

**COUNTY OF LAKE****CLERK OF THE BOARD**

Courthouse - 255 North Forbes Street

Lakeport, California 95453

TELEPHONE (707) 263-2368

FAX (707) 263-2207

HEARING DATE CONFIRMATION NOTICE**THIS PORTION MUST BE RETURNED**

Application No(s): 09-2023

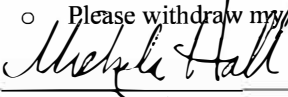
Hearing Date: February 25, 2025 @10:00 A.M.

Assessee/Owner: Siemens Healthcare Diagnostics Inc

APN(s): 810-000-687-000

**YOU MUST COMPLETE AND RETURN THIS PORTION AT LEAST
21 DAYS PRIOR TO THE HEARING DATE**

- ☒ Yes, I (or my agent) will be present for my scheduled hearing.
- ☐ I am unable to attend on the date specified. The request must be submitted at least 21 days prior to the hearing date and accompanied by the signed extension form below. Upon receipt of the form below, the Clerk will contact you to reschedule your hearing.
- ☐ Please withdraw my appeal(s). I do not intend to appear at my scheduled hearing.


Signature: Owner/Agent2/23/2025
Date

**IT IS IMPERATIVE THAT YOU CONFIRM YOUR INTENTION TO APPEAR. FAILURE TO APPEAR
WITHOUT NOTICE MAY RESULT IN YOUR APPEAL BEING DENIED.**
(PLEASE RETURN WHOLE PAGE)

**LAKE COUNTY
LOCAL BOARD OF EQUALIZATION
EXTENSION FOR TIME OF HEARING**

Application No(s): 09-2023

Hearing Date: February 25, 2025 @10:00 A.M.

Assessee/Owner: Siemens Healthcare Diagnostics Inc

APN(s): 810-000-687-000

I, Michele Hall hereby agree that, in accordance with Revenue and Taxation Code Section 1604c, the time for the hearing and determination of the above-referenced application(s) shall be extended indefinitely; provided, however, that upon written notice of my intent to terminate such extension, the two-year period in which the Local Board of Equalization is required to conduct a hearing and make a final determination on the above-referenced application(s) shall not commence to run until 120 days after delivery of such written notice on the Clerk of the Local Board of Equalization.

2/13/2025

Date signed

DuCharme, McMillen & Associates

Company/Firm Name (Agent's)

PO Box 80615Michele Hall

Print Name of Applicant or Agent



Signature of Applicant/Agent

Indianapolis, IN 46280

City, State, ZIP

Alternate Telephone Number

**LAKE COUNTY
CLERK OF THE BOARD
255 NORTH FORBES STREET
LAKEPORT, CA 95453**