from 01-141-0009.						
EAST BENCH HOLDINGS LLC,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	873097 1319/0615	9/24/2004 4:48	09/24/2004 (image)	
NORTHERN TITLE CO TR,	HERITAGE HOLDING & DEVELOPMENT CORP,	DEED OF RECONVEYANCE \$0.00	811379 1188/0587	1/23/2003 3:04	01/23/2003 (image)	1092/0092 784997
HERITAGE HOLDING AND DEVELOPMENT CORP,	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	788866 1103/0283	5/23/2002 11:36	5/23/2002 (image)	
HERITAGE HOLDING & DEVELOPMENT CORP,	SORENSEN, GARY & ELAYNE	TRUST DEED \$125,000.00	784997 1092/0092	4/4/2002 12:58	4/3/2002 (image)	
DANIELSON, LADELL T TR	HERITAGE HOLDING AND DEVELOPMENT CORP,	WARRANTY DEED \$10.00	783918 1088/0744	3/22/2002 10:13	3/21/2002 (image)	
DANIELSON, LADELL T TR	CACHE COUNTY ASSESSOR,	GREENBELT APPLICATION \$0.00	679790 0799/0993	3/24/1998 2:37	03/17/1998 (image)	
USA, FARMERS HOME ADMINISTRATION	DANIELSON, DAVID C & LADELL T	TERMINATION STATEMENT \$0.00	616250 0643/0796	2/24/1995 11:25	(image)	0000/0000 347459
Parcel Number 01-108-0028 is a PARENT of 01-108-0004, 3 generations from 01-141-0009.						
Parcel Number 01-108-0029 is a PARENT of 01-108-0004, 3 generations from 01-141-0009.						
Parcel Number 01-108-0030 is a PARENT of 01-108-0004, 3 generations from 01-141-0009.						
Parcel Number 01-108-0031 is a PARENT of 01-108-0004, 3 generations from 01-141-0009.						

**Cache County Corporation
Tax Roll Information**

Monday, March 17, 2014

For 01-141-0009

1:59PM

Owner Name & Address

Owners List

Parcel	01-141-0009	Entry	1003271
Name	DEVELOPER ASSISTANTS INC,		
C/O Name			
Address 1	PO BOX 105		
Address 2			
City State Zip	PARADISE	UT	84328
District	002	PARADISE CITY	
Year	2014	Status	TX

1 DEVELOPER ASSISTANTS INC,
1003272 1584/421

Property Address

Address	117 E 9500 S
City	PARADISE
Tax Rate	0.010455

***** PROPERTY INFORMATION *****

		2013		2014		
LV	LAND VACANT	UNITS/ ACRES	MARKET	TAXABLE	MARKET	TAXABLE
		2.50	89,999	90,000	89,999	90,000
	Totals		89,999	90,000	89,999	90,000

***** BUILDING & TAX INFORMATION *****

Square Footage: 0	Taxes for: 2013	940.95
Year Built: 0	Taxes for: 2014	940.95
Building Type:	Special Tax:	0.00
	Abatements:	0.00
	Payments: (0.00)
	Balance Due:	940.95

***** BACK TAX SUMMARY *****

Back Taxes for the Year:	2008	1,444.77
Back Taxes for the Year:	2009	1,583.64
Back Taxes for the Year:	2010	1,152.45
Back Taxes for the Year:	2011	1,136.20
Back Taxes for the Year:	2012	1,077.04
Back Taxes for the Year:	2013	975.73
Total Back Taxes:		7,369.83

Minus penalties and late fees to be paid on sale of property

***** PARCEL HISTORY SECTION *****

PT 01-108-0004 5/07;

***** LEGAL DESCRIPTION *****

Property Address: 117 E 9500 S
PARADISE

Current Year:

LOT 9 PARADISE COUNTRY ESTATES PH 1 CONT 2.50 AC

Next Year:

PARADISE COUNTRY ESTATES PHASE 1

PART OF THE SOUTHWEST QUARTER OF SECTION 34,
TOWNSHIP 10 NORTH, RANGE 1 EAST
SALT LAKE BASE AND MERIDIAN

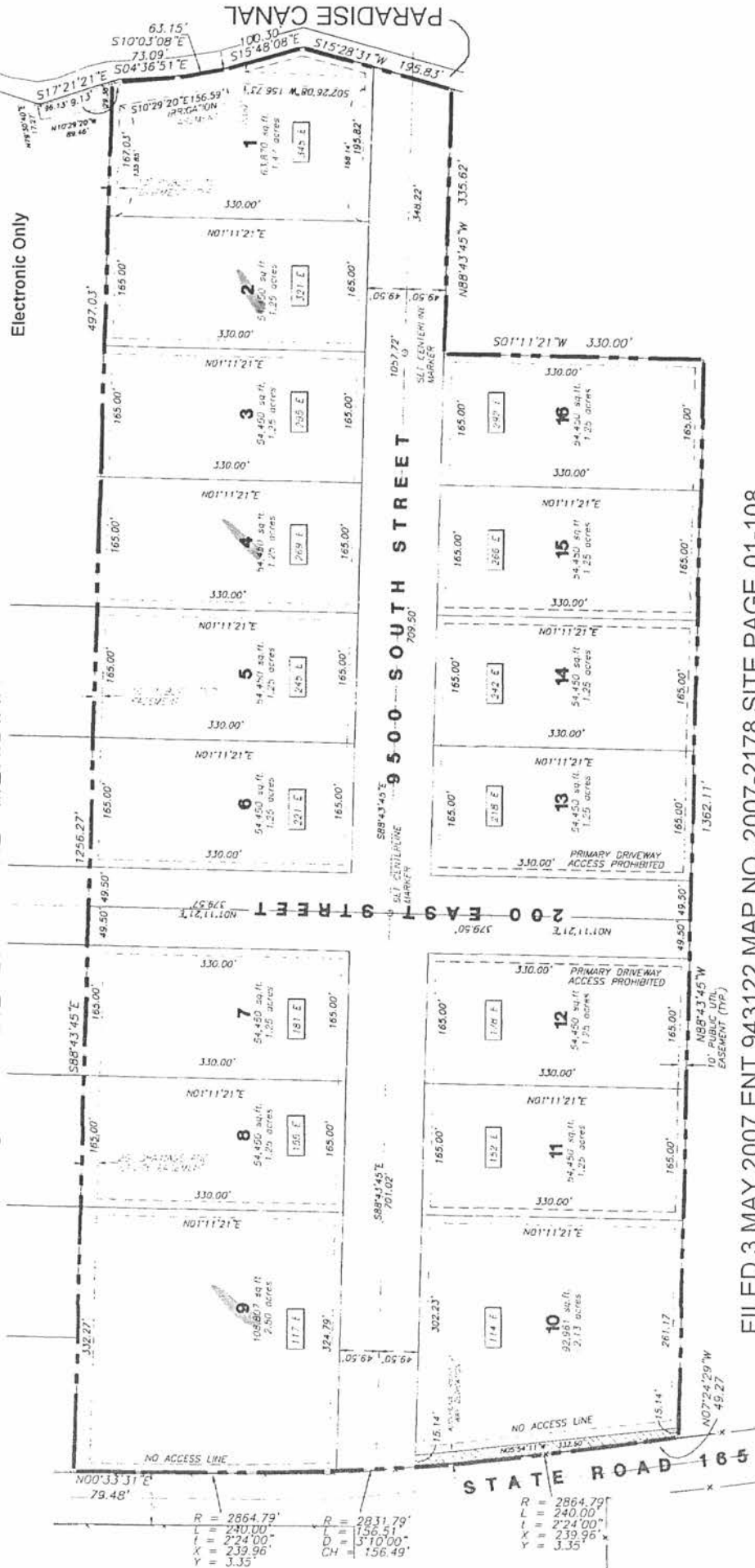
01-141

TAX UNIT 02



SCALE: 1 INCH = 100 FEET

Electronic Only



R =	2864.79'	R =	2831.79'
L =	240.00'	L =	156.51'
T =	224.00'	D =	310.00'
X =	239.96'	CH =	156.49'
Y =	3.35'		

R =	2864.79'
L =	240.00'
T =	224.00'
X =	239.96'
Y =	3.35'

FILED 3 MAY 2007 ENT 943122 MAP NO. 2007-2178 SITE PAGE 01-108
PARCEL NO. = 01-141-L0T NO.

SECTION VIII -- RULES AND REGULATIONS

A. Work Day

The traditional work day for a full-time employee shall be eight (8) hours and the normal work week shall be forty (40) hours, except when it is considered to be in the best interest of the public and the County to work shifts of extended hours. Work shall generally begin at 8:00 a.m. and end at 5:00 p.m. with one hour for lunch, Monday through Friday.

B. Work Week

The work week will be in compliance with the Fair Labor Standard Act (FLSA) which states "a work week is a regular recurring period of one hundred sixty eight (168) hours in the form of seven (7) consecutive twenty-four (24) hour periods." For payroll purposes, the work week starts on Sunday at 12:01 a.m. and ends on Saturday at 12:00 p.m.

C. Lunch and Rest Periods

Under the guidelines of the FLSA, an employer is not required to provide rest periods or lunch breaks within an eight hour work period. However, as a benefit to our County employees, a one hour lunch break and two (2) daily rest periods may be provided for employees who work eight (8) hours in a work day. Each rest period shall not exceed fifteen (15) minutes. The Department Head should schedule lunch breaks and rest periods as time and the need for services allow.

1. Lunch breaks and rest periods shall not be accumulated to take off at another time, nor are they to be combined in order to leave work early or to satisfy time away from the employee's workstation.
2. An employee will not be paid for a lunch break not taken unless such lunch break was missed due to unusual business circumstances that required the employee to continue to perform duties associated with their job. Such an occurrence must be approved by the Department Head and will be an exception to the policy not the rule.
3. An employee will not be compensated for any missed rest periods.

The Department Head should schedule lunch breaks and rest periods such that all county offices are open during normal business hours.

D. Nursing Mothers Policy

To assist the transition of women from Family Medical Leave back to work following the birth of a child, and in conformance with the Fair Labor Standards Act (FLSA), a nursing mother accommodation is provided. This accommodation allows a nursing mother a reasonable break time to express milk periodically during the work day for her nursing child for up to one (1) year after the child's birth.

Any mother who breastfeeds her child, and who needs to express milk during the working day, will work with their supervisor and if needed, Human Resources to determine how best to accommodate the needs of the mother while still accomplishing job performance.

1. Time for Accommodation: Under the law employers are not required to compensate nursing mothers for breaks taken for the purpose of expressing milk. However, since the county provides two daily rest periods for full-time employees, a nursing mother may use this time to express milk and not be docked in pay. As such, female employees should be

prudent in the amount of time needed to express milk; women may also use lunch times to express milk. If an employee needs to take more than two breaks during the work day to express milk, the employee will need to use personal leave time (PLT).

2. Environment for Accommodation: Human Resources will work with each nursing mother to determine a private area in which they may express milk. Milk should be placed in cooler-type containers and/or may be stored in on-site refrigerators. If an on-site refrigerator is used, employee will use a discreet container with the employee's name clearly marked thereon.

E. Tardiness and Absence Without Leave

Any unexcused tardiness or unauthorized absence of an employee will not be compensated and shall be grounds for disciplinary action. A pattern of tardiness or unauthorized absences will lead to disciplinary action that may include suspension without pay or termination from employment.

1. An employee unable to report for duty on a work day shall notify the Department Head of that fact no later than one (1) hour after the beginning of the work day, unless department rules require an earlier reporting time. Failure to do so may result in disciplinary action.

F. Disclosure

All elected officers and employees are required to comply with the County Officers and Employees Disclosure Act. The Act establishes standards of conduct for county officers and employees and requires the same to disclose conflicts of interest between their public duties and their personal interests. Disclosure will be made to Human Resources, who will coordinate with the County Executive and County Council.

1. Officers and employees shall not:
 - Disclose confidential information acquired by reason of their official position or use such information to secure special privileges or exemptions for themselves or others;
 - Use or attempt to use their official position to secure special privileges for themselves or others;
 - Knowingly receive, accept, take, seek or solicit, directly or indirectly, any gift or loan for themselves or another if the gift or loan tends to influence them in the discharge of their official duties.
 - Receive or agree to receive compensation for assisting any person or business entity in any transaction involving the County unless they file a statement, with the County Council, giving the information required and disclosing in an open meeting such information.
2. An officer or employee who is an officer, director, agent, or employee or the owner of a substantial interest in any business entity which is subject to the regulation of the County, shall publicly disclose the position held and the precise nature and value of the interest upon first being appointed or elected and during January of each year thereafter.
3. An officer or employee who is an officer, director, agent, or employee, or owner of a substantial interest in any business entity which does or anticipates doing business with the County shall publicly disclose prior to any discussion on matters relating to such business entity, the nature of their interest in the business entity.
4. An officer or employee will disclose in open meeting any personal interest or investment which creates a potential or actual conflict between personal interests and public duties.
5. If an officer or employee is required to file a disclosure or sign a document for disclosure

and fails or refuses to do so, such failure or refusal shall be a reason for disciplinary action.

6. Any officer or employee who knowingly and intentionally violates or attempts to violate any provision of the County Officers and Employees' Disclosure Act shall be dismissed from employment. Any elected official who violates this act will be subject to discipline as identified in the State of Utah code and statutes.

G. Ethics

Officers and employees are required to comply with the Utah Public Officers and Employees Ethics Act. The Act establishes standards of conduct for county officers and employees in areas where there are actual or potential conflicts of interest between their public duties and their private interests.

1. Officers and employees shall not:

- Accept employment or engage in any business or professional activity which he or she might reasonably expect would require or induce him or her to improperly disclose controlled information which has been gained by reason of his or her official position; improperly disclose or use controlled, private, or protected information acquired by reason of his or her official position or in the course of official duties in order to further the officer's or employee's personal economic interest or to secure special privileges or exemptions for himself or others;
- Use or attempt to use his or her official position to further the officer's or employee's personal economic interest or secure special privileges or exemptions for themselves or others;
- Accept other employment which he or she might expect would impair his or her independence of judgment in the performance of his or her public duties or accept other employment which he or she might expect would interfere with the ethical performance of his or her public duties.

2. No officer or employee shall knowingly receive, accept, take, seek, or solicit, directly or indirectly, any gift, compensation, or loan for themselves or another if:

- It would tend to improperly influence a reasonable person in the officer's or employee's position to depart from the faithful and impartial discharge of the person's public duties;
- The public officer or public employee knows or that a reasonable person in their position should know under the circumstances is primarily for the purpose of rewarding the public officer or public employee for official action taken;
- He or she recently has been, or is now, or in the near future may be involved in any governmental action directly affecting the donor or lender.

3. No officer or employee shall receive or agree to receive compensation for assisting any person or business entity in any transaction involving the County unless the officer or employee files with the County Executive, the head of the other agency or entity, and the State of Utah's Attorney General a sworn written statement in compliance with Section 67-16-6, Utah Code Annotated.

4. No officer or employee shall have personal investments in any business entity which will create a substantial conflict between his or her private interests and his or her public duties.

H. Minor and Major Violations

Disciplinary action may be taken for violation of rules and regulations as contained herein.

The following examples are given to inform an employee as to the nature of the violations.

1. Minor Violations are less serious violations that have some effect on the efficiency of work, safety, and harmony within the work place are considered minor. They typically lead to disciplinary action. Some examples of minor violations are as follows:

- tardiness;
- unsatisfactory job performance;
- absenteeism;
- failure to observe working hours;
- performing unauthorized personal work during working hours;
- failure to notify supervisor of intended absence;
- use of County equipment for personal business.

2. Major Violations are more serious violations that include any deliberate or willful infraction of policies and procedures, or knowingly or intentionally violating or attempting to violate state or federal laws regarding public employees or officers. A major violation by an employee may be cause for disciplinary action which may include suspension without pay or termination of employment. Elected Officials may be dealt with under the law as identified in state or federal statutes. Some examples of major violations are as follows:

- Willfully disregarding policies and procedures;
- Disclosure of confidential information to unauthorized persons;
- Repeated occurrences of related or unrelated minor violations;
- Any act which might endanger the safety or lives of others;
- Having or viewing pornography of any kind on any County electronic device(s);
- Stealing, destroying, abusing, or deliberately damaging County property, tools, or equipment, or the property of another employee or citizen;
- Willfully falsifying a record;
- Willfully concealing yours or any other employee's major or minor violation(s);
- Failing to report to work without excuse or approval for three consecutive days.
- The commission of any criminal offense against the government under Title 76, Utah Code Annotated, or under any other criminal statute, shall be deemed a major violation; minor traffic violations being exempted here from.
- If an employee knowingly and intentionally violates any written county policy, such action shall be a reason for disciplinary action. Examples are: granting a certificate of occupancy on a new structure without inspecting it or granting a tax exemption without going through the required procedure.

3. The Director of Human Resources has the authority to determine if a violation is major or minor in situations where a dispute may arise between the Department Head and an employee. The determination will be based on the criteria referenced above.

I. Officers And Deputies

If a position is one that requires an oath of office, then the employee must give and renew that oath as required. If an employee is a deputy, then the employee's conduct and performance shall be on a level required of the officer for whom that employee is a deputy. A deputy shall be prohibited from taking action which the officer could not take or for which the deputy is not authorized.

J. Outside Employment

An employee shall not engage in any outside employment which in any way interferes with the proper performance of their County duties or which results in a conflict of interest. Employees shall not engage in outside employment activities while on duty. Subject to the provisions of this section, an employee is not prohibited from engaging in outside employment.

1. If the Director of Human Resources, in consultation with the Department Head, determines that outside employment of a County employee is detrimental to his/her performance, or is determined to be a conflict of interest, the employee may be required to either:
 - Terminate or modify outside employment to the satisfaction of the Director of Human Resources and the Department Head; or
 - Terminate employment with Cache County.
2. Cache County is not responsible and shall not be held liable for granting Personal Leave to employees who are injured while engaged in outside employment nor any occupational illness attributable thereto. The county is not required to provide light-duty job duties for an employee who becomes injured or ill while working for outside employment. If any employee becomes injured or ill while working for another employer and claims to be injured or ill while on the job with the county, such employee will be disciplined up to and including suspension without pay or termination of employment.

K. Political Activity

Cache County encourages its employees to accept the personal responsibility of good citizenship, including participation in civic and political activities in accordance with their interests and abilities. Cache County accepts the basic democratic principle that all employees are free to make their own individual decisions in civil and political matters. Therefore, no employee's status with the County will be affected because of participation or non-participation in civic or political activities.

1. Participation in civic and political activities is considered to be a personal matter and shall be carried on outside of normal working hours. No political activities or solicitations shall be carried on by employees while on duty.
2. Political activities are defined for purposes of this policy as activities in support of any partisan political issue or activities in support of, or in concert with, any individual candidate for political office, or a political party, which seek to influence the election of candidates to federal, state, or local offices, including employees who are or may be candidates for political office.
3. No person will be denied the opportunity to become an applicant for a County position by virtue of political opinion or affiliation.
4. Nothing in this rule shall be construed to permit partisan political activity of any county employee who is prevented or restricted from engaging in such political activity by the provision of the federal Hatch Act.

L. Safety Policy

It is the policy of Cache County to minimize the loss of life and property to the County, its employees and the public by taking all practical steps to safeguard the employees and citizens

from accidents. It is the policy of Cache County to strive for the highest possible level of safety in all activities and operations, and to carry out our commitment of compliance with all health and safety laws, by enlisting the help of all employees to ensure that public and work areas are free of hazardous conditions. The County will make every effort to provide working conditions that are as healthy and safe as feasible, and employees are expected to be equally conscientious about work place safety, including proper work methods, reporting potential hazards and abating known hazards.

1. Employees, *except for* trained law enforcement, fire, or Emergency Medical Service (EMS) personnel, who encounter an emergency situation, are not authorized to represent the County in administering first aid or treatment.
2. Unsafe conditions in any county work area or county facilities or county properties that might result in an accident should be reported immediately to the Department Head.
3. Cache County's safety policy and practices will be strictly enforced, including possible termination of employees found to be willfully negligent in the safe performance of their duties.
4. General safety rules will apply in all Cache County work places. Each department may prepare separate safety rules applicable to the specific nature of the work in their area but not in conflict with these policies. Proper licensing, proper training on equipment and extreme caution is required of all employees operating any type of power equipment or motor vehicle. Employees from other departments within the county will not be allowed to use county owned equipment such as backhoes, loaders, and/or graders unless they have been properly trained to use the piece of equipment. At no time will county equipment be used for personal purposes or non-county related functions. *At no time will county equipment be used or operated by an individual who is not employed by Cache County unless otherwise approved by the County Executive.*
 - a. Employees will use safety equipment appropriate to the job, such as safety glasses, gloves, hard toe shoes, and hard hats, if required or appropriate to the work performed. Employees will avoid wearing loose clothing and jewelry while working on or near equipment and machines.
 - b. Defective equipment should be reported immediately to the Department Head. Employees will not operate equipment or a motor vehicle or use tools for which proper licensing and training has not been received by a properly trained professional. In all work situations, safeguards as required by State and Federal Safety Orders will be provided.
 - c. All accidents, regardless of severity, are to be reported to the Department Head immediately, with a completed County *Employee Report of Incident* form, and if a County vehicle is involved a County *Accident Report* form submitted to the Director of Human Resources/Risk Management within one (1) working day of the incident.
 - d. Any Public Service projects performed by the county which require Flagger personnel to control the flow of vehicle and pedestrian traffic, such flagging responsibilities will be performed only by Flagger personnel that are trained and certified by a State of Utah approved agency. This training must be consistent with the Manual on Uniform Traffic Control Devices (MUTCD) and any Flagger personnel working for the county must carry their flagging certification card at all times while on duty.
5. What should you do if a visitor to one of the county facilities has an accident? The following guidelines should be followed when possible:
 - a. Approach the person and ask them if they are hurt and if so, where on their person are

- they injured; if there is any bleeding, exercise universal medical precautions and apply first aid;
- b. ASK THEM IF THEY WANT YOU TO CALL THEM AN AMBULANCE! If their answer is “YES”, do so immediately; if they answer “NO”, respect their wishes; if the person is unconscious, call 911 and request an ambulance;
 - c. If the person is alone and they refuse medical treatment, ask if there is a family member that can be contacted to come assist them; as needed, assist the person to a location away from the public where they can rest temporarily.
 - d. DOCUMENT! DOCUMENT! DOCUMENT! Immediately write down what you saw, what you heard, what was said and what you and others did to render assistance; get name, address, and any other general information from the injured party and send all documentation to the County’s HR/Risk Management Office.

M. Safety Committee

Each department may establish a safety committee which will oversee and enforce safety in the work place among the employees, and safe working conditions. The county’s Risk Management Committee will coordinate the implementation of the county’s insurance provider’s Risk Management Program and will oversee and enforce general safety practices for the county.

N. Vehicle Accidents

Employees, or volunteers on county business, who are involved in a vehicle accident while on duty are required to immediately notify their department head or immediate supervisor. The department head is to notify the Director of Human Resources/Risk Management of the incident as soon as possible.

1. Immediately following a traffic accident, the employee, or the volunteer driving a county vehicle, is required to do the following:
 - a. Stop! Do not leave the scene, call 911 report the accident and wait for law enforcement; contact your supervisor immediately.
 - b. When conditions and/or regulations permit, move onto the shoulder or side of roadway to prevent further damage and/or hazards. If you are unable to, ask someone to summon police and medical assistance if needed.
 - c. Do not administer First Aid, unless you are qualified to do so.
 - d. Keep calm. Be courteous. Don’t argue. *Make no statements concerning the accident to anyone except law enforcement or your supervisor.* Your supervisor will notify the County Insurance Coordinator immediately (435-755-1472). ***Do not admit fault.***
 - e. **Take numerous photographs of the vehicles and accident scene;** you may use cameras provided by the county and located in the glove box of the vehicle or use the digital camera on your phone or a digital camera you use in the course of performing your daily job duties – just take pictures from different angles and viewpoints!
 - f. **While at the scene of the accident, follow/legibly complete the Vehicle Accident Checklist (VAC) in the Accident Reporting Kit envelope** also located in the glove box of the county vehicle and give to your supervisor within one (1) business day or as soon as possible; if the driver is unable to complete the report, the supervisor is required to do so.
 - g. Request witnesses to provide their contact information. Transfer witness and property owner information to the Driver Accident Report.

- h. Make sure you obtained all information necessary to complete the accident report.
 - i. In addition to reporting all accidents immediately to their supervisor, Commercial Driver's License (CDL) holders must:
 - i. Notify their immediate supervisor within 5 days of conviction for any traffic violation (except parking) no matter what type of vehicle you are driving, on or off the job; supervisor is to immediately notify the Director of Human Resources/Risk Management.
 - ii. Notify the motor vehicle licensing agency within 5 days if convicted in any other jurisdiction of any traffic violation (except parking) no matter what type of vehicle you were driving on or off the job.
 - j. Submit photos, law enforcement report, and all other items outlined in the Accident Reporting Kit to Human Resources/Risk Management within 1 business day of the accident or as soon as possible thereafter.
2. ***ACCIDENTS WHICH RESULT IN A DEATH, REGARDLESS OF WHICH PARTY IS AT FAULT, SHALL BE REPORTED IMMEDIATELY TO THE COUNTY'S DIRECTOR OF HUMAN RESOURCES/RISK MANAGEMENT. Accidents resulting in an injury requiring serious medical attention along with all associated paperwork and photos shall be submitted within one (1) working day of the incident, or as soon thereafter as possible.*** Failure to notify the Department Head or supervisor and the County's Director of Human Resources may result in disciplinary action(s).
3. The Cache County Accident Review Board (ARB) will review vehicle accidents involving county vehicles or accidents in a personal vehicle that occur while driving on county business.
- a. It is the county's policy that employees who have, while driving in the course of employment, caused one or more vehicle accidents as determined by the county's Accident Review Board (ARB) within a two-year period of time may lose their driving privileges, be reassigned to a non-driving position, or be terminated from employment.
 - b. Also, based upon the seriousness of any accident in which the employee is involved, the employee's job status and compensation may be affected through reprimand, reassignment, demotion, suspension without pay, or termination.
 - c. Employees who, because they have had their driver license suspended or revoked and thus are no longer able to perform the essential functions of the job may be terminated based on the decision made by the Department Head, the Director of Human Resources, and the County Executive.
 - d. Each incident shall be given case-by-case consideration and eligible employees, who are not on a probationary status, may appeal the decision through the county Accident Review Board Ordinance 2000-14 established by the county council.
 - e. An employee cannot exercise the county grievance policy to grieve the decision(s) issued through the ARB ordinance.

O. Vehicle Safety & Operator Guidelines

Cache County has established standard operating procedures with regard to the operation of county vehicles and equipment. These procedures include:

- 1. Any employee or volunteer who will be driving a county owned vehicle will be required to obtain/maintain the following:
 - a. Hold a current valid Utah driver's license of the correct class for the vehicle they will be operating.

- b. Be age 18 or older.
 - c. Be mentally and physically able to drive safely.
 - d. Obey all traffic laws, rules and regulations and use common sense and good judgment.
 - e. No convictions for driving under the influence of alcohol or drugs or reckless driving offenses within the previous five (5) years.
2. An annual review by Human Resources of the Driver's License Record of employees and volunteers who will be operating county owned vehicles, or driving a personal vehicle while on county business. Eligibility will be in accordance with the county's insurance provider and the county's Risk Management Program.
 3. While driving any vehicle on County business, employees and volunteers will be subject to the following:
 - a. If an employee's work requires driving, his or her license will be checked before employment and periodically thereafter. The employee must notify their supervisor immediately upon expiration, suspension or revocation. Failure to report or continuing to drive a County vehicle will result in discipline, including possible termination.
 - b. Drive a personal vehicle on county business that is properly registered and insured in the amounts required by State law.
 - c. Observe and inspect a county vehicle for obvious defects and safety hazards. If a hazard is apparent, the vehicle shall not be operated. No employee shall knowingly operate an unsafe vehicle on county business. This includes county owned vehicles and personal vehicles used on county business.
 - i. All county vehicle maintenance or safety problems shall be reported immediately to the employee's Department Head.
 - d. Drive with courtesy, care, and caution, and make the safety of the driver, passengers, pedestrians, and other drivers, of paramount concern.
 - e. Not drive while impaired by alcohol, prescription drugs, or illegal substances.
 - i. If an employee is suspected of being under the influence or impaired the department head or their designee will have the employee immediately go to WorkMed who will conduct the necessary tests to determine the employee's ability to drive.
 - ii. If a volunteer is suspected of being under the influence or impaired, they will be asked to leave and their services will no longer be accepted.
 - f. Observe all accident reporting procedures.
 - g. Not allow an unauthorized person to have the keys to or operate a County vehicle, unless an emergency requires it.
 - h. Ensure that all vehicle occupants properly use the restraint and other protective devices consistent with applicable laws.
 - i. Cache County will not be liable for injuries or damages arising from activities outside the scope of employment, including but not limited to personal use of rented vehicles by employees during a County-authorized business trip. If a County employee on county business is involved in an accident while driving a personal vehicle, the employee's personal insurance shall provide the primary coverage.
 - j. Drivers of county vehicles shall carry only authorized passengers:
 - a. Persons riding as part of County business;
 - b. Spouse or children of employees traveling to and from an approved office-related out-of-County training session, conference, or seminar.
 - i. Requires written pre-authorization from the Department Head, County Risk

Manager, and County Executive.

- c. Exceptions for public safety personnel may be allowed as per department's policy and procedures.
- k. All employees and volunteers shall abide by Utah State motor vehicle laws including the use of seat belts by all occupants of county owned vehicles. *Any employee who operates a vehicle on County business and does not properly use a seatbelt may be disciplined up to and including termination.*
- l. Any employee or volunteer, with the exception of public safety personnel, and in accordance with public safety policies, who uses a cell phone during the course of county business, including travel time, shall be expected to take the caller's name and phone number and upon safely pulling off the side of the road and parking, then return the call. *If any employee or volunteer is involved in a vehicle accident while talking on a cell phone, while driving on county business, such employee will be subject to scrutiny by the county's Accident Review Board and will merit disciplinary action up to and including termination based on the severity of the accident (see §Q.10.e. - Mobile Computing Device Safety).*
- m. Though the county carries liability and property damage insurance on all county owned vehicles and thereby covers employees while driving county owned vehicles on official county business, accidents which are found to have been preventable or avoidable or to be the fault of the employee may subject the employee to disciplinary action up to and including termination.

P. Harassment Policy

All employees are entitled to a work environment free from harassment. In addition, all individuals applying for employment shall be allowed to do so in an environment free from harassment. Harassment can take the form of a hostile working environment as well as a direct *quid pro quo* demand. Isolated incidents or remarks are strongly discouraged, and such incidents or remarks may meet the legal definition of harassment.

1. Sexual harassment is defined as unwelcome or unwanted conduct or communication of a sexual nature which adversely affects a person's employment relationship or working environment. Sexual harassment includes, but is not limited to sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
 - Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
 - Such conduct has the purpose or effect of substantially interfering with a person's work performance or creating an intimidating, hostile or offensive work environment.
2. It is the policy of Cache County that sexual harassment in the work place by or against an employee is unacceptable and shall not be condoned or tolerated under any circumstance. Therefore, it shall be the responsibility of all Department Heads to take the necessary steps to ensure and maintain a working environment free of sexual harassment, intimidation, and coercion.
3. An employee who engages in sexual harassment shall be subject to disciplinary action. Intentional sexual harassment is considered to be a major violation of Cache County policy and any employee violating any provision of this policy may be disciplined.

Discipline may include, but is not limited to, disciplinary counseling, probation, suspension without pay, or termination of employment.

4. An employee will not be retaliated against for making a complaint of sexual harassment. Initial procedures for dealing with sexual harassment include the following:
5. Where an employee feels uncomfortable with a potential sexual harassment situation, they may confront the alleged offender and communicate clearly that the behavior is not welcome and should stop immediately.
 - The employee should keep a record of what happened and when and where it took place. Include in the record the names of any witnesses to the incident. All entries shall be made within 24 hours of any incident to assure correctness and completeness of the records.
 - An employee who believes he/she has been sexually harassed as defined by the policy has the right, as well as the obligation, to report the harassment. An employee may make a report of sexual harassment to any of the following: their Department Head; the Director of Human Resources; the County Executive; the County Attorney *or if a female employee prefers to make a report to another female, they may do so by talking with the Human Resource Office Specialist.*
 - The employee should follow the grievance procedure for sexual harassment.
6. The County is an equal opportunity employer and will not tolerate discrimination or harassment on the basis of race, color, religious creed, national origin, ancestry, age, sex or on the basis of physical or mental disability unrelated to ability to perform the work required. If an employee feels such a hostile working environment exists they should follow the steps as outlined above.

Q. Computers, Internet and E-Mail Policy

(PREVIOUSLY APPROVED BY COUNCIL IN MAY OF 2012 AND RE-INSERTED TO POLICY MANUAL)

This policy defines the proper use of Cache County computers, phones, and related technical resources and the disciplinary action(s) that may be taken for violation(s) of the policies set forth in this chapter. Computers and phones are assigned to employees to facilitate effective and efficient performance of their duties. This includes tasks they perform as a direct result of their positions, related activities that promote the interests of the County (i.e. working with the legislature), and assignments associated with professional organizations in which they participate in conjunction with their County duties.

1. DEFINITIONS.

a. Computer

All electronic devices used for computing, communication, or data storage that have processing capability (i.e. desktop computers, laptop computer, mobile computing devices, smart phones, etc.)

b. Communications Devices

Equipment used primarily for voice communications such as telephones, IP phones, cell phones, smart phones, etc. The lines between computing devices and communications devices are blurring and many electronic tools today do both.

c. File

File means all documents, programs, email, and Internet locations, which are created, accessed, stored, or temporarily located on a County computer.

d. IT Department

IT Department means either the IT Department based in the County Administration building or the IT Department based in the Sheriff's Complex.

e. Legal Hold

The retaining of all email, voicemail, or other specified communication(s) required through a legitimate and proper legal proceeding.

f. Mobile Computing Device

Any type of portable computing device, typically battery operated, that may be readily transported and used with or without a network connection (i.e. laptop, netbook, PDA, smart phone, etc.)

g. SPAM

Unsolicited messages or files sent to individuals, groups or organizations that have no prior business relationship with the employee or County and are unrelated to County business.

2. Uses of Computing Resources

EMAIL

a. EMAIL Usage. Employees are encouraged to take full advantage of email for County business. However, the same standards of decorum, respect, and professionalism that guide employees in their fact-to-face interactions apply to the use of email. Employees are required to report inappropriate use of email to their management or to the Human Resources Department (see subsection 3.1.3 PROHIBITED EMAIL ACTIVITY).

b. EMAIL Storage. It is recommended that email be deleted after 30 days, moved to personal folders, or archived in a document management system. Stored email should be reviewed frequently and obsolete items permanently deleted. In the case of legal holds employees are required to keep their email for extended periods of time. In such case of a hold, the employee will not destroy any applicable email until authorized by the Cache County Attorney's Office.

c. Prohibited EMAIL Activity. Examples of email activity that are prohibited include:

i. Unauthorized access, or attempted access, of another's email account;

ii. Using email to harass, discriminate, or make defamatory comments;

iii. Using email to make off color jokes or send offensive messages;

iv. Any illegal activity;

v. Transmitting County records within, or outside, the County without authorization;

vi. Transmitting junk mail or chain letters;

vii. Utilizing county email for personal or commercial gain;

viii. Any other practice which may be adverse to public service or County business.

d. EMAIL Etiquette. Appropriate email etiquette is essential to maintaining a productive and professional work environment. Email can be widely, easily, and quickly disseminated, however items and comments that would be embarrassing if they were in a newspaper or on a television newscast should not be sent by email. Email contains no tone of voice or body language and can be easily misinterpreted. Email is subject to GRAMA requests and other monitoring. Employees should NOT send email if:

i. The information is unnecessary or inappropriate;

ii. The author would take exception to, or be embarrassed by the information;

- iii. The information would be offensive to or misunderstood by anyone, particularly the recipient;
 - iv. Is the receiver likely to forward the information to individuals that should not have, or do not need the information;
 - v. It is likely any attachment(s) contain viruses.
3. SPAM. Creating SPAM is prohibited. Sending messages or files with the intent to cause harm or damage to the intended receiver or County computing environment is also prohibited.
4. Internet.
 - a. Internet Usage. Use of the internet is a privilege granted to employees by their Department Head. It is the responsibility of each user of these services to use discretion when making connections and viewing information. All laws, including copyright laws, must be followed. Employees are cautioned that all of the requirements of this policy also apply to Internet usage.
 - b. On-Line Software. Computer software programs may not be copied or downloaded to the County network. If a computer application needs to be downloaded from the Internet, a request should be made through IT indicating the file name and the source providing the application. IT will then download the application after checking for viruses, licensing requirements, and any adverse impact. The application will then be installed in the appropriate area on the network or on the requestor's local personal computer.
 - c. Internet Limitations. Internet bandwidth is limited. Using streaming audio, streaming video or other resource intensive Internet services through the County for personal purposes is prohibited.
5. Personal Use. Employees may use computers and phones assigned to them for *minimal* personal purposes when not working (i.e. breaks, lunch time, etc.). Excessive use of County equipment for personal reasons is not allowed. Generally, personal information should not be stored on County computers. Exceptions may include an occasional music file, image file, etc. If these are used on a County computer they should be stored locally (i.e. CD, flash drive, local hard drive). Storing or using any file on a County computer must be in strict compliance with all laws including copyright laws. Personal files stored on a County computer are subject to monitoring (see §N.7 – Monitoring of Computers), Government Records Access and Management Act (GRAMA) requests, and legal holds.
6. Prohibited Uses. Employees are cautioned that entering or maintaining any information that is offensive, threatening, or harassing is prohibited. The following include, but are not limited to inappropriate uses of County computers, phones, and other technology and all are prohibited:
 - a. Unauthorized access to or copying of any files;
 - b. Using another's passwords; (see §N.13.h - PASSWORDS);
 - c. Disclosing passwords; (see §N.13.h - PASSWORDS);
 - d. Entering or maintaining information on a County computer which is contrary to County policies;
 - e. Using a computer for illegal activities;
 - f. Use for self-employment or outside employment purposes;
 - g. Accessing, using, or storing of sexually explicit or pornographic material (except in the case of authorized legal or law enforcement work);

- h. Any use that may be construed as harassment, misuse of company time, or showing disrespect for others;
 - i. Religious proselytizing;
 - j. Use for a political campaign when the employee is personally campaigning for herself or for another county officer or employee;
 - k. Copyright infringement (including loading of unauthorized software);
 - l. Disrupting County business;
 - m. Engaging in conduct that may harm the County's interests;
 - n. Posting information to any public without permission from one's Department Head;
 - o. Maliciously modifying, altering, or damaging computing equipment, security devices, applications, or any other County property;
 - p. Any other practice which may be adverse to public service or County business.
7. **Monitoring of Computers.** Files created, accessed, or stored on a County computer are County property (this includes voice mail messages). The County reserves the right to monitor any and all files on computers and the usage of computers. Electronic monitoring of file content will only be done with the approval of at least one of the following: the County Executive, the Human Resource (HR) Director, or the employees Department Head. Information stored in computer files or voice mail is subject to GRAMA requests by the public as well as legal discovery. Privacy of employee's files is generally respected, but there is not any guarantee of privacy whatsoever. Any employee witnessing any prohibited use of computers should report the incident to their management or HR.
8. **Record Retention.** Employees shall comply with all legal guidelines for record retention. Department Heads are responsible for preserving all records under their control as specified by Federal, State, and County laws and ordinances for the required amount of time, then destroying (deleting) them. IT will provide the computer resources for record storage where required. Long term storage (more than 10 years) should be done on micro fiche or other long-term storage media. It is important to understand that preserving data is only part of the retention task. The mechanism (i.e. software and/or hardware) that converts the data into a useable form must also be preserved.
9. **Software.**
- a. **Software License Agreements.** Employees shall use computer software only in accordance with the license agreement. Copying software licensed to Cache County for home computer use or any other purpose is prohibited.
 - b. **Software Purchasing.** Software is generally purchased by the IT department for use by the county. Any software purchased by a department must first be approved by the IT Director for compatibility with the existing computing environment. Cost estimates for software must take into account expenses incurred in the computing environment (i.e. additional servers, disk space, etc.) as part of the total cost of ownership and should be planned in advance of any purchase.
10. **Computer Equipment.**
- a. **Computer Hardware Purchasing.**
Computer equipment purchases must be coordinated with IT for compatibility reasons.
 - b. **Computer Maintenance.**
Prior to moving computers, installing new software, repairing computers, rewiring connections an employee shall notify the IT Department. Portable devices such as

laptop computers may be moved as required by employees using such devices.

- c. Personal Equipment.
Personal computing equipment used for County business may be subject to GRAMA requests by the public and may be subject to forensic analysis or other examination in legal proceedings. Personal computing equipment is not allowed to be used for County business, nor connected to the County network with the exception of personal communication devices or when connecting to specified designated public access points (i.e. Council Room). Any exceptions must be approved by the employee's Department Head and the IT Department Head.
 - d. Personal Communication Devices.
The IT Director may authorize a personal communication device owned by an employee to be "attached" to a County computer upon request of the employee and with the approval of the Department Head. The employee shall only use properly licensed software on the device and only in accordance with the license agreement. The IT Department Head will approve those models determined to be efficient and compatible with County processes and equipment. The IT Department Head will make the final decision regarding the feasibility or appropriateness of attaching a personal communication device to County computers. The County will not assume any liability for the improper functioning of the device or damage that may be caused to the device, files, or accessories. Employees are reminded that section 3.0 addresses files or information associated with communication devices. The device shall not be used in any manner that causes the County to incur usage, airtime, or other costs unless preauthorized by the employee's Department Head. Any unauthorized costs incurred in the use of the device, including maintenance and repair, shall be borne by the employee. If any associated costs are reimbursed by the County, the device must be used primarily for County business. Any such device must be used in accordance with all other requirements of this policy.
 - e. Mobile Computing Device Safety.
All laws regarding mobile computing devices use, including distracted driving, must be observed. In no case will a County employee operate any electronic computing device when driving on County business with the exception of emergency service personnel pursuant to State and Local ordinances or the emergency services department's policy. If any employee or volunteer is involved in a vehicle accident while in violation of this section, such employee or volunteer will be subject to scrutiny by the County's Accident Review Board and will merit disciplinary action up to and including termination in the case of an employee.
11. Working At Home.
Under special circumstances Department Heads may request that an employee be allowed to use a County computer in their home. The HR Director shall be consulted by the Department Head before approval is granted. If approved, the requests will be forwarded to the IT Director. A County computer may be set up in the employee's home or a laptop computer issued. All sections of this policy will apply to the usage of the computer in the employee's home just as if were being used on County premises. The employee assumes all liability for personal injury or property damage resulting from incidents occurring in or about the employee's home.
12. Telephone Usage.
Telephones are for County Business purposes. Phone etiquette should be practiced at all

times. Occasional personal use for local calls is acceptable while on personal time. In no case are personal toll calls permitted. There are many scams occurring via telephone and employees need to be diligent about not giving out personal or confidential information to callers. Great caution should be exercised in giving out information as part of telephone surveys. Generally, participation in telephone surveys should be declined.

13. Security

a. Security Of The Computing Environment

There are many aspects to security and only the broad security issues will be addressed herein. It is everyone's responsibility to secure their local computer to help protect the overall County computing environment. IT will provide virus protection software and other means to help electronically secure local computers. Employees are not permitted to disable or alter any security software in any way. Employees are responsible for the physical security of their computers and guarding the privacy of their passwords for access.

b. Unattended Computers And Other Electronic Devices

Employees should close applications whenever leaving the area and the computer will be unattended. Employees should power off computers, printers, scanners and any other electronic device when such is not in use for more than a few hours (i.e. overnight, weekends, and holidays).

c. Web Filtering

Cache County subscribes to commercial web filtering products to help guard against inadvertent access to unacceptable web sites. There are times when County business requirements involve accessing sites that are blocked. IT can open many of those sites to individuals on a case by case basis when the need arises. If there is any question about the need to access specific sites, particularly those with inappropriate content, the matter may be referred to the Department Head or HR Director for review. The County reserves the right to track all Internet access.

d. Viruses

County PCs are equipped with virus checking software. However, caution should be exercised, especially when opening email attachments or viewing images received via email. Employees who receive suspicious email from unknown sources should not open the file and may contact IT for advice. Also, plugging in 'thumb' drives, CDs, etc. can inject viruses that affect the whole County. Only such memory devices that come from known reliable sources should be used.

e. General Best Practices

Here are some good practices to follow when using the Internet, email and to some extent, phones. NEVER give out passwords or personal information when requested unless you are very sure the source is legitimate and you are expecting the request. NEVER click on buttons or links from unsolicited sources. NEVER open email attachments from unknown sources. DON'T assume that unsolicited emails are necessarily from the sender shown and be very suspicious of information requests within them. NEVER respond to offers that are too good to be true. When given a URL to click on in an email message or on a web page, it is better to copy the URL and paste it into your browser for access. That is the only way to be sure you are being directed to where the URL says you are going.

f. File Security

All County data files should be stored on County servers whenever practical. The servers are backed up on a regular basis. They also have sufficient redundancy to preserve data in case of a disk failure. Local hard disk drives are convenient and may be used to store temporary data or occasional personal files. Applications also reside there. However, employees are responsible for backing up their own hard disk drives.

g. Mobile Device Security

Mobile devices are the target of thieves, particularly when traveling through airports, left in conference rooms, automobiles, etc. Special precautions should always be taken to ensure the physical security of the device and access to any data stored on the device. Never load any unnecessary sensitive data. Where possible, keep all data on County servers and log into them for access. When traveling, always keep an AC adapter packed with the device so it can be powered up for security checks if requested (a dead battery isn't an excuse and you may not be allowed to proceed through security with your device.) If a mobile device is lost or stolen the IT Department should be notified immediately so that the device, or access from the device, can be disabled if possible.

h. Passwords

When a person has multiple access points requiring a password, each password should be different. Passwords should be secure:

1. At least six (6) characters;
2. A mixture of letters and numbers;
3. A mixture of upper and lower case;
4. Void of names or common words

Passwords should be kept private, not written down and stored in non-secure locations, and not shared. In exceptional cases (employee illness, travel, etc.) a department head may need to request an employee's password for legitimate business reasons and the employee must provide it. However, as soon as possible after that incident the employee should change their password.

14. Disciplinary Action. Employees violating any provision of this policy may be disciplined. Discipline may include, but is not limited to, disciplinary counseling, probation, suspension without pay, or termination of employment.

R. Smoking Policy

In accordance with The Utah Clean Air Act, Cache County prohibits smoking in any county owned or leased building or vehicle. All employees share in the responsibility for adhering to and enforcing this policy.

S. Soliciting

Soliciting by employees, elected officials or any outside parties for political campaigns, the sale of merchandise, services, raffle tickets, etc., or the distribution of literature, petitions, or surveys is prohibited. Anyone found to be in violation of this policy will be subject to review by the Director of Human Resources, County Attorney and the County Executive. Employees may be subject to discipline up to and including termination and outside parties may be turned over to law enforcement.

T. Drug-Free Workplace Policy

Cache County is committed to protecting the safety, health and well-being of all employees and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment.

This policy recognizes that employee involvement with alcohol and other drugs can be very disruptive, adversely affect the quality of work and performance of employees, pose serious health risks to users and others, and have a negative impact on productivity and morale. As a condition of employment, Cache County requires that employees adhere to a strict policy regarding the use and possession of drugs and alcohol. The County encourages employees to voluntarily seek help with personal drug and alcohol problems.

1. Any individual who conducts business for the County, is applying for a position or is conducting business on the County's property is covered by our drug-free workplace policy. Our policy pertains to, but is not limited to elected officials, Department Heads, full-time employees, part-time employees, temporary or seasonal employees, and volunteers who perform functions and duties for the County.
2. The County's drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for the organization. Therefore, this policy applies during all working hours, whenever conducting business or representing the County, while on call, paid standby, while on County property and at County-sponsored events.
3. It is a violation of our drug-free workplace policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs or intoxicants. All individuals conducting business for the County are prohibited from being under the influence of alcohol or illegal drugs during working hours.
4. Any employee who is convicted of a criminal drug violation in the workplace must notify the Director of Human Resources in writing within five (5) working days of the conviction. The County will take appropriate action within 30 days of notification. Federal contracting agencies will be notified when appropriate.
5. Entering the County's property constitutes consent to searches and inspections. If an individual is suspected of violating the drug-free workplace policy, he or she may be asked to submit to a search or inspection at any time. Searches can be conducted of pockets and clothing, lockers, wallets, purses, briefcases lunch boxes, desks work stations, and vehicles and equipment.
6. To ensure the accuracy and fairness of the County's testing program, testing will be conducted at the Logan Regional Hospital under the direction of their Employee Drug Testing staff. Testing may include:
 - a. A screening test;
 - b. A confirmation test;
 - c. The opportunity for a split sample;
 - d. Review by a Medical Review Officer (MRO), including the opportunity for employees who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result and;
 - e. A documented chain of custody.
7. As a condition of employment, employees applying for positions in public safety, as

well as positions that include the operating of a vehicle requiring a Commercial Driver's License (CDL) will be required to participate in pre-employment drug-testing. Employees may be required to participate in post-accident, reasonable suspicion, return-to-duty, and follow-up testing upon request of management.

8. Testing for the presence of alcohol will be conducted by analysis of breath and saliva. Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine. Any employee who tests positive will be immediately removed from duty, referred to a substance abuse professional for assessment and recommendations, required to successfully complete recommended rehabilitation including continuing care, required to pass a Return-to-Duty test and will be subject to ongoing, unannounced, follow-up testing, and terminated immediately if he/she tests positive a second time or violates the County's drug-free policy in any way.
9. An employee will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in such a way that prevents completion of the test.
10. One of the goals of our drug-free workplace program is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious. Upon the County's receipt of a verified or confirmed positive drug or alcohol test result which indicates a violation of this policy, or upon the refusal of an employee or prospective employee to provide a sample, the County may use that test result or refusal as the basis for disciplinary or rehabilitative actions, which may include the following:
11. A requirement that the employee enroll in a County approved rehabilitation, treatment, or counseling program, which may include additional drug or alcohol testing, as a condition of continued employment. *An employee will be responsible for his or her own expenses associated with rehabilitation and/or evaluations from substance abuse professionals as well as subsequent evaluations to return to work;*
 - a. Suspension of the employee with or without pay for a period of time;
 - b. Termination of employment;
 - c. Refusal by the County to hire a prospective employee; or
 - d. Other disciplinary measures in conformance with the County's usual policies and procedures. *Nothing in this policy prohibits the employee from being disciplined or discharged for other violations and/or performance problems.*
12. All information, interviews, reports, statements, memoranda, or test results received by the County through this drug and alcohol testing program are confidential communications and will only be used in a proceeding related to an action taken by the County in defense of any action brought against the County. Any information outlined shall be the property of the County, and the County is entitled to use a drug or alcohol test result as a basis for disciplinary action.
13. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.
14. A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play.
15. All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on or off duty use of alcohol or other drugs. In

addition, employees are encouraged to:

- a. Be concerned about working in a safe environment.
 - b. Support fellow workers in seeking help.
 - c. Report dangerous behavior to their supervisor.
16. It is the supervisor's responsibility to:
- a. Inform and remind employees of the drug-free workplace policy.
 - b. Observe employee performance.
 - c. Investigate reports of dangerous practices.
 - d. Document negative changes and problems in performance.
 - e. Clearly state consequences of policy violations.
17. Cache County has the following substance abuse rules in order to improve job performance, provide safety and protection to employees and the public, and to comply with various federal and state laws.
- a. All individuals conducting business for the County are prohibited from being under the influence of alcohol or illegal drugs during working hours.
 - b. The use, sale, or possession of an illegal drug or controlled substance while on duty is cause for termination.
 - c. The sale, possession, transfer, or purchase of illegal drugs on Cache County property or while performing job duties, or outside the line of duty, is strictly prohibited and is cause for termination. Such action must be reported to law enforcement officials.
 - d. No alcoholic beverage will be brought or consumed on Cache County premises, except as allowed by law.
 - e. Any employee whose off-duty abuse of alcohol or illegal or prescription drugs results in excessive absenteeism or tardiness, or which could be the cause of accidents or interfere with proper performance of the employee's duties, will be subject to discipline, up to and including termination.
 - f. Cache County is committed to promoting and encouraging drug free awareness activities and programs and requires all employees to notify the Director of Human Resources in writing within five (5) calendar days of any criminal drug statute conviction.

U. TRAVEL for COUNTY BUSINESS

(PREVIOUSLY APPROVED BY COUNCIL IN SEPTEMBER OF 2013 AND RE-INSERTED TO POLICY MANUAL)

An employee, officer or representative of the county who incurs travel expenses for an authorized trip for county business such as attendance at a convention, conference, seminar or meeting, such expenses will be paid by the county. An employee, officer, or representative is eligible for an allowance (Per Diem or actual expense) when:

- They are performing official travel away from their official work station; and
- They incur per diem expenses while performing official travel; and
- They receive no reimbursement from another organization or agency for transportation, mileage, meals, or lodging.

The amounts paid are determined by the County Executive and in relation to the U.S. General Services Administration (USGA) allowances and the United States Internal Revenue

Service at the time that the expense or travel is incurred. Initially, an employee's department head must review and approve all travel allowance requests.

1. Mileage. The County will pay for mileage at a rate approved by the County Executive and consistent with the following procedures and provisions:
 - a. The County has a pool of vehicles available for use whether driving within or outside Cache County limits. The vehicle pool should always be used when possible. The vehicle pool is managed by the Executive Secretary to the County Executive or individual offices where a pool of vehicles is used.
 - b. Check with your department head or their designee or the Executive Secretary for county vehicle availability. If a county vehicle is not available, mileage may be reimbursed for mileage driven in a personal vehicle.
 - i. Anyone who drives a private vehicle in the conduct of authorized county business may be reimbursed mileage at the rate allowed by the Internal Revenue Service. Payment shall not cover commuting mileage between the county representative's residence and the work site.
 - ii. Any employee, official, or county representative before driving either a county owned vehicle or a private vehicle for county business, must show that he or she has a valid Utah Driver License and certify that it will be kept current while driving a vehicle on County business. The employee, official, or county representative is subject to loss of driving privileges or disciplinary action if the driver's license is not kept current or should they have any convictions of Driving Under the Influence (DUI) or impaired driving infractions within the past five (5) years or more than two (2) moving violations within the previous 24 months. A Driver's License Report will be printed at least annually on each individual conducting business for the county to ensure their driving privileges for the county remain current.
 - a. Any employee who drives a county registered vehicle (even if only once per year) must attend and complete a defensive driving course as defined by the County Risk Management Program
 - b. Accidents involving a county vehicle, or a personal vehicle used while on county time, will be subject to review by the Accident Review Board as required in County Ordinance 2000-14.
 3. The employee must ensure the private vehicle used for county business is currently insured by a recognized insurance provider.
 - c. The County does not reimburse if another agency is paying mileage for the same trip.
 - d. The above steps (a, b, and c) are to be reviewed and approved by the Department Head when requests for reimbursement are submitted for payment.
2. Meal allowance. The County will pay meal allowances for employees away from home on approved County business according to the following charts:

<u>Base Meal</u>	<u>Leave Before</u>	<u>or</u>	<u>Return After</u>
Breakfast	6:00 a.m.		9:00 a.m.
Lunch	11:00 a.m.		2:00 p.m.
Dinner	4:30 p.m.		7:30 p.m.

Meal Per Diem's shall not be charged on any county credit cards!

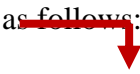
Travel allowance for Meals and Incidental Expenses (M&IE) are as follows:

- a. ANY LOCATION WITHIN THE STATE OF UTAH:
 - Breakfast \$10
 - Lunch \$15
 - Dinner \$25
- b. ANY LOCATION OUTSIDE THE STATE OF UTAH:

Meals and Incidental Expenses (M&IE) will follow the United States General Services Administration (GSA) Per Diem rates:

 - a. Go to the website GSA.gov (<http://gsa.gov>)
 - b. Under Links choose *Per Diem Rates*
 - c. On the map of the United States, click the state to be visited
 - d. If the town/city to be visited is available, identify the per diem amount for *Meals & Incidental Expenses* OR use the *Standard Rate*
 - e. Click on the *Meals & Inc. Exp.* at the top of the column
 - f. Identify the per diem amount for the town/city to be visited OR the *Standard Rate* and the corresponding breakdown of dollar allocation for breakfast/lunch/dinner (see chart below).
 - g. Print a copy of per diem chart showing the amount for the town/city to be visited and attach the copy to the per diem request.

Example: If you are visiting San Antonio, Texas for a conference, and the per diem rate is \$66; the breakfast/lunch/dinner for meal allowance is as follows:



M&IE Total	\$46	\$51	\$56	\$61	\$66	\$71
Continental Breakfast/ Breakfast	\$7	\$8	\$9	\$10	\$11	\$12
Lunch	\$11	\$12	\$13	\$15	\$16	\$18
Dinner	\$23	\$26	\$29	\$31	\$34	\$36
Incidentals	\$5	\$5	\$5	\$5	\$5	\$5

NOTE: A shortcut to this page is www.gsa.gov/mie.

- c. Reimbursements for meals shall be only for meals outside of Cache County *except* for meals in Cache County when accompanying out-of-town business associates who are in the County on business during a meal period. Meal receipts for local dining with out-of-town business associates will be required for meal reimbursements. Per Diems may be paid in advance with the approval of the department head.
3. Lodging Allowance. The County will pay lodging allowances at a rate approved by the County for employees traveling on approved County business. Employees must present a receipt to receive reimbursement. Lodging costs which exceed the approved allowance are the employee's responsibility unless the employee is approved to stay at a specific facility

affiliated with a conference or convention. In such instances, the County will pay the actual cost of the room. The County recommends the use of government hotel rates wherever accepted. If government rates or conference rates are not available the county will reimburse the GSA rate plus a \$50.00 cap and not to exceed hotel room cost. The following GSA website provides suggested reimbursement rates for in-state lodging and out of state lodging and meals:

www.gsa.gov/portal/category/21287

4. Out of State Travel. All out of state travel must receive final approval by the County Executive and lodging and meal expenses should be based upon GSA schedules.
 - a. The most economical form of transportation should be used when traveling, taking all factors, such as time lost from work, into account. Employees are responsible to arrange for their own transportation;
 - b. On occasion an employee may desire to drive a personal vehicle for out of state travel. To determine the most economical option or to establish costs associated with driving versus flying, the employee will refer to the State of Utah Travel Office for an analysis of travel expenditures. The State of Utah Travel Office will return documentation associated with their analysis and upon receiving said documentation, the employee and their department head will review and make a determination as to which option is most economical for the county. Should the employee wish to drive a personal vehicle, they may do so but will only be reimbursed the amount equal to the lower of the two options of driving versus flying. The following State of Utah website provides current suggested reimbursement analysis:

www.fleet.utah.gov/travel/

Upon opening the above listed webpage, employee should click on the Drive versus Fly Comparison form, enter the requested information, and then submit the information for review. The State of Utah Travel Office will then send an email to the employee with their findings.

- c. If an airline is used, the State of Utah Travel Office will assist the employee in finding the most economical fare. Receipts must be submitted for all air fare.
5. Reimbursement. Employees should submit all requests for reimbursement, together with supporting documentation, within 30 days of the date the expense was incurred.
 - a. County funds shall not be used to pay for expenses incurred by individuals who are not County employees.
 - b. Travel expenses must be included in the annual budget for each department anticipating travel, as part of the budget process.
 - c. A County vehicle provided to an employee is not to be used for commuting between work and the employee's residence unless specifically authorized by the department head or required under the job description. Emergency vehicles are exempt from this provision.
 - d. Reimbursements will be paid in conjunction with the next payday.
6. Disclaimer. Cache County reserves the right to make changes in benefits, providers, or other benefit issues at any time.

V. Use and Care Of Equipment

The use of Cache County equipment or tools for private purposes is *strictly prohibited*. The

following guidelines should be followed in the use and care of equipment.

1. An employee must receive the proper training and explanation of job hazards, safety procedures and training on all equipment, tools, etc., necessary for the accomplishment of the employee's job description.
 - a. A commercial driver's license (CDL) is required for operators of commercial motor vehicles. Any employee operating a motor vehicle must have a valid Utah driver's license.
 - b. Operators and passengers in a Cache County vehicle equipped with seat belts must wear them when the vehicle is in operation, and all employees operating vehicles shall observe all local traffic laws.
 - c. Employees shall keep Cache County vehicles, which are used by them, clean, presentable, and serviceable. They are responsible to make certain that the vehicle is serviced properly.

W. Utah Occupational Safety And Health Administration (OSHA)

It is the intent and purpose of Cache County to comply with all applicable rules and regulations pertaining to the Occupational Safety and Health Act (OSHA) as established under federal and state law. The County shall provide employees with a working environment which is free from any recognizable hazard which is likely to cause death or serious injury to any employee.

1. Each department shall appoint an employee to inspect the work areas for unsafe working conditions and practices, defective equipment, and unsafe materials. Where such conditions are found, the Department Head will take the appropriate action to correct the problems immediately.
 - a. The Department Head shall be responsible for enforcing regulations and for issuing rules as may be necessary to safeguard the health and lives of employees.
 - b. The Department Head shall warn employees of any dangerous conditions and will not permit an employee to work in an unsafe place, except for the purpose of making it safe. When this is the case, appropriate safety equipment, clothing, tools and training must be used during the process of making an unsafe place compliant.
 - c. Each Department Head shall post, in a conspicuous place, a list of telephone numbers and addresses as may be applicable so that necessary help can be obtained in case of an emergency. The list shall include: Department Head or supervisor if the Department Head is not available; doctor; hospital; ambulance; fire department; and sheriff or police department.
2. All employees are responsible for ensuring a clean work area. An excessively littered or dirty work area constitutes an unsafe, hazardous condition of employment and should be remedied.
 - a. If an employee is injured in connection with employment, regardless of the severity of the injury, the employee must immediately notify the Department Head, or his designee, who will see that:
 - i. the employee receives necessary medical attention, and
 - ii. the employee (or Department Head if employee is unable) completes County's *Employee Report of Incident* form, and
 - iii. if county property is involved the employee will complete the County Accident Report form.

- b. The Director of Human Resources/Risk Management is to be informed of the injury within ~~two~~ (2) one (1) working day of the incident. ***If loss of limb or life occurs, OSHA notification must be within 8 working hours of the incident.***
3. If a Utah OSHA (UOSHA) inspector arrives on the job site, the employee shall refer the inspector to the Department Head or the supervisor if the Department Head is not available. The Department Head will immediately notify the County's Risk Manager.

X. Whistle Blowing

The County will comply with the provisions of the Utah Protection of Public Employees Act, Section 67-21-3, Utah Code Annotated. The County will not take adverse action against an employee in the following cases:

1. Because the employee or a person authorized to act on behalf of the employee, communicated in good faith the existence of any waste of public funds, property, or manpower, or a violation or suspected violation of a federal, state or local law, rule, or regulation.
2. Because the employee participates or gives information in an investigation, hearing, court proceeding, legislative or other inquiry, or other form of administrative review held by a public body.
3. Because the employee has objected to or refused to carry out a directive that the employee reasonably believes violates a law of the federal, state or local governments, or rules and regulations adopted under the authority of the same.

The County will not implement rules or policies that unreasonably restrict an employee's ability to document the existence of any waste of public funds, property, or manpower, or a violation or suspected violation of any laws, rules, or regulations.

Y. Work Place Attire and Personal Appearance

The County expects each employee to present a clean, professional appearance whenever representing the County. All employees who come in contact with the public are expected to dress appropriately and be well groomed.

1. Non-uniformed employees are required to dress in a manner consistent with a public service business image. Work place attire should be at a minimum "Business Casual" appropriate. Clothing that allows employees to feel comfortable at work, yet is appropriate for an office environment. Casual dress must be neat, clean, pressed or wrinkle-free and without holes, tears or frayed areas.
 - a. Business Casual attire includes, but is not limited to:
 - i. Slacks, corduroys, non-faded jeans, capris, skirts, dresses
 - ii. Sport and golf shirts, turtlenecks, sweaters, blouses
 - iii. Appropriate shoes such as loafers, sandals, leather boots, pumps, athletic shoes (within reason)
 - b. Inappropriate attire includes, but is not limited to:
 - i. Overalls, Shorts, clothes that fit too tight or too baggy
 - ii. Hiking Boots, Flip-flops or bare feet
 - iii. Muscle shirts, midriff-type tops, Tank-tops, strapless or near strapless clothing which leaves the shoulders bare
 - iv. Sweat/wind suits, jogging suits, exercise pants or exercise tights (leggings)
2. Employees issued uniforms are responsible for maintaining them in good condition.

Regardless of an employee's duties or anticipated work assignment, uniforms should be clean at the start of the workday. This includes shoes and other footwear provided by the county.

- a. Replacement uniforms will be issued on a regular basis in accordance with the policies established by each office or department. If a uniform is damaged beyond repair in connection with the employee's duties, the employee should request the early replacement of the item in accordance with department policy.
 - b. Employees issued uniforms or other items of apparel or identification for use in connection with their official duties are prohibited from wearing or displaying any such items as may identify them as a county employee while engaged in any private business enterprise, outside employment, or while engaged in any personal activity that could create the misconception that they were conducting the official business as a county employee. As such, employees may wear their uniforms while going to or from work, including brief stops en-route.
3. Jewelry and body piercings will not present a safety concern or detract from the work environment or the professional appearance of the employee.
 4. Regarding personal hygiene, employees will refrain from using heavy perfume, cologne, aftershave or other scents whose odor is noticeable to coworkers. Hair style and length are at the option of the employee; however hair and facial hair will be clean, neatly trimmed, and will be such as to not present a reasonable risk of injury to the employee.
 5. Tattoos are allowed however any employee displaying a tattoo on any exposed surface of their body that, in the sole determination of the county, is deemed inappropriate in a professional business setting, may be required to wear clothing that completely covers the tattoo.

June 24, 2014 Primary Election Poll Worker List**AMA**

Linda Clark
Sheri Wright
Jane Hansen
Roberta Hoffman
Jean Mather

PAR

L Diane Roundy
Cheryl Atwood
Peggy Sanders
Jeanette Davis
Jeanne Holmstead

CLK

Kristi Hidalgo
Holly Jones
Katherine Ravsten
Debra Cooper

RCH 01/02

Lori Lefgren
Kathryn Abbott
Kendall Petersen
Stephanie Petersen
Roger Priest

COR

Erma Naegle
Laurie Romriell
Teresa Brooks
Ron Brooks

RVH 01/02

Susan Rasmussen
Darlene Craney
Gayle Brackner

HYD 01/02

Celia Ashcroft
Robinette Jensen
Sharidean Flint
Becky Potts

TRE

Reatha Hansen
Debra Davis
Donna Andrew

LEW 01/02

Anna Barlow
Karalee Morrison
Ronda Van Orden Morrison

WEL 01-04

Valorie Hall
Darla Moore
Debora Lee
Lavon Maughan
Staci A Bailey

MEN 01/02

Lisa Helms
Larissa Swasey
Nancy Cheal

Cache Stake Center

Dean Quayle
Jeanette Hobbs

MIL 17/25

Shanna Zollinger
Lynnette Haltiner
Wendy Wilker

Sharon Gould
Amber H Hansen
T Scott Rees
Linda Loveland
Marilee Friske

NEW

Karla Ferguson
Carol Larsen
Joy Larsen
Jeanette Rigby

Central Stake Center

Dixie Crook
Cristie Rudie
Carol Jarvis
LuAnn Nielson
Carl Struchen
Laura Clayton
Jill Porter
Nancy Blackburn
Megan Howarth

NLG 01/05/06

Beverly Powell
Danece Robson
Sylvia Cook
Debra Hillyard
LuAnn Wilhelm

NLG 02/03/04

LuWana Hunt
Cathy King
Donnett Hawkes
R Nadine Schoonmaker
Alice Lucherini

Logan River Golf

Tracy Horning
Jennifer Bishop
Amanda Cooley
Christine Rich
Ruth Warby
Kimberly Earl
Lexianne Swapp

Lundstrom Student Center

Marsha Israelsen
Linda Hodges
Hollie Dabb
Bette Geertsen
Shauna Jensen
Janet B Broadbent
G Jean Kemp
Carrie Dabb

Riverwoods

Janet Lott
Sandra Nielsen
Debra Henrie
Lorene Orgill
Margaret Downs
Lisa Larkin
Elaine Covert
Jerene Weeks

Willow Valley

Scott Fluckiger
Ray Dellinger
Patricia Balls
Sue Anne Thompson
Tasha Prettyman
Gay Jackson
Karen Low
Nancy Wiser

Hyrum 01-05

Marco Reid
Julie Nielsen
Vonda Collins
Sarah Salzberg
Chirle Jones
Jane Spillman
Laurel Roylance
S Karin Hechtle
Stephanie Carver
Ronda Welch

Nibley 01/03/17/25

Nancy Player
Susan Parker
Darci Johnson
Leeann Morris
Janet K Olsen
Jody Shaw
Kari Jaussi

Providence 01-05

Mary Ann Henke
Robert Leatham
Kate Powell
Cynthia Bach
Mary R Johnson
Neva Maughan
Janice Dixon

Smithfield 01-07

Marilyn Mecham
Mary Kay Hunsaker
Tammy Jewkes
Annette Chambers
Jackie Hancock
Darcy Damstedt
Jana Jenson
Evelyn (Lyn) Blake
Joyce Miskin

TAX SALE MINUTES

May 29, 2014

The tax lien sale was called to order at 10:00 A.M. May 29, 2014 in the Cache County Multipurpose Room. County representatives present for the sale were Tamra Stones, Cache County Auditor and Janice Trygstad, Deputy Auditor, Jill Zollinger, County Clerk, Michael Gleed, County Recorder. There were 7 registered bidders for this sale and many spectators.

All property advertised by the county auditor, as provided in Utah Code 59-2-1351 with delinquent taxes for the 2009 tax year that were delinquent on January 31, 2014 and had not been redeemed by the sale hour were offered for sale.

The sale procedures were outlined as follows:

1. Once a bid has been entered it cannot be withdrawn. (Until the moment of the sale, the owner of record or lien-holder of record may redeem the property to prevent the sale.) Payment should be made to the County Treasurer by 5:00 p.m. today in the form of **cash**; or **certified funds** made **payable to the Cache County Treasurer in the exact amount of the sale**. Upon payment a temporary receipt will be issued from the County Treasurer.

2. The sales of these properties are conditional and subject to review by the County Council. The Council can accept or reject any bid. If the Council accepts the bid then the sale will be deemed approved.

3. Any person wishing to contest the sale, must file in writing the basis for the objection, as outlined in the bid procedures, with the County Council through the office of the County Executive within 10 days of the sale.

4. Confirmation of bid forms will need to be completed acknowledging the terms and conditions of the bid as set forth in the bidding procedures. The Treasurer or her deputy will validate the form at the time you make payment.

5. Tax deeds will be issued, by the County Auditor after approval of the Cache County Council and mailed within sixty days together with a permanent receipt.

6. Property that is offered for sale will be struck off to the county by the County Auditor if any of the following situations occur: (1) No bids are received for the property, (2) the apparent high bidder fails or refuses to execute a confirmation of bid or fails or refuses to make full payment of the bid amount in the manner and within the time required or (3) the County Council rejects any bids and thereby disapproves the sale or (4) the parcel is determined to be used for a public purpose.

7. In accordance with Section 59-2-1351(3), Utah Code, the County Auditor will publicly declare that the property has been struck off to the County, make an appropriate record of the action.

8. The property is sold by the county and purchased by the buyer "**AS IS**," and the county makes no warranty whatsoever respecting the condition of property and improvements. The county will convey title by tax deed. If there are parcels with liens they were noted when the parcel came up for sale. Also, the title reports were made available for participants to view.

The Auditor then offered the first parcel for sale:

Parcel number 03-155-0019 BLAKE, ROBERTj JR. AND AMY R.owners of record. Total due: \$ 1,639.10. The parcel is a non-buildable lot.The legal description is LOT 1A BROOK FIELD MEADOWS SUBD AMENDED CONT 0.45AC. The minimum bid for this parcel is \$1,639.10. Adjacent property owner was given a preferential bid. The bidding opened.

<u>AMOUNT OF BID</u>	<u>BIDDER #</u>	<u>BIDDER NAME</u>
Min. bid - \$ 1,639.10	#1	Michael Norton

No other bids were accepted. The minimum bid was \$1,639.10 entered by Michael Norton, the apparent successful bidder.

Parcel Number 09-044-0037 SUMMIT DEVELOPERS, LLC, as owner of record. Total due: \$397.05. Described as a 0.86 ac parcel. Legal description is included: THE NW/4 OF THE NE/4 SEC 24 T 14 N R 1E CONT 39.09 AC BY SVY OF THE RESERVE SUBD LESSI THE RESERVE SUBDIVISION CONT38.23 AC. NET 0.86 AC. THE FORSGREN FAMILY TRS is listed as the lien holder. The minimum bid for this parcel is \$395.05. The bidding opened.

<u>AMOUNT OF BID</u>	<u>BIDDER #</u>	<u>BIDDER NAME</u>
Min. bid - \$397.05	None	

No bids were offered. The property was struck off to the county.

Parcel number 09-054-0009 THORNLEY, TROY AND PATRICIA ANN owner of record. The parcel is an improved lot with a residence. The total due consisting of tax, penalties, costs of \$3,052.06 plus market value of \$77,740.00; The minimum bid will be \$80,792.06.This is a single family residence with 702 sq. ft. above grade and approximate year built is 1935. Legal description is included here: BEG 100 FT N OF SW COR LOT 4 BLK 24 PLAT A RICHMOND CITY SVY, E 60 FT N 81.5 FT W 60 FT S 81.5 FT TO BEG SW /4 SEC 26 T 14 N R 1E C1955. 0.11 AC

The Auditor inquired owners or Lien holders were present for a preferential bid.

<u>AMOUNT OF BID</u>	<u>BIDDER #</u>	<u>BIDDER NAME</u>
Min. bid - \$80,792.06	None	

No bids were offered. The property was struck off to the county.

Parcel number 16-091-0012 WARREN, KELLY TR owner of record. This parcel is in the Scare Canyon area. IT contains 1 AC. Legal description: BEG 32 RDS W OF E/4 COR OF SE/4 OF SE/4 OF SEC 15 T 9 N R 3E & TH S 20 RDS TH W 8 RDS TH E 8 RDS TO BEG CONT 1.00 AC SUBJ TO A 30 FT R/W ACROSS THE N & S LT LINES OF SD TRACT ALSO A 30 FT R/W ALG PERIMETER OF PARCEL 16-092-000 SUJ TO EASEMENT AGREEMENT IN BK 995 PG 641

The Auditor asked if owners or interested parties were present for a preferential bid. The total due on this parcel is \$761.82. Adjacent property owners were allowed to be preferential bidders. The bidding opened.

<u>AMOUNT OF BID</u>		<u>BIDDER #</u>	<u>BIDDER NAME</u>
Min. bid -	\$ 761.82	3	Bruce Leishman
Bid	\$ 775.00	5	Brent Fluckiger
Bid	\$ 800.00	3	Bruce Leishman
Bid	\$ 850.00	5	Brent Fluckiger
Bid	\$1000.00	3	Bruce Leishman
Bid	\$1050.00	5	Brent Fluckiger
Bid	\$1100.00	3	Bruce Leishman
Bid	\$1150.00	5	Brent Fluckiger
Bid	\$1200.00	5	Brent Fluckiger
Bid	\$1250.00	3	Bruce Leishman
Bid	\$1300.00	5	Brent Fluckiger
Bid	\$1350.00	3	Bruce Leishman
Bid	\$1400.00	5	Brent Fluckiger

Bidding closed. The final bid was \$1,400.00 entered by Brent Fluckiger the apparent successful bidder.

The tax lien sale closed with the following statement by the Auditor. "All property here offered for sale and which has not been struck off to a private purchaser is hereby struck off and sold to the County of Cache, and I hereby declare the fee simple title of the property to be vested in the county."

This Tax sale was hereby adjourned at 10:15 A.M..

APPROVAL OF THE SALE:

Parcel number 03-155-0019 was sold to Michael Norton for \$1,639.10.

_____ Approved _____ Denied

Parcel number 09-044-0037 was Struck off to the County.

_____ Approved _____ Denied

Parcel number 09-054-0009 was Struck off to the County.

_____ Approved

_____ Denied

Parcel number 16-091-0012 was sold to Brent Fluckiger for \$1,400.00

_____ Approved

_____ Denied

Date: June 10, 2014

Cache County Council

ATTESTED:

Tamra Stones, County Auditor