File with Your County Treasurer	fron	Appl Motor Vehicle	ication Taxes by Q	for Exe	emption of the state of the sta	DPAgene Oreenizatio		. —	31	
,			• Read Instruc	nons on rever	se side.	"vate"	6/29	1/22	457	
Name of Organization	d - I	21 1000	cell	Tax Year	1/1/					
Name of Owner of Property	Show 7	of ves	tell	County N	ame		State Where I	ncorporate	d	
ť				IV	Veles	2	11/2	~^`		
Street or Other Mailing Address Street or Other Mailing Address LLLN L					Thereso Macronely 403-818-123					
City		State	Zip Code	Email Add	fress					
Tremor	\ /	\sim \sim	900	S Brei	mente	KIS ali	40 G	you	1. can	
Type of Ownership Agricultural and Horticu	Itural Society	Educational Orga	anization [Religious Org	nanization	Charitable	Organization	Cer	πetery Organization	
Ti Ti			Title of Officers,							
Name Di		Directors, or Partners			Address, City, State, Zip Code					
Rae Tuft. 1965		CS	182	5 /UK	NKeere					
Donna Smith Sec.										
Sheron		drector.	<u> 1 اگ </u>	(e)	<u> </u>					
			escription of a							
					T -				tration Date or	
Motor Vehicle Make		Model Year	Body T	Body Type		Vehicle ID Num		per Date of Acquisiti if Newly Purchas		
Chreey		2000	200 VAn		IGNDM19		004B171361			
					<u> </u>					
Motor Vehicle described above	is used in the follo	wing exempt category	(please mark the	applicable boxe	es):		Are the motor v	ehicles use	ed exclusively	
Agricultural and Horticu	Itural Society	Educational	Religious	CI	naritable	Cemetery	as indicated?			
Give a detail description of the use of the motor vehicle:							DYES NO			
Transport clogs meet with adopters										
•							If No, give perc	entage of e	xempt use:	
							%			
Hodor pane	tion of law I dools	re that I have examined	thic avamation ar	mication and to	the hest of m	r knowledge and	helief, it is correc	t and comn	lete.	
also declare in	at I am duly autho	orized to sign this exem	ption application.		_					
sign / those	n Ma	CACIACILA		1/ice	Heside,	N	S-/	6-2	<u> </u>	
nere Authorized Sig	nature	- X		Title			Date	,		
		For	County Tyeas	rer Recomm	endation					
				G17						
Approval		Comme	ents:							
Approval of a Portio	n		A ()							
Denial				1/	7//	1	11			
[_] Dona			× / //	1. U/ s	1100c	1000	NH	5	-24-20	
			/	of County Trea	surer			Date		
		For C	ounty Board of	Equalization	n Use Only	V				
Approval		If the Cou	ınty Board's deteri	mination is diffe	rent from the C	County Treasurer's	s recommendation	on, an expla	anation is required.	
Approval of a Portion	า						· ·			
☐ Denled						ledge and belief, laws of the State		n made by	the County Board	
			Signature	of County Boar	d Member			Date		