COMMERCIAL / AGRICULTURAL / INDUSTRIAL PERSONAL PROPERTY—OWNED DECLARATION SCHEDULE

| County Number | Parcel # | Act Number | Personal Prop. Type | DO NOT USE - FOR ASSESSORS USE ONLY | | | |
|---------------|----------|------------|---------------------|---|--|--|--|
| | | | y corrections here) | Date received: By: Please indicate location of personal property: (please make any changes here) | | | |

PERSONAL PROPERTY DETAIL LISTING: Please list all personal property you own and use in your business or operation (Include all installed costs)—do not list licensed vehicles (please indicate any changes to the following list by lining out the items that have been removed and filling in the new items purchased) (duplicate form as necessary).

Describe item, quantity, make, model, serial#, year built, year acquired and year installed. The column titled "Reported Cost" means the cost of the equipment and all installed costs to put the equipment in operation. Please indicate if this cost is new and installed or a used purchase price by checking the appropriate column under "Type of Cost". Please sign the reporting rendition on the bottom of page 2 and return the completed form by March 1. If property was located in more than one county in a prior calendar year, please attach Addendum 25/40 to this Declaration Form. Please fill out one addendum form per item of personal property.

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| Item | Quantity | Make | Model | Serial # | Year Built | Reported Year | Year Installed | Reported *Cost | *Type Chec | e of Cost ek One |
|------|---|------|-------|----------|---------------|------------------|-------------------|----------------|---------------|---------------------|
| | | | | | | Acquired | | | New | Used |
| | | | | | | | | | Installed | Purchased |
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| | Please see second page for leased equipment reporting requirements. | | | | | | | | | |

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|--|--|--|---|---|---|--|--|--|--|
| | | | Date receiv | ved: | By: | | | | |
| Name and address of personal property listed here: (please make any corrections here) | | | | Please indicate location of personal property: (please make any changes here) | | | | | |
| PERSONAL PROPERTY YOU LEA (please indicate any changes by linin | | | | | for here. | NAICS CODE: | | | |
| Owner and Address of Leased Property | 1 0 | | | Cost of Leased Property | Term (From - To) | Annual Rent | | | |
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| W.S. 39-13-107 (a)(i) Ithe owner of and complete list of all property owner all property of which I am the owner I have not connived at any violation of fails to return any taxable property ow (\$500.00), imprisoned in the county j. | ed by me or under of or of which I have or evasion of the rowned by him or un ail not exceeding | my control as agent or oth ave control as agent, guard equirements of law in relati ader his control is guilty of ninety (90) days, or both. | erwise, and ian, admini ion to the as a misdemen | that I have not failed or neglect strator or otherwise, in the court sessment of property for taxa ti anor and upon conviction shall | ted to list for taxation that of, State of, State of on. W.S. 18-3-205(b) | for the year, of Wyoming and that Any person who | | | |
| Type or print your name here: | | | | | | | | | |
| Signature of owner/agent | | | Tit | le | Date | | | | |
| Telephone number | | Fax Number | | Email: | | | | | |