Kenai Peninsula Borough Board of Equalization Appeal Hearing Packet

CASE NO. 2025-04

David Yragui

RCMS, Inc.

Parcel No(s): 05506029, 05506029CO02, 05506029CO03, 05505029CO23, 05506029CO28, 05506029CO74

Wednesday, May 22, 2025 at 1:00 p.m.

Betty J. Glick Assembly Chambers, Borough Administration Building, 144 N. Binkley St., Soldotna



Office of the Borough Clerk

144 North Binkley Street, Soldotna, AK 99669 | (P) 907-714-2160 | (F) 907-714-2388 | www.kpb.us

TAX ASSESSMENT APPEAL HEARING DATE Wednesday, May 21, 2025 3:00 PM

April 21, 2025

YRAGUI, DAVID N PO BOX 1290 KENAI, AK 99611 DYRAGUI@OUTLOOK.COM

RE: Parcel No(s): 05506029, 05506029CO74, 05506029CO23, 05506029CO03,

05506029CO02, 05506029CO28, 05506029CO73

Owner of Record: RCMS INC Appellant: YRAGUI, DAVID N

HEARING DATE: The referenced tax assessment appeal is scheduled to be heard by the Board of Equalization on **Wednesday**, **May 21**, **2025** at **3:00 PM**

<u>PLEASE NOTE</u>: Hearing dates may change depending on the Board of Equalization's schedule. If your hearing date is rescheduled, that will not change the evidence due date noted below.

EVIDENCE DUE DATE: Pursuant to KPB 5.12.060(C) any evidence or documentation you intend to use during the hearing MUST be **received** by the Borough Clerk no later than 5:00 p.m. on **5/6/2025**. Your evidence may be mailed, e-mailed, hand delivered or faxed. Late filed evidence will be denied.

Online Resources:

The Kenai Peninsula Borough Code (pertaining to the conduct of the hearing): https://library.municode.com/ak/kenai-peninsula-borough/codes/code-of-ordinances?nodel-detTIT5REFI CH5.12REPRPEPRTA 5.12.055REISOTRIPRNAP

An information packet regarding the appeal processes is also available: https://www.kpb.us/images/KPB/ASG/Appeal Process Information Packet.pdf

A request for remote participation (via Zoom) must be received by the borough clerk no later than 15 days before the hearing, unless good cause as defined by KPB 5.12.060(T) is shown for filing a late request. If your case is called and you are not available the Board may elect to decide your case based solely on the written material you have presented.

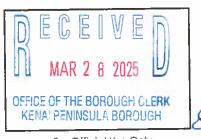
Michele Turner, CMC, Borough Clerk micheleturner@kpb.us

144 N. Binkley Street Soldotna, Alaska 99669-7599 Phone: (907) 714-2160 Toll Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: 5:00 p.m. on April 1, 2025.

The proper filing fee must be included or the appeal will not be accepted

For Commercial Property: Please include Attachment A



CREDIT CARDS NOT ACCEPTED FOR FILING FEES

FILING FEE BASED ON TOTAL ASSESS (Each parcel/account appealed must be accompan	ied by a separate filing fee and form)
Assessed Value from Assessment Notice	Filing Fee
Less than \$100,000	\$30
\$100,000 to \$499,999	\$100
\$500,000 to \$1,999,999	\$200
\$2,000,000 and higher	\$1,000

Per KPB 5.12.050(B), if the appeal is withdrawn before evidence is due, or if the appellant or agent of the appellant is present for the appellant's hearing before the BOE or participates telephonically pursuant to KPB 5.12.060(T) then the filing fee shall be fully refunded within 30 days after the hearing date.

Account / Parcel Number:	05506029		NOTE: A SEPARA	TE FORM IS REQUIRED I	FOR EACH PARCEL.
Property Owner:		RCMS Inc			
Legal Description:	T5N11WSe	ec29Sewar	d Meridican KN	SW1/4SE1/4 8	k E1/2SE1/4
Physical Address of Property	r.		50123 Buoy /	Ave	
Contact information for all co	rrespondence relat	ting to this app	peal:		
Mailing Address:	PO Box 1290) Kenai Ak 9	9611		
Phone (daytime):	9072521891	9072521891 Phone (evening): 9072834947			
Email Address:	dyragui@c	dyragui@outlook.com			RVED VIA EMAIL
Value from Assessment Notice: 2 Year Property was Purchased: 2 Has the property been appraised Has property been advertised FC Comparable Sales:	oos d by a private fee app	Price oraiser within the	nt's Opinion of Value: \$e Paid: \$e past 3-years? Ye Yes No	79 ZGO es No DATE OF SALE	SALE PRICE

My property value is excessive. (Overvalued) My property was valued incorrectly. (Improperly) My property has been undervalued. My property value is unequal to similar properties. Please provide specific reasons and evidence supporting the item checked above. (Attach additional sheets as necessary) **THE APPELLANT BEARS THE BURDEN OF PROOF (AS 29.45.210(b)) ** Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of the entity. I have attached written proof of my authority to act on behalf of the instity. I have attached written proof of my authority to act on a officer, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of the instity. I have attached written proof of my authority to act on behalf of the instity. I have attached written proof of my authority to act on behalf of the instity. I have attached written proof of my authority to act on behalf of the instity of the estate. I have attached written proof of my authority to act on behalf of the institution of your right to appeal this account. The owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record dependent for this individual and/or his/her estate (i.e., copy of recorded personal repr	The grounds for appeal are: UNEQUAL, EXCESSIVE, IMPROPER, OR UNDE The appeal must state the grounds for the appeal. KPB 5.12.050(B)	R VALUATION OF THE PROPERTY KPB 5.12.050(E)
My property was valued incorrectly. (Improperty) My property has been undervalued. My property has been undervalued. My property value is unequal to similar properties. Please provide specific reasons and evidence supporting the item checked above. (Attach additional sheets as necessary) **THE APPELLANT BEARS THE BURDEN OF PROOF (AS 29.45.210(b)) ** Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account which designates you as an officer, virtue authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/ner estate (i.e., copy of recorded personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/ner estate (i.e., copy of recorded personal representative of the owner. I have attached a notarized Power of Attorney document signed by the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account is when one of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account. The owner of record for this account. The owner of record for	My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:
My property has been undervalued. My property value is unequal to similar properties. Please provide specific reasons and evidence supporting the Item checked above. (Attach additional sheets as necessary) ** THE APPELLANT BEARS THE BURDEN OF PROOF (AS 29.45.210(b)) ** Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation), If you are not listed by name as the owner of record for this account. I I am not the owner of record for this account. I I am not the owner of record for this account. Date The owner of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account. Signature of Appellant! Agent / Representative Date David		
My property value is unequal to similar properties.	My property has been undervalued.	→You cannot afford the taxes.
** THE APPELLANT BEARS THE BURDEN OF PROOF (AS 29.45.210(b)) ** Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant! Agent / Representative Date Date	My property value is unequal to similar properties.	
Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorization of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. In appeal this account, this is REQUIRED for confirmation of your right to appeal this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant's hereby affirm that the foregoing information and any additional information that I submit is true and correct.	Please provide specific reasons and evidence supporting the item chec	cked above. (Attach additional sheets as necessary)
Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorization of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. In appeal this account, this is REQUIRED for confirmation of your right to appeal this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant's hereby affirm that the foregoing information and any additional information that I submit is true and correct.		
Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorization of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. In appeal this account, this is REQUIRED for confirmation of your right to appeal this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant's hereby affirm that the foregoing information and any additional information that I submit is true and correct.		
Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorization of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. In appeal this account, this is REQUIRED for confirmation of your right to appeal this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant's hereby affirm that the foregoing information and any additional information that I submit is true and correct.		00" (AE 20 AE 240(b)) **
Intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filing this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof ofmy authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this occount. Oath of Appellant's hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of App		OF (AS 29.45.210(b)) **
My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filing this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellantin hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellantin hereby affirm that the foregoing information and any additional information that I submit is true and correct.	Check the following statement that applies to your intentions:	
Check the following statement that applies to who is filing this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellant: Agent / Representative David N Yragui	I intend to submit <u>additional evidence</u> within the required time limit of	f 15 days prior to the hearing date.
□ I am the attorney for the owner of record for the account/parcel number appealed. □ I am the attorney for the owner of record for the account/parcel number appealed. □ The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record	My appeal is complete. I have provided all the evidence that I intend to based on the evidence submitted.	submit, and request that my appeal be reviewed
□ I am the attorney for the owner of record for the account/parcel number appealed. □ The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ I am not the owner of record for this account is a possible of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ Date □ Date □ Date □ Date	Check the following statement that applies to who is filing this appea	l:
The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant:\(\text{hereby affirm} \) hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellant:\(\text{hereby affirm} \) hereby affirm that the foregoing information and any additional information that I submit is true and correct.	I am the owner of record for the account/parcel number appealed.	
otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellant: hereby affirm that the foregoing information and any additional information that I submit is true and correct.	I am the attorney for the owner of record for the account/parcel nu	mber appealed.
my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellant / Agent / Representative Date	otherwise authorized to act on behalf of the entity. I have attached this entity (i.e., copy of articles of incorporation or resolution which defined an officer of the company, or copy from trust document identify	written proof of my authority to act on behalf of esignates you as an officer, written authorization ring you as trustee). If you are not <i>listed by name</i>
Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellant / Agent / Representative David N Yragui	my authority to act on behalf of this individual and/or his/her estat documentation). If you are not listed by name as the owner of record for	e (i.e., copy of recorded personal representative
Signature of Appellant / Agent / Representative David N Yragui Date	Power of Attorney document signed by the owner of record. If you are	not listed by name as the owner of record for this
David N Yragui		ny additional information that I submit is true and
David N Yragui	San San 3	-28-9-
		

144 N. Binkley Street Soldotna, Alaska 99669-7599

Phone: (907) 714-2160 Toll Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: 5:00 p.m. on April 1, 2025.

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A

D	ECEIVEN
	MAR 2 8 2025
OFF Kl	ICE OF THE BOROUGH CLERK ENA! PENINSULA BOROUGH
	For Official Use Only
Fee	s Received: \$
X	Cash Check # 4123 payable to Kenal Peninsuka Barough
REDIT	CARDS NOT ACCEPTED FOR FILING FEES

(Each parce	FILING FEE BASED ON TOTA l/account appealed must be ac			m)
Assessed Value from	n Assessment Notice		Filing Fee	
Less than	\$100,000		\$30	
\$100,000	to \$499,999		\$100	
\$500,000 to \$1,999,999			\$200	
\$2,000,000 and higher			\$1,000	
Per KPB 5.12.050(B), if the appearance of the appearance of the within 30 days after the hearing	eal is withdrawn before evidence BOE or participates telephonically date.	is due, or if the appellant or pursuant to KPB 5.12.060(T)	agent of the appe then the filing fee	ellant is present for the shall be fully refunde
Account / Parcel Number:	05506029CO02	NOTE: A SEPARA	TE FORM IS REQUIRE	D FOR EACH PARCEL.
Property Owner:		RCMS Inc		
Legal Description:	T5NR11WSec29Seward Meri	dian KN 2009003 Kalifonsky	Meadows Airpark	Condominiums Unit 2
Physical Address of Propert		50123 Buoy Ave U2		
Contact information for all co	prrespondence relating to this		· · · · · · · · · · · · · · · · · · ·	
Mailing Address:	PO Box 1290 Kenai A	k 99611	<u>, , , , , , , , , , , , , , , , , , , </u>	
Phone (daytime):	9072521891	9072521891 Phone (evening): 9072834947		
Email Address:	dyragui@outlook.com			SERVED VIA EMAIL
Has property been advertised FC	, 32100 Appe	ellant's Opinion of Value: \$ rice Paid: \$	15000	
Comparable Sales:	PARCEL NO.	ADDRESS	DATE OF SALE	SALE PRICE

The appeal must state the grounds for the appeal. KPB 5.12.050(B)	R VALUATION OF THE PROPERTY RPB 5.12.050(E)
My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:
My property was valued incorrectly, (Improperly)	→The taxes are too high.
My property has been undervalued.	→The value changed too much in one year. →You cannot afford the taxes.
My property value is unequal to similar properties.	
Please provide specific reasons and evidence supporting the item check	ked above. (Attach additional sheets as necessary)
** THE APPELLANT BEARS THE BURDEN OF PROC	OF (AS 29.45.210(b)) **
Check the following statement that applies to your intentions:	
I intend to submit <u>additional evidence</u> within the required time limit of	15 days prior to the hearing date.
My appeal is complete. I have provided all the evidence that I intend to saled on the evidence submitted.	submit, and request that my appeal be reviewed
Check the following statement that applies to who is filing this appeal:	:
I am the owner of record for the account/parcel number appealed.	
I am the attorney for the owner of record for the account/parcel num	ber appealed.
The owner of record for this account is a business, trust or other entity to otherwise authorized to act on behalf of the entity. I have attached we this entity (i.e., copy of articles of incorporation or resolution which design an officer of the company, or copy from trust document identifying as the owner of record for this account, this is REQUIRED for confirmation.	ritten proof of my authority to act on behalf of signates you as an officer, written authorization by you as trustee). If you are not listed by name
The owner of record is deceased and I am the personal representative my authority to act on behalf of this individual and/or his/her estate documentation). If you are not listed by name as the owner of record for of your right to appeal this account.	(i.e., copy of recorded personal representative
I am not the owner of record for this account, but I wish to appeal on be Power of Attorney document signed by the owner of record. If you are no account, this is REQUIRED for confirmation of your right to appeal this account.	not listed by name as the owner of record for this
Oath of Appellant: Thereby affirm that the foregoing information and any correct.	additional information that I submit is true and
	28-28
Signature of Appellant / Agent / Representative Date Date	
Printed Name of Appellant / Agent / Representative	

144 N. Binkley Street Soldotna, Alaska 99669-7599

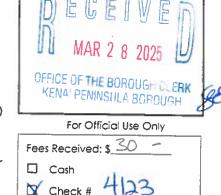
Phone: (907) 714-2160 Toli Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: 5:00 p.m. on April 1, 2025.

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A

Assessed Value from Assessment Notice



CREDIT CARDS NOT ACCEPTED FOR FILING FEES

Filing Fee

Less than \$	100,000	\$30		
\$100,000 to \$499,999		\$100		
\$500,000 to \$	1,999,999	\$200		
\$2,000,000 a	nd higher	\$1,000		
Per KPB 5.12.050(B), if the appeal appellant's hearing before the BO within 30 days after the hearing da	E or participates telephonically	is due, or if the appellant or pursuant to KPB 5.12.060(T)	agent of the appeil then the filing fee s	ant is present for th hall be fully refunde
Account / Parcel Number:	05506029CO03	NOTE: A SEPARAT	E FORM IS REQUIRED	FOR EACH PARCEL.
Property Owner:		RCMS Inc		
Legal Description:	T5NR11WSec29Seward Meri	dian KN 2009003 Kalifonsky	Meadows Airpark C	ondominiums Unit 3
Physical Address of Property:		50123 Buoy Ave U3		
Contact information for all corr	espondence relating to this	appeal:		
Mailing Address:	PO Box 1290 Kenai A	k 99611		
Phone (daytime):	9072521891 Phone (evening): 9072834947			4
Email Address:	dyragui@outlook.com			ERVED VIA EMAIL
Value from Assessment Notice: \$ 3 Year Property was Purchased: 2008 Has the property been appraised b Has property been advertised FOR	y a private fee appraiser within	ellant's Opinion of Value: \$ rice Paid: \$ the past 3-years? Yes Yes \ No \		
Comparable Sales:	PARCEL NO.	ADDRESS	DATE OF SALE	SALE PRICE
	The state of the s			

FILING FEE BASED ON TOTAL ASSESSED VALUE PER PARCEL (Each parcel/account appealed must be accompanied by a separate filing fee and form)

The grounds for appeal are: UNEQUAL, EXCESSIVE, IMPROPER, OR UNI The appeal must state the grounds for the appeal. KPB 5.12.050(B)	DER VALUATION OF THE PROPERTY KPB 5.12.050(E)
My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:
My property was valued incorrectly. (Improperly)	⇒The taxes are too high.
My property has been undervalued.	→The value changed too much in one year. →You cannot afford the taxes.
My property value is unequal to similar properties.	Too cannot altold the laxes.
Please provide specific reasons and evidence supporting the item ch	ecked above. (Attach additional sheets as possessed)
	(Attach additional sheets as necessary)
** THE APPELLANT BEARS THE BURDEN OF PR	OOF (AS 29.45.210(b)) **
Check the following statement that applies to your intentions:	
I intend to submit additional evidence within the required time limit of	of 15 days prior to the hearing date.
My appeal is complete. I have provided all the evidence that I intend to based on the evidence submitted.	o submit, and request that my appeal be reviewed
Check the following statement that applies to who is filing this appear	al:
I am the owner of record for the account/parcel number appealed.	
I am the attorney for the owner of record for the account/parcel nu	ember appealed.
The owner of record for this account is a business, trust or other entity otherwise authorized to act on behalf of the entity. I have attached this entity (i.e., copy of articles of incorporation or resolution which d from an officer of the company, or copy from trust document identify as the owner of record for this account, this is REQUIRED for confirmation.	written proof of my authority to act on behalf of esignates you as an officer, written authorization ring you as trustee). If you are not listed by name
The owner of record is deceased and I am the personal representation my authority to act on behalf of this individual and/or his/her estat documentation). If you are not listed by name as the owner of record for your right to appeal this account.	e (i.e., copy of recorded personal representative
I am not the owner of record for this account, but I wish to appeal or Power of Attorney document signed by the owner of record. If you are account, this is REQUIRED for confirmation of your right to appeal this or	not listed by name as the owner of record for this
Oath of Appellant: I hereby affirm that the foregoing information and an correct.	y additional information that I submit is true and
<i>> > > > > > > > > ></i>	
Signature of Appellant / Agent / Representative Date	28-25
David N Yragui	
Printed Name of Appellant / Agent / Representative	

Tax Year 2025

Real Property Assessment Valuation Appeal Kenai Peninsula Borough Office of the Borough Clerk

144 N. Binkley Street Soldotna, Alaska 99669-7599 Phone: (907) 714-2160 Toll Free: 1-800-478-4441

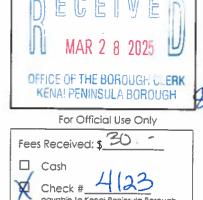
Office of the Borough Clark or

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: **5:00 p.m. on April 1, 2025.**

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A

Assessed Value from Assessment Notice



CREDIT CARDS NOT ACCEPTED FOR FILING FEES

Filing Fee

Mailing Address: PO Box 1290 Kenai Ak 99	NOTE: A SEPAI RCMS Inc KN 2009003 Kalifonsk 0123 Buoy Av	RATE FORM IS REQUIRED C ky Meadows Airpark Co.	hall be fully refund FOR EACH PARCEL.
\$2,000,000 and higher Per KPB 5.12.050(B), if the appeal is withdrawn before evidence is du appellant's hearing before the BOE or participates telephonically purs within 30 days after the hearing date. Account / Parcel Number: 05506029CO23 Property Owner: T5NR11WSec29Seward Meridian E2001 Address of Property: 5000000000000000000000000000000000000	NOTE: A SEPAI RCMS Inc KN 2009003 Kalifonsk 0123 Buoy Av	\$1,000 It or agent of the appell O(T) then the filing fee si RATE FORM IS REQUIRED C ky Meadows Airpark Co.	hall be fully refund FOR EACH PARCEL.
Per KPB 5.12.050(B), if the appeal is withdrawn before evidence is du appellant's hearing before the BOE or participates telephonically purs within 30 days after the hearing date. Account / Parcel Number: 05506029CO23 Property Owner: T5NR11WSec29Seward Meridian F Description: T5NR11WSec29Seward Meridian F Description for all correspondence relating to this appearance of the property of the pro	NOTE: A SEPAI RCMS Inc KN 2009003 Kalifonsk 0123 Buoy Av	t or agent of the appell D(T) then the filing fee so RATE FORM IS REQUIRED C ky Meadows Airpark Co.	hall be fully refund FOR EACH PARCEL.
Account / Parcel Number: 05506029CO23 Property Owner: T5NR11WSec29Seward Meridian Physical Address of Property: 50 Contact information for all correspondence relating to this appearance of the BOE or participates telephonically purswithin 30 days after the BOE or participates telephonically purswithin 30 days after the BOE or participates telephonically purswithin 30 days after the BOE or participates telephonically purswithin 30 days after the BOE or participates telephonically purswithin 30 days after the hearing date. Account / Parcel Number: 05506029CO23 Property Owner: 50 Contact information for all correspondence relating to this appearance of the BOE or participates telephonically purswithin 30 days after the hearing date.	NOTE: A SEPAI RCMS Inc KN 2009003 Kalifonsk 0123 Buoy Av	RATE FORM IS REQUIRED C ky Meadows Airpark Co.	hall be fully refund FOR EACH PARCEL.
Property Owner: Legal Description: T5NR11WSec29Seward Meridian Property: 50 Contact information for all correspondence relating to this appearance Mailing Address: PO Box 1290 Kenai Ak 99	RCMS Inc KN 2009003 Kalifonsk 0123 Buoy Av eal:	C ky Meadows Airpark Co	
Legal Description: T5NR11WSec29Seward Meridian R Physical Address of Property: 50 Contact information for all correspondence relating to this apper Mailing Address: PO Box 1290 Kenai Ak 99	KN 2009003 Kalifonsk 0123 Buoy Av	ky Meadows Airpark Co	ndominiums Unit 23
Physical Address of Property: 50 Contact information for all correspondence relating to this appearable Mailing Address: PO Box 1290 Kenai Ak 99	0123 Buoy Av		ndominiums Unit 23
Contact information for all correspondence relating to this appearance Mailing Address: PO Box 1290 Kenai Ak 99	eal:	ve U23	
Contact information for all correspondence relating to this appearance Mailing Address: PO Box 1290 Kenai Ak 99	eal:		
0070504004	9611		
Phone (daytime): 9072521891			
	Phone (evening):	9072834947	
Email Address: dyragui@outlook.com	dyragui@outlook.com		ERVED VIA EMAIL
	t's Opinion of Value: \$ Paid: \$ past 3-years? Y	/5000 No 🗐	
Has property been advertised FOR SALE within the past 3-years?	Yes 🗌 No 🔲		
Comparable Sales: PARCEL NO. AC			

FILING FEE BASED ON TOTAL ASSESSED VALUE PER PARCEL (Each parcel/account appealed must be accompanied by a separate filing fee and form)

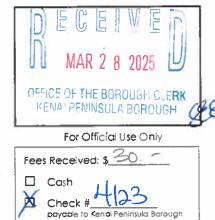
The appeal must state the grounds for the appeal. KPB 5.12.050(B)	NDER VALUATION OF THE PROPERTY KPB 5.12.050(E)
My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:
My property was valued incorrectly. (Improperly)	→The taxes are too high.
My property has been undervalued.	 The value changed too much in one year. You cannot afford the taxes.
My property value is unequal to similar properties.	. oo cara or anora me taxes.
Please provide specific reasons and evidence supporting the item c	hecked above. (Attach additional sheets as necessary)
** THE APPELLANT BEARS THE BURDEN OF P	ROOF (AS 29.45.210(b)) **
Check the following statement that applies to your intentions:	
I intend to submit <u>additional evidence</u> within the required time limit	of 15 days prior to the hearing date.
My appeal is complete. I have provided all the evidence that I intend based on the evidence submitted.	to submit, and request that my appeal be reviewed
Check the following statement that applies to who is filing this app	eal:
I am the owner of record for the account/parcel number appealed.	
I am the attorney for the owner of record for the account/parcel r	number appealed.
The owner of record for this account is a business, trust or other ent otherwise authorized to act on behalf of the entity. I have attached this entity (i.e., copy of articles of incorporation or resolution which from an officer of the company, or copy from trust document idential as the owner of record for this account, this is REQUIRED for confirmation.	d written proof of my authority to act on behalf of designates you as an officer, written authorization fying you as trustee). If you are not listed by page
The owner of record is deceased and I am the personal representat my authority to act on behalf of this individual and/or his/her esta documentation). If you are not listed by name as the owner of record of your right to appeal this account.	ate (i.e. copy of recorded parents)
I am not the owner of record for this account, but I wish to appeal of Power of Attorney document signed by the owner of record. If you are account, this is REQUIRED for confirmation of your right to appeal this	re not listed by name as the owner of record for this
Oath of Appellant: I hereby affirm that the foregoing information and a correct.	ny additional information that I submit is true and
3	7-28-25
Signature of Appelland / Agent / Representative Date David N Yragui	-
Printed Name of Appellant / Agent / Representative	

144 N. Binkley Street Soldotna, Alaska 99669-7599 Phone: (907) 714-2160 Toll Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: 5:00 p.m. on April 1, 2025.

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A



CREDIT CARDS NOT ACCEPTED FOR FILING FEES

FILING FEE BASED ON TOTAL ASSESS (Each parcel/account appealed must be accompani	
Assessed Value from Assessment Notice	Filing Fee
Less than \$100,000	\$30
\$100,000 to \$499,999	\$100
\$500,000 to \$1,999,999	\$200
\$2,000,000 and higher	\$1,000

Per KPB 5.12.050(B), if the appeal is withdrawn before evidence is due, or if the appellant or agent of the appellant is present for the appellant's hearing before the BOE or participates telephonically pursuant to KPB 5.12.060(T) then the filing fee shall be fully refunded within 30 days after the hearing date.

Property Owner: Legal Description: Physical Address of Property: Contact information for all corre	T5NR11WSec29Seward Mer		Meadows Airpark Con	ndominiums Unit 28					
Physical Address of Property:	T5NR11WSec29Seward Mer		Meadows Airpark Con	ndominiums Unit 28					
		FO122 Puoy Ave		NR11WSec29Seward Meridian KN 2009003 Kalifonsky Meadows Airpark Condominiums Unit 28					
Contact information for all corre	1770	30 123 Buoy Ave	50123 Buoy Ave U28						
	espondence relating to this	appeal:							
Mailing Address:	PO Box 1290 Kenai A	Ak 99611							
Phone (daytime):	9072521891	Phone (evening):	9072834947						
Email Address:	dyragui@outlook.com		I AGREE TO BE SERVED VIA EMAIL						
Value from Assessment Notice: \$_2008 Year Property was Purchased:	y a private fee appraiser withi		/5000 ss	<u> </u>					
Comparable Sales:	PARCEL NO.	ADDRESS	DATE OF SALE	SALE PRICE					

The grounds for appeal are: UNEQUAL, EXCESSIVE, IMPROPER, OR The appeal must state the grounds for the appeal. KPB 5.12.050(B)	UNDER VALUATION OF THE PROPERTY KPB 5.12.050(E)
My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:
My property was valued incorrectly. (Improperly)	→The taxes are too high.
My property has been undervalued.	 The value changed too much in one year. You cannot afford the taxes.
My property value is unequal to similar properties.	
Please provide specific reasons and evidence supporting the iter	m checked above. (Attach additional sheets as necessary)
** THE APPELLANT BEARS THE BURDEN O	F PROOF (AS 29.45.210(b)) **
Check the following statement that applies to your intentions:	
I intend to submit <u>additional evidence</u> within the required time l	imit of 15 days prior to the hearing date.
My appeal is complete. I have provided all the evidence that I into based on the evidence submitted.	end to submit, and request that my appeal be reviewed
Check the following statement that applies to who is filing this	appeal:
I am the owner of record for the account/parcel number appea	led.
I am the attorney for the owner of record for the account/pare	cel number appealed.
The owner of record for this account is a business, trust or other otherwise authorized to act on behalf of the entity. I have attathis entity (i.e., copy of articles of incorporation or resolution where from an officer of the company, or copy from trust document in as the owner of record for this account, this is REQUIRED for confidence.	iched written proof of my authority to act on behalf of nich designates you as an officer, written authorization dentifying you as trustee). If you are not listed by name
The owner of record is deceased and I am the personal represe my authority to act on behalf of this individual and/or his/her documentation). If you are not listed by name as the owner of reof your right to appeal this account.	estate (i.e., copy of recorded personal representative
I am not the owner of record for this account, but I wish to approve of Attorney document signed by the owner of record. If y account, this is REQUIRED for confirmation of your right to appear	ou are not listed by name as the owner of record for this
Oath of Appellant: I hereby affirm that the foregoing information a correct.	and any additional information that I submit is true and
	3-28-25
Signature of Appellant / Agent / Representative	ate
David N Yragui	
Printed Name of Appellant / Agent / Representative	

144 N. Binkley Street Soldotna, Alaska 99669-7599 Phone: (907) 714-2160 Toll Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: 5:00 p.m. on April 1, 2025.

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A

DECEIVED N MAR 2 8 2025
OFFICE OF THE BOROUGH CLERK KENA! PENINSUL A BOROUGH For Official Use Only
Fees Received: \$30.5
Cash Check # 4123 payable to Kenal Peninsula Borough

Assessed Value from	Assessment Notice		Filing Fee	alegative ve		
Less than	\$100,000		\$30			
\$100,000 to	o \$499,999		\$100			
\$500,000 to	\$1,999,999		\$200			
\$2,000,000	and higher		\$1,000			
Per KPB 5.12.050(B), if the appea appellant's hearing before the B within 30 days after the hearing	OE or participates telephonica	ce is due, or if the appellant ally pursuant to KPB 5.12.060	or agent of the appel (T) then the filing fee s	lant is present for t hall be fully refund		
Account / Parcel Number:	05506029CO73	NOTE: A SEPAR	ATE FORM IS REQUIRED	FOR EACH PARCEL.		
Property Owner:		RCMS Inc				
Legal Description:	T5NR11WSec29Seward Merid	T5NR11WSec29Seward Meridian KN 2017045 Kalifonsky Meadows Airpark Condominiums Phase 2BUnit 7				
Physical Address of Property	50123 Buoy Ave U73					
Contact information for all co	rrespondence relating to th	is appeal:	1220			
Mailing Address:	PO Box 1290 Kenai	Ak 99611				
Phone (daytime):	9072521891	Phone (evening):	9072834947			
Email Address:	dyragui@outlook	com	I AGREE TO BE S	ERVED VIA EMAIL		
Value from Assessment Notice: \$ Year Property was Purchased: 20 Has the property been appraised	08	opellant's Opinion of Value: \$ Price Paid: \$ nin the past 3-years?	/5000 es			
las property been advertised FO	R SALE within the past 3-years	? Yes 🗌 No 🔲				
Comparable Sales:	PARCEL NO.	ADDRESS	DATE OF SALE	SALE PRICE		

FILING FEE BASED ON TOTAL ASSESSED VALUE PER PARCEL (Each parcel/account appealed must be accompanied by a separate filing fee and form)

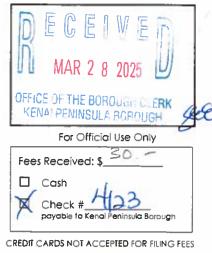
The grounds for appeal are: UNEQUAL, EXCESSIVE, IMPROPER, OR C The appeal must state the grounds for the appeal. KPB 5.12 050(B)	MOER VALUATION OF THE PROPERTY RPS. 12.030(E)
My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:
My property was valued incorrectly. (Improperly)	→The taxes are too high.
My property has been undervalued.	→The value changed too much in one year. →You cannot afford the taxes.
My property value is unequal to similar properties.	
Please provide specific reasons and evidence supporting the item	checked above. (Attach additional sheets as necessary)
** THE APPELLANT BEARS THE BURDEN OF	PROOF (AS 29 45 210/h)) **
	PROOF (AS 25.45.210(b))
Check the following statement that applies to your intentions:	
I intend to submit additional evidence within the required time lin	nit of 15 days prior to the hearing date.
My appeal is complete. I have provided all the evidence that I interbased on the evidence submitted.	nd to submit, and request that my appeal be reviewed
Check the following statement that applies to who is filing this a	ppeal:
I am the owner of record for the account/parcel number appeals	ed.
I am the attorney for the owner of record for the account/parce	el number appealed.
The owner of record for this account is a business, trust or other of otherwise authorized to act on behalf of the entity. I have attact this entity (i.e., copy of articles of incorporation or resolution while from an officer of the company, or copy from trust document ideas the owner of record for this account, this is REQUIRED for confirmation.	thed written proof of my authority to act on behalf of ich designates you as an officer, written authorization entifying you as trustee). If you are not <i>listed by name</i>
The owner of record is deceased and I am the personal represer my authority to act on behalf of this individual and/or his/her educumentation). If you are not listed by name as the owner of record your right to appeal this account.	estate (i.e., copy of recorded personal representative
I am not the owner of record for this account, but I wish to appear Power of Attorney document signed by the owner of record. If you account, this is REQUIRED for confirmation of your right to appeal	u are not listed by name as the owner of record for this
Oath of Appellant: Thereby affirm that the foregoing information are correct.	nd any additional information that I submit is true and
C. L	3-29-23
Signature of Appellant / Agent / Representative Da	te
David N Yragui	
Printed Name of Appellant / Agent / Representative	

144 N. Binkley Street Soldotna, Alaska 99669-7599 Phone: (907) 714-2160 Toli Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: **5:00 p.m. on April 1, 2025.**

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A



Assessed Value from	n Assessment Notice		Filing Fee			
Less than \$100,000			\$30			
\$100,000 to \$499,999			\$100			
\$500,000 to \$1,999,999			\$200			
\$2,000,000	and higher		\$1,000	,		
er KPB 5.12.050(B), if the appe ppellant's hearing before the l rithin 30 days after the hearing	BOE or participates teleph	vidence is due, or if the appellant of the solution on ically pursuant to KPB 5.12.060(1	or agent of the appell (i) then the filing fee s	lant is present for the hall be fully refund		
Account / Parcel Number:	05506029CO74	NOTE: A SEPARA	ATE FORM IS REQUIRED	FOR EACH PARCEL		
Property Owner:		RCMS Inc				
Legal Description:	T5NR11WSec29Seware	T5NR11WSec29Seward Meridian KN 2017045 Kalifonsky Meadows Airpark Condominiums Phase 2BUnit				
Physical Address of Propert	y:	50123 Buoy Ave U74				
ontact information for all co	orrespondence relating	to this appeal:		·		
Mailing Address:	PO Box 1290 Ke	enai Ak 99611	····			
Phone (daytime):	9072521891	Phone (evening):	9072834947			
Email Address:	dyragui@outl	ook.com	I AGREE TO BE S	ERVED VIA EMAIL		
alue from Assessment Notice: ear Property was Purchased: 2 as the property been appraised	008	Appellant's Opinion of Value: \$ Price Paid: \$ er within the past 3-years? Ye	/5000 To 15000 To 150			
as property been advertised FG	OR SALE within the past 3	years? Yes No				
omparable Sales:	PARCEL NO.	ADDRESS	DATE OF SALE	SALE PRICE		

FILING FEE BASED ON TOTAL ASSESSED VALUE PER PARCEL
(Each parcel/account appealed must be accompanied by a separate filing fee and form)

3-28-25	The appeal must state the grounds for the appeal. KPB 5,12.050(B)	ER VALUATION OF THE PROPERTY KPB 5,12,050(E)
■ My property was valued incorrectly. (Improperly) My property has been undervalued. My property has been undervalued. **The Appet App	My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:
My property has been undervalued. —You cannot offord the toxes. — Why property value is unequal to similar properties.	My property was valued incorrectly. (Improperly)	→The taxes are too high.
My property value is unequal to similar properties.	My property has been undervalued.	
** THE APPELLANT BEARS THE BURDEN OF PROOF (AS 29.45.210(b)) ** Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: I hereby affirm that the foregoing information and any additional information that I submit is	My property value is unequal to similar properties.	
Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of the intity in this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: I hereby affirm that the foregoing information and any additional informa	Please provide specific reasons and evidence supporting the item che	ecked above. (Attach additional sheets as necessary)
Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of the intity in this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: I hereby affirm that the foregoing information and any additional informa		
Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of the intity in this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: I hereby affirm that the foregoing information and any additional informa		
Check the following statement that applies to your intentions: I intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of the intity in this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: I hereby affirm that the foregoing information and any additional informa	th THE ADDULANT DEAD THE CONTROL OF	
Intend to submit additional evidence within the required time limit of 15 days prior to the hearing date. My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filing this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation and any additional information that I submit is true and correct. Signature of Appellant: I hereby affirm that the foregoing information and any additional information that I submit is true and correct.		OOF (AS 29.45.210(b)) **
My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted. Check the following statement that applies to who is filling this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Signatura of Appellant: The eby affirm that the foregoing information and any additional information that I submit is true and correct.		
Check the following statement that applies to who is filing this appeal: I am the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account/parcel number appealed. I am the attorney for the owner of record for the account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: Thereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellant: Thereby affirm that the foregoing information and any additional information that I submit is true and correct.	I intend to submit <u>additional evidence</u> within the required time limit o	f 15 days prior to the hearing date.
□ I am the owner of record for the account/parcel number appealed. □ I am the attorney for the owner of record for the account/parcel number appealed. □ The owner of record for this account is a business, trust or other entity for which I am an owner or officer , trustee , or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ The owner of record is deceased and I am the personal representative of the estate . I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: I hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellant: I hereby affirm that the foregoing information and any additional information that I submit is true and correct.	My appeal is complete. I have provided all the evidence that I intend to based on the evidence submitted.	submit, and request that my appeal be reviewed
I am the attorney for the owner of record for the account/parcel number appealed. ■ The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. □ I am not the owner of record for this account, but I wish to appeal this account. □ I am not the owner of record for this account is appeal this account. □ I am not the owner of record for this account, but I wish to appeal an appeal on behalf of the owner. I have attached a notarized power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account. □ I am not the owner of record for this account. □ I am not the owner of record for this account. □ I am not the owner of record for this account. □ I am not the owner of record for this account. □ I am not the owne	Check the following statement that applies to who is filing this appear	ıl:
The owner of record for this account is a business, trust or other entity for which I am an owner or officer, trustee, or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: I hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellant: I hereby affirm that the foregoing information and any additional information that I submit is true and correct.	I am the owner of record for the account/parcel number appealed.	
otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. The owner of record is deceased and I am the personal representative of the estate. I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: I hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellant: I hereby affirm that the foregoing information and any additional information that I submit is true and correct.	I am the attorney for the owner of record for the account/parcel nu	mber appealed.
documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. I am not the owner of record for this account, but I wish to appeal on behalf of the owner. I have attached a notarized Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: I hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellant: Agent / Representative	this entity (i.e., copy of articles of incorporation or resolution which defined an officer of the company, or copy from trust document identify	written proof of my authority to act on behalf of esignates you as an officer, written authorization ing you as trustee) If you are not listed by page.
Power of Attorney document signed by the owner of record. If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account. Oath of Appellant: I hereby affirm that the foregoing information and any additional information that I submit is true and correct. Signature of Appellant/ Agent / Representative Date	documentation). If you are not listed by name as the owner of record for	(i.e., copy of recorded personal representative
Signature of Appellant / Agent / Representative Date	Power of Attorney document signed by the owner of record. If you are	not listed by name as the owner of record for this
Signature of Appellant / Agent / Representative Date	Oath of Appellant: I hereby affirm that the foregoing information and any correct.	additional information that I submit is true and
Signature of Appellant / Agent / Representative Date	_ () 2	120-75
David N Yragui	Signature of Appellanty Agent / Representative Date	
Printed Name of Appellant / Agent / Popressentation	Printed Name of Appellant / Agent / Representative	



kpb property tax

News ₩

Videos Short videos Images

Forums

Shopping

: More

(3)

Q

6

a)-

×

Tools -

150

Shade Le

7

United States

Kenai Peninsula Property Tax

City tax office in Soldotna, Alaska :

Reviews Directions

∏ Save

₹, Call Share Located in: Kenai Peninsula Borough Administration

Phone: (907) 714-2304

Address: 144 N Binkley St, Soldotna, AK 99669

Suggest an edit · Own this business?

Add missing information Add business hours

Reviews

Add website

Pay Your Property Tax

Credit Card fransaction less are 2,35% of the lax amount paid ...

KPB offers multiple methods to pay your property taxes, 24-hours a day, 7 days a week. We offer online

payment through a web portal, and payment via telephone.

https://www.kpb.us / Departments

KPB.us

Property Tax

Contact

Property Taxes fund roughly half of your borough services. Property --

More results from kpb.us »

publicaccessnow.com

https://ex.kena.publicarcessnow.com / PropertyTax

Kenai Peninsula Borough Property Tax Division - Tax Payment

Search for tax bills by Owner Name, Parcel Number, or Address. Pay your bill online! Mailing Address:

PO Box 3040, Soldotna, Alaska 99669, Phone: 907-714-2304

KPB.us

https://www.eplaus.i.Departments

Assessing Department

The Assessing Department discovers, lists and values all taxable property in the borough in a fair and Uniform manner in accordance with state law and borough ...

On the publicaccossnow.com

publicaccessnow.com

fillps://kpb.pableac.assnow.com



Kenai Peninsula Borough

Assessing Department 144 N. Binkley Street Soldotna AK 99669

General Information

RCMS INC PO BOX 1290 KENAI, AK 99611-1290 **Property ID**

05506029

Address

50123 BUOY AVE

Document / Book Page

20080068280

Acreage

120.0000

Owners				
Property ID	Display Name	Address		
05506029	RCMS INC	PO BOX 1290		

Legal Description

Description

T 5N 11W SEC 29 Seward Meridian KN SW1/4 SE1/4 & E1/2 SE1/4

			Assessed	
Year	Reason	Land	Structures	Total
2024	Main Roll Certification	\$237,700	\$0	\$237,700
2023	Main Roll Certification	\$206,700	\$0	\$206,700
2022	Main Roll Certification	\$188,000	\$0	\$188,000
2021	Main Roll Certification	\$123,600	\$0	\$123,600
2020	Main Roll Certification	\$123,600	\$0	\$123,600
2019	Main Roll Certification	\$123,600	\$0	\$123,600
2018	Main Roll Certification	\$123,600	\$0	\$123,600
2017	Main Roll Certification	\$132,700	\$0	\$132,700
2016	Main Roll Certification	\$132,700	\$0	\$132,700
2015	Main Roll Certification	\$132,700	\$0	\$132,700
2014	Main Roll Certification	\$134,200	\$0	\$134,200
2013	Main Roll Certification	\$134,200	\$0	\$134,200
2012	Main Roll Certification	\$134,200	\$0	\$134,200
2011	Main Roll Certification	\$134,200	\$0	\$134,200
2010	Main Roll Certification	\$134,200	\$0	\$134,200
2009	Main Roll Certification	\$152,900	\$0	\$152,900
2008	Main Roll Certification	\$42,900	\$0	\$42,900
2007	Main Roll Certification	\$42,900	\$0	\$42,900
2006	Main Roll Certification	\$42,900	\$0	\$42,900
2005	Main Roll Certification	\$42,900	\$0	\$42,900
2004	Main Roll Certification	\$39,000	\$0	\$39,000
2003	Main Roll Certification	\$39,000	\$0	\$39,000
2002	Main Roll Certification	\$39,000	\$0	\$39,000
2001	Main Roll Certification	\$39,000	\$0	\$39,000

		Land Detai	ls		
Primary Use	Land Type	Acres	Eff Frontage	Eff Depth	Asd Value
	Residential Rural/Res T	66.8100	0.00	0.00	\$237,700
	Zero Value Lots	53.1900	0.00	0.00	\$0

2025 NOTICE OF ASSESSMENT Annual - Real Property

KENAI PENINSULA BOROUGH ASSESSOR'S OFFICE 144 N. BINKLEY STREET SOLDOTNA, AK 99669-7520

Address Service Requested



Mailing Date: 2/28/2025

RCMS INC PO BOX 1290 KENAI AK 99611-1290

(907) 714-2230 Fax: 714-2393 (800) 478-4441 Toll free within Kenai Peninsula Borough only

THIS IS NOT A TAX BILL

This is a notice of the January 1st assessed value for the following described taxable property.

Property ID (PIN): 05506029

Taxing Authority: 58 - CENTRAL EMERGENCY SERVICES

Parcel Address:

Legal Description:

50123 BUOY AVE

T 5N 11W SEC 29 Seward Meridian KN SW1/4 SE1/4 & E1/2 SE1/4

Ampana 120 Aure PANIL
LESS 50 1 Acre Vais- Sold

2025 Assessed Values

Land:	284,600	Based on GL Improvements*:	Acre:		
Total Assessed KPB:	284,600	Exempt Value KPB:	0	Total Taxable KPB:	284,600
Total Assessed City:	0	Exempt Value City:	0	Total Taxable City:	0

AS 29.45.180(a) & KPB 5.12.040 (A) require that a person receiving a Notice of Assessment must advise the Assessor of errors or omissions in the assessment of the person's property, or of disputes in assessed value or taxable status of the property, within 30 days after the mailing of the Notice of Assessment.

Any improvements located on this property as of January 1, 2025 that are not reflected on this notice must be reported to the Assessor. Improvements omitted from the main tax roll will be placed on a supplemental tax roll at the time of discovery and a tax bill will be sent to you including accrued interest.

* Improvements include but are not limited to: Driveway, well, septic, mobile homes, and structures

OR

BOARD OF EQUALIZATION

WILL BEGIN MEETING:

05/19/2025

1st INSTALLMENT DUE:

09/15/2025

2nd INSTALLMENT DUE:

11/17/2025

APPEAL PROCEDURE AND IMPORTANT TAX INFORMATION ON REVERSE SIDE



(i) 2025 VALUES ARE NOT CERTIFIED AND ARE SUBJECT TO APPEAL. CERTIFIED VALUES FOR 2025 WILL NOT BE AVAILABLE UNTIL JUNE 1, 2025

Update Mailing Address		

Property ID:

Property Owner: **RCMS INC** Mailing Address:

05506029 Property Address: PO BOX 1290 **50123 BUOY AVE** Acreage: 120.0000

Tax Authority Group:

58 - Central Emergency Services

KENAI AK 99611-1290

Legal Description

T 5N 11W SEC 29 Seward Meridian KN SW1/4 SE1/4 & E1/2 SE1/4

Document No.	Date	Owner	Grantee	Туре
20080068280	6/30/08	Yragui David N & Mary Jeanne	Rcms Inc	Single
2005001065	2/7/05	Three Baxters Llc	Yragui David N & Mary Jeanne	
20050010650	2/7/05	Three Baxters Llc	Yragui David N & Mary Jeanne	
0	1/11/02	Baxter Family Ltc	Three Baxters Ltc	
0	1/11/02	Baxter Family Lic	Three Baxters Lic	
• • 1 2 3	▶ № 5 ¥ ite	πs per page		1 - 5 of 13 items

Year	Reason	Land Assessment	Impr. Assessment	Total Assessment
2005	Main Roll Certification	42,900	0	42,900
2004	Main Roll Certification	39,000	0	39,000
2003	Main Roll Certification	39,000	0	39,000
2002	Main Roll Certification	39,000	0	39,000
2001	Main Roll Certification	39,000	0	39,000

20 ▼ items per page

21 - 25 of 25 items

Year	Reason	Land Assessment	Impr. Assessment	Total Assessment
2017	Main Roll Certification	132,700	0	132,700
2016	Main Roll Certification	132,700	0	132,700
2015	Main Roll Certification	132,700	0	132,700
2014	Main Roll Certification	134,200	0	134,200
2013	Main Roll Certification	134,200	0	134,200
2012	Main Roll Certification	134,200	0	134,200
2011	Main Roll Certification	134,200	0	134,200
2010	Main Roll Certification	134,200	0	134,200
	Main Roll Certification	152,900	0	152,900
2009	Main Roll Certification	42,900	0	42,900
2008		42,900	0	42,900
2007	Main Roll Certification	42,900		·
2006	Main Roll Certification	42,900	0	42,900
4 4 1 2 >	N 20 ▼ items per page			1 - 20 of 25 items

Building	Code	Description	Grade	Year	Length	Width	Units	Type	Value
No improvements data present.									



Property Detail | Public Access

=

② 2025 VALUES ARE NOT CERTIFIED AND ARE SUBJECT TO APPEAL CERTIFIED VALUES FOR 2025 WILL NOT BE AVAILABLE UNTIL JUNE 1, 2025

pdate Mailing Address	27 F 32	
Property Owner: RCMS INC	Property ID: 05506029	Acreage: 120.0000
Mailing Address: PO BOX 1290	Property Address: 50123 BUOY AVE	Tax Authority Group: 58 - Central Emergency Services
KENAI AK 99511-1290		

Legal Description

T 5N 11W SEC 29 Seward Meridian KN SW1/4 SE1/4 & E1/2 SE1/4

Document No.	Date	Owner	Grantee	Туре
20080068280	6/30/08	Yragui David N & Mary Jeanne	Roms Inc	Single
2005001065	2/7/05	Three Baxters LIc	Yragui David N & Mary Jeanne	
20050010650	2/7/05	Three Baxters Lic	Yragui David N & Mary Jeanne	
0	1/11/02	Baxter Family Llc	Three Baxters Llc	
0	1/11/02	Baxter Family Llc	Three Baxters Llc	
4 4 1 2 3	▶ ₩ 5 ▼ it	tems per page		1 - 5 of 13 items

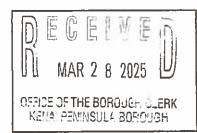
Year	Reason	Land Assessment	impr. Assessment	Total Assessment
2025	Main Roll Certification	284,600	0	284,600
2024	Main Roll Certification	237,700	0	237,700
2023	Main Roll Certification	206,700	0	206,700
2022	Main Roll Certification	188,000	0	188,000
2021	Main Roll Certification	123,600	0	123,600
2020	Main Roll Certification	123,600	0	123,600
2019	Main Roll Certification	123,600	0	123,600
2018	Main Roll Certification	123,600	0	APP0023

144 N. Binkley Street Soldotna, Alaska 99669-7599 Phone: (907) 714-2160 Toll Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: 5:00 p.m. on April 1, 2025.

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A



Fee	s Received: \$ 100 -
	Cash
	Check #

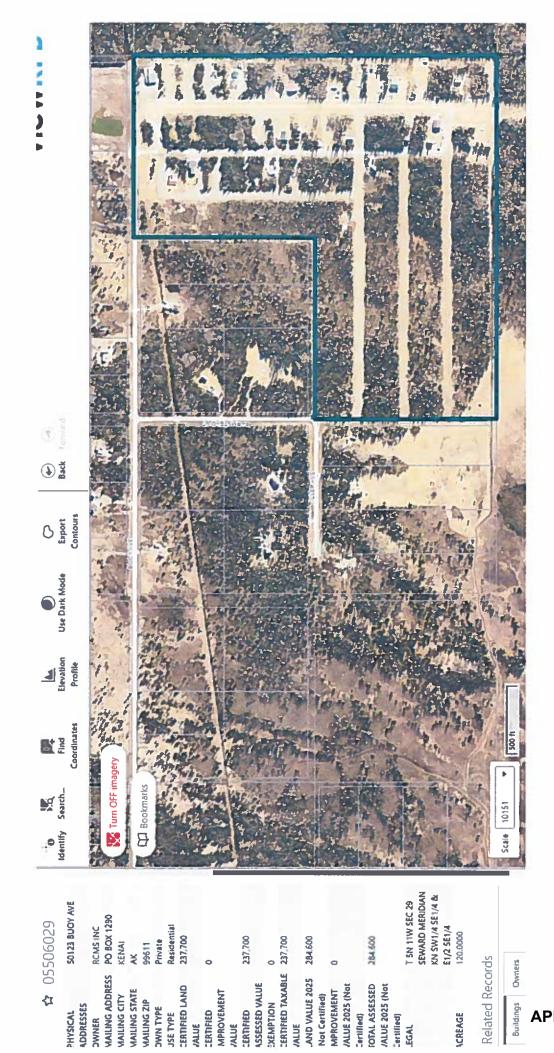
FILING FEE BASED ON TOTAL ASSESSED VALUE PER PARCEL
(Each parcel/account appealed must be accompanied by a separate filing fee and form)

Assessed Value from Assessment Notice	Filing Fee
Less than \$100,000	\$30
\$100,000 to \$499,999	\$100
\$500,000 to \$1,999,999	\$200
\$2,000,000 and higher	\$1,000

Per KPB 5.12.050(B), if the appeal is withdrawn before evidence is due, or if the appellant or agent of the appellant is present for the appellant's hearing before the BOE or participates telephonically pursuant to KPB 5.12.060(T) then the filing fee shall be fully refunded within 30 days after the hearing date.

Account / Parcel Number:	05506029	NOTE: A SEPARA	TE FORM IS REQUIRED	FOR EACH PARCE	
Property Owner:		RCMS Inc	40		
Legal Description:	T5N11WSec298	Seward Meridican KN	SW1/4SE1/4	& E1/2SE1/	
Physical Address of Property:		50123 Buoy A	Ave		
Contact information for all core	respondence relating to	this appeal:			
Mailing Address:	PO Box 1290 Ken	ai Ak 99611			
Phone (daytime):	9072521891	Phone (evening):	9072834947		
Email Address:	dyragui@outloo	ok.com	I AGREE TO BE SERVED VIA EMAIL		
Value from Assessment Notice: S_ Year Property was Purchased: 200 Has the property been appraised	8	Appellant's Opinion of Value: \$ Price Paid: \$ vithin the past 3-years? Years	79 200		
Has property been advertised FOI	R SALE within the past 3-ye	ars? Yes No			
Comparable Sales:	PARCEL NO.	ADDRESS	DATE OF SALE	SALE PRICE	

The appeal must state the grounds f	, EXCESSIVE, IMPROPER or the appeal. KPB 5.12.05	R, OR UNDER VALUATION OF THE PROPERTY KPB 5.12.	050(E)
My property value is excessive. (0	Overvalued)	The following are <u>NOT</u> grounds for appear	 l:
My property was valued incorrect	ly. (Improperly)	→The taxes are too high.	
My property has been undervalue	ed.	The value changed too much in one ye You cannot afford the taxes.	ear.
My property value is unequal to s	imilar properties.	Too carnot anota the taxes.	
		e item checked above. (Attach additional sheets as necessary)	
		design additional sheets as necessary	
		**	
** THE APPELL	ANT BEARS THE BURDE	EN OF PROOF (AS 29.45.210(b)) **	
Check the following statement that a	applies to your intention	ons:	
I intend to submit additional evide	nce within the required ti	ime limit of 15 days prior to the hearing date.	
My appeal is complete. I have provi based on the evidence submitted.	ded all the evidence that	t I intend to submit, and request that my appeal be revie	wed
Check the following statement that a	applies to who is filing t	this appeal:	
I am the owner of record for the a	ccount/parcel number ap	ppealed.	
I am the attorney for the owner o	f record for the account/	/parcel number appealed.	
this entity (i.e., copy of articles of ir from an officer of the company, or	chalf of the entity. I have ncorporation or resolution copy from trust documer	other entity for which I am an owner or officer, trustee attached written proof of my authority to act on behan which designates you as an officer, written authorizatent identifying you as trustee). If you are not listed by no confirmation of your right to appeal this account.	If of
my authority to act on behalf of ti	nis individual and/or his/	resentative of the estate. I have attached written proc /her estate (i.e., copy of recorded personal representa of record for this account, this is REQUIRED for confirma	tive
I am not the owner of record for the Power of Attorney document signed account, this is REQUIRED for confirmation.	d by the owner of record.	appeal on behalf of the owner. I have attached a notari If you are not listed by name as the owner of record for opeal this account.	zed this
Oath of Appellant: hereby affirm that correct.	the foregoing information	on and any additional information that I submit is true	and
Many -		3-28-25	
Signature of Appellant / Agent / Representative David N Yragui	t	Date	
Printed Name of Appellant / Agent / Representa	ative		



EXEMPTION

ALUE

Certified)

[ertified]

ICREAGE

CERTIFIED

ALUE

ADDRESSES

DWNER

(1) Z

Contours

Use Dark Mode

Coordinates

39864 KALIFORNSKY BEACH RD MACFARLANE MICHAEL PO BOX 712

PHYSICAL ADDRESSES

ASHLAND

MAILING ADDRESS

Commercia

Private

97520

MAILING CITY MAILING STATE MAILING ZIP OWN TYPE

164,900

USE TYPE CERTIFIED LAND

CERTIFIED IMPROVEMENT

VALUE

VALUE

336,300

ASSESSED VALUE

EXEMPTION CERTIFIED

CERTIFIED TAXABLE 336,300

LAND VALUE 2025

VALUE

176,900

(Not Certified)
IMPROVEMENT
VALUE 2025 (Not

344,500

Certified)
TOTAL ASSESSED
VALUE 2025 (Not

Certified)

• • • • • • • • •

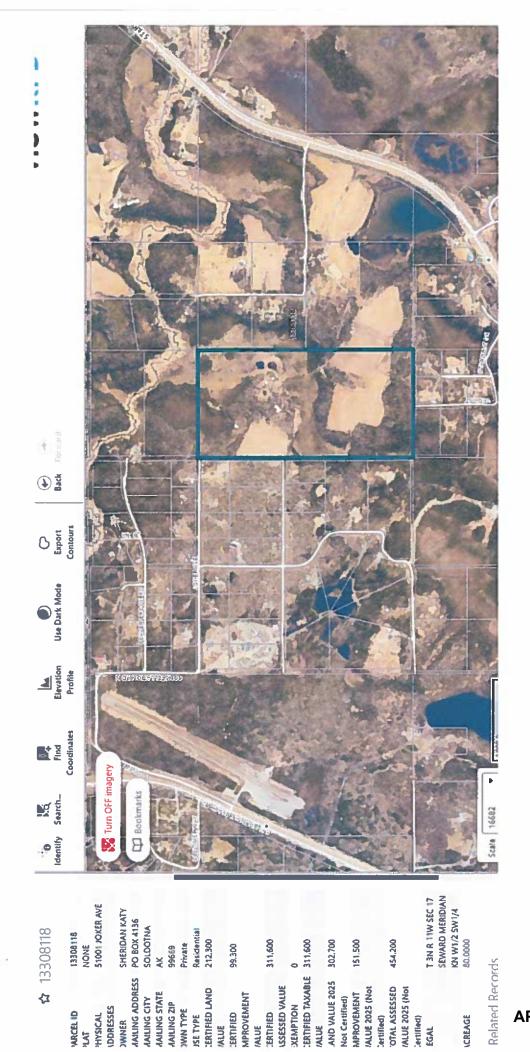
\$ 05550012

TRACT D 63.0700 WELLS SUB ADDN ACREAGE SUBNAME

T SN R 11W SEC 21 SEWARD MERIDIAN KN 2004023 WELLS SUB ADDN NO 2

14910

Scale



Not Certified)

/ALUE

HYSICAL VARCEL ID

WNER

PO BOX 3975 SOLDOTNA

MAILING ADDRESS MAILING CITY MAILING STATE

☆ 13905069

NONE

ADDRESSES OWNER

Related Records

ACREAGE SUBNAME

139,700

Certified)
TOTAL ASSESSED
VALUE 2025 (Not

Certified)

139,700

LAND VALUE 2025

VALUE

(Not Certified)
IMPROVEMENT
VALUE 2025 (Not

CERTIFIED TAXABLE 136,300

136,300

CERTIFIED
ASSESSED VALUE
EXEMPTION

CERTIFIED
IMPROVEMENT

VALUE

CERTIFIED LAND MAIUNG ZIP OWN TYPE USE TYPE

VALUE

Roms unit

2025 NOTICE OF ASSESSMENT Annual - Real Property

KENAI PENINSULA BOROUGH **ASSESSOR'S OFFICE** 144 N. BINKLEY STREET SOLDOTNA, AK 99669-7520

Mary.

Address Service Requested

RCMS INC

PO BOX 1290 KENAI AK 99611-1290



Mailing Date: 2/28/2025

(907) 714-2230 Fax: 714-2393

(800) 478-4441

Toll free within Kenai Peninsula Borough only

THIS IS NOT A TAX BILL

This is a notice of the January 1st assessed value for the following described taxable property.

Property ID (PIN): 05506029CO02

Parcel Address:

50123 BUOY AVE UN

Taxing Authority: 58 - CENTRAL EMERGENCY SERVICES

Legal Description.

T 5N R 11W SEC 29 Seward Meridian KN 2009003 KALIFONSKY MEADOWS AIRPARK CONDOMINIUMS UNIT 2

025 Assessed Values

i						
	Land:	30,100	improvements*:	2,000		
Tota	al Assessed KPB:	32,100	Exempt Value KPB:			
Tota	al Assessed City:	0		0	Total Taxable KPB:	32,100
L			Exempt Value City:	0	Total Taxable City:	0
AS 29.4	15.180(a) & KPB 5.12	040 (Δ) τοσυίσο	-land			

AS 29.45.180(a) & KPB 5.12.040 (A) require that a person receiving a Notice of Assessment must advise the Assessor of errors or omissions in the assessment of the person's property, or of disputes in assessed value or taxable status of the property,

Any improvements located on this property as of January 1, 2025 that are not reflected on this notice must be reported to the Assessor. Improvements omitted from the main tax roll will be placed on a supplemental tax roll at the time of discovery and a tax

* Improvements include but are not limited to: Driveway, well, septic, mobile homes, and structures

APPEAL DEADLINE:

04/01/2025

TAXES DUE IN FULL: OR

10/15/2025

BOARD OF EQUALIZATION

WILL BEGIN MEETING:

05/19/2025

1st INSTALLMENT DUE: 2nd INSTALLMENT DUE:

09/15/2025

11/17/2025

APPEAL PROCEDURE AND IMPORTANT TAX INFORMATION ON REVERSE SIDE

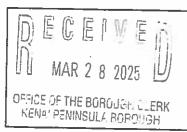
144 N. Binkley Street Soldotna, Alaska 99669-7599

Phone: (907) 714-2160 Toll Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: **5:00 p.m. on April 1, 2025.**

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A



For Official Use Only				
fee	s Received: \$ 20, 5			
	Cash	1		
	Check #payable to Kenal Peninsula Baraugh			

CREDIT CARDS NOT ACCEPTED FOR FILING FEES

FILING FEE BASED ON TOTAL ASSES (Each parcel/account appealed must be accompan	SED VALUE PER PARCEL iled by a separate filing fee and form)
Assessed Value from Assessment Notice	Filing Fee
Less than \$100,000	\$30
\$100,000 to \$499,999	\$100
\$500,000 to \$1,999,999	\$200
\$2,000,000 and higher	\$1,000

Per KPB 5.12.050(B), if the appeal is withdrawn before evidence is due, or if the appellant or agent of the appellant is present for the appellant's hearing before the BOE or participates telephonically pursuant to KPB 5.12.060(T) then the filing fee shall be fully refunded within 30 days after the hearing date.

Account / Parcel Number:	05506029CO02 NOTE: A SEPARATE FORM IS REQUIRED FOR EACH PARCEL.					
Property Owner:	RCMS Inc					
Legal Description:	T5NR11WSec29Seward Meridian KN 2009003 Kalifonsky Meadows Airpark Condominiums Unit 2					
Physical Address of Property:						
Contact information for all con	respondence relating to					
Mailing Address:	PO Box 1290 Kenai Ak 99611					
Phone (daytime):	9072521891	Phone (evening):	9072834947			
Email Address:	dyragui@outloo	k.com	I AGREE TO BE SERVED VIA EMAIL			
Value from Assessment Notice: \$ 3 Year Property was Purchased: 200 Has the property been appraised b	8	Appellant's Opinion of Value: \$ Price Paid: \$ thin the past 3-years? Ye				
Has property been advertised FOR						
Comparable Sales:	PARCEL NO.	ADDRESS	DATE OF SALE SALE PRICE			

The grounds for appeal are: UNEQUAL, EXCESSIVE, IMPROPER, O The appeal must state the grounds for the appeal. KPB 5.12.050(8)	R UNDER VALUATION OF THE PROPERTY KPB 5.12.050(E)					
My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:					
My property was valued incorrectly, (Improperly)	→The taxes are too high.					
My property has been undervalued.	The value changed too much in one year.					
My property value is unequal to similar properties.	You cannot afford the taxes.					
Please provide specific reasons and evidence supporting the ite	and the second of the second o					
The second of th	(Attach additional sheets as necessary)					
** THE APPELLANT BEARS THE BURDEN (OF PROOF (AS 29.45.210(b)) **					
Check the following statement that applies to your intentions:	•					
I intend to submit additional evidence within the required time	limit of 15 days prior to the hearing date.					
My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted.						
Check the following statement that applies to who is filing this	appeal:					
I am the owner of record for the account/parcel number appear	aled.					
I am the attorney for the owner of record for the account/par	cel number appealed.					
The owner of record for this account is a business, trust or other otherwise authorized to act on behalf of the entity. I have attached this entity (i.e., copy of articles of incorporation or resolution with from an officer of the company, or copy from trust document in as the owner of record for this account, this is REQUIRED for confidence.	ached written proof of my authority to act on behalf of hich designates you as an officer, written authorization dentifying you as trustee). If you are not listed by name					
The owner of record is deceased and I am the personal represe my authority to act on behalf of this individual and/or his/her documentation). If you are not listed by name as the owner of re of your right to appeal this account.	estate (i.e., copy of recorded personal representative					
I am not the owner of record for this account, but I wish to appropriate Power of Attorney document signed by the owner of record. If y account, this is REQUIRED for confirmation of your right to appear	ou are not listed by name as the owner of record for this					
Oath of Appellant: I hereby affirm that the foregoing information a correct.	nd any additional information that I submit is true and					
	7-78-25					
	ate					
David N Yragui						
Printed Name of Appellant / Agent / Representative						

Year 2011 2010	Reason Main Roll Certification Main Roll Certification		Land	Assessment 15,000 15,000	Impr. Ass	essment 0 0	Tot	15,000 15,000
101000 WORKS	20 ▼ items per page						1 - 16	of 16 items
Building Code R01 DRIVE	Description Gravel Driveway	Grade A	Year n/a	Length O	Width 0	Units	Type Item	Value 2,000



2014

2013

2012

Main Roll Certification

Main Roll Certification

Main Roll Certification

3 2025 VALUES ARE NOT CERTIFIED AND ARE SUBJECT TO APPEAL. CERTIFIED VALUES FOR 2025 WILL NOT BE AVAILABLE UNTIL JUNE 1, 2025

Update Mailing Address		
Property Owner: RCMS INC	Property ID: 05506029C002	Acreage: N/A
Mailing Address: PO BOX 1290	Property Address: 50123 BUOY AVE UNIT 02	Tax Authority Group:
KENAI AK 99611-1290		58 - Central Emergency Services
Legal Description		

T 5N R 11W SEC 29 Seward Meridian KN 2009003 KALIFONSKY MEADOWS AIRPARK CONDOMINIUMS UNIT 2

Document No.	Date	Owner	Grantee	Туре
		No ownership history data	oviete	

Year	Reason	Land Assessment	Impr. Assessment	Total Assessment
2025	Main Roll Certification	30,100	2,000	32,100
2024	Main Roll Certification	22,300	2,000	24,300
2023	Main Roll Certification	19,400	2,000	21,400
2022	Main Roll Certification	17,600	2,000	19,600
2021	Main Roll Certification	15,000	2,000	17,000
2020	Main Roll Certification	15,000	2,000	17,000
2019	Main Roll Certification	15,000	1,500	16,500
2018	Main Roll Certification	15,000	1,500	16,500
2017	Main Roll Certification	15,000	0	15,000
2016	Main Roll Certification	15,000	0	15,000
2015	Main Roll Certification	15,000	0	15 000

15,000

15,000

15,000

15,000

15,000

15,000

15,000

0

0

0

☆○5518001

Back ①

ExportContours

Use Dark Mode

Elevation

≈ Fig.

dentify Search...

Profile

Coordinates

KENAI RIVER TRUST 200 W 34TH AVE ANCHORAGE Private Vacant 99503 1,500 MAILING ADDRESS CERTIFIED LAND MAILING STATE MAILING CITY MAILING ZIP **JWN TYPE** JSE TYPE **DWNER** ALUE

CERTIFIED 4,500
MPROVEMENT
/ALUE

TIFIED TAXABLE 6,000

AND VALUE 2025 1,400 Not Certified)

MPROVEMENT 4,500 /ALUE 2025 (Not

ALUE 2025 (Not ertified)

OTAL ASSESSED 5.900

/ALUE 2025 (Not Jertified) T SN R 11W SEC 29
SEWARD MERIDIAN
KN 0730023
KALIFONSKY BEACH
INDUSTRIAL PARK
SUB LOT 1 BLK 1

SUB LOT 1 BLK 1
0.9700
KALIFONSKY BEACH
INDUSTRIAL PARK
SUB

ACREAGE

APP0034

-ASGLER ME

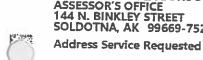
Turn OFF imagery D Bookmarks 18159 Scale

Rems cons

2025 NOTICE OF ASSESSMENT Annual - Real Property

KENAI PENINSULA BOROUGH ASSESSOR'S OFFICE 144 N. BINKLEY STREET SOLDOTNA, AK 99669-7520

> RCMS INC PO BOX 1290





Mailing Date: 2/28/2025

(907) 714-2230 Fax: 714-2393

(800) 478-4441

Toll free within Kenai Peninsula Borough only

THIS IS NOT A TAX BILL

This is a notice of the January 1st assessed value for the following described taxable property.

Property ID (PIN): 05506029CO03

KENAI AK 99611-1290

Parcel Address:

50123 BUOY AVE UP

Taxing Authority: 58 - CENTRAL EMERGENCY SERVICES

Legal Description:

T 5N R 11W SEC 29 Seward Meridian KN 2009003 KALIFONSKY

MEADOWS AIRPARK CONDOMINIUMS UNIT 3

2025 Assessed Values

Land: 30.100 Improvements*: 2.000 Total Assessed KPB: 32,100 Exempt Value KPB: Total Taxable KPB: 32,100 Total Assessed City: 0 Exempt Value City: Total Taxable City: 0

AS 29.45.180(a) & KPB 5.12.040 (A) require that a person receiving a Notice of Assessment must advise the Assessor of errors or omissions in the assessment of the person's property, or of disputes in assessed value or taxable status of the property, within 30 days after the mailing of the Notice of Assessment.

Any improvements located on this property as of January 1, 2025 that are not reflected on this notice must be reported to the Assessor. Improvements omitted from the main tax roll will be placed on a supplemental tax roll at the time of discovery and a tax bill will be sent to you including accrued interest.

* Improvements include but are not limited to: Driveway, well, septic, mobile nomes, and structures

APPEAL DEADLINE:

04/01/2025

TAXES DUE IN FULL! OR

10/15/2025

BOARD OF EQUALIZATION

05/19/2025

1st INSTALLMENT DUE:

09/15/2025

WILL BEGIN MEETING:

2nd INSTALLMENT DUE:

11/17/2025

APPEAL PROCEDURE AND IMPORTANT TAX INFORMATION ON REVERSE SIDE

Tax Year 2025 Real Property Assessment Valuation Appeal Kenai Peninsula Borough Office of the Borough Clerk

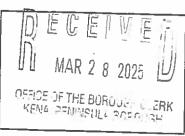
144 N. Binkley Street Soldotna, Alaska 99669-7599

Phone: (907) 714-2160 Toll Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: 5:00 p.m. on April 1, 2025.

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A



	For Official Use Only	_
Fes	es Received: \$ 30 -	
	Cash	
	Check #	
_	24,30 2 0 75 5 76 78 79 85 60 07	

	CREDIT CARDS NOT ACCEPTED FOR FILING FEES
FILING FEE BASED ON TOTAL ASSESS (Each parcel/account appealed must be accompan	SED VALUE PER PARCEL ied by a separate filing fee and form)
Assessed Value from Assessment Notice	Filing Fee
Less than \$100,000	\$30
\$100,000 to \$499,999	\$100
\$500,000 to \$1,999,999	\$200
\$2,000,000 and higher	\$1,000
	31,000

Account / Parcel Number.	05506029CO03	NOTE: A SEPARA	ATE FORM IS REQUIRED	FOR EACH PARCEL	
Property Owner:	RCMS Inc				
Legal Description:	T5NR11WSec29Seward Meridian KN 2009003 Kalifonsky Meadows Airpark Condominiums Unit				
Physical Address of Property:					
Contact information for all cor	respondence relating to thi			<u> </u>	
Mailing Address:	PO Box 1290 Kenai	Ak 99611			
Phone (daytime):	9072521891	Phone (evening):	9072834947		
Email Address:	dyragui@outlook.	com	I AGREE TO BE SERVED VIA EMAIL		
Value from Assessment Notice: \$ 3 Year Property was Purchased: 2008 Has the property been appraised be Has property been advertised FOR Comparable Sales:	y a private fee appraiser withi		S No DATE OF SALE	SALE PRICE	

The appeal must state the grounds for the appeal. KPB 5.12.	ER, OR UNDER VALUATION OF THE PROPERTY KPB 5,12.050(E)
My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:
My property was valued incorrectly. (Improperly)	The taxes are too high.
My property has been undervalued.	The value changed too much in one year
My property value is unequal to similar properties.	You cannot afford the taxes.
Please provide specific reasons and evidence supporting t	he item checked above (American)
	(Attach additional sheets as necessary)
** THE APPELLANT BEARS THE BURG	DEN OF PROOF (AS 29.45.210(b)) **
Check the following statement that applies to your intention	ons:
I intend to submit <u>additional evidence</u> within the required	time limit of 15 days prior to the hearing date
My appeal is complete. I have provided all the evidence the based on the evidence submitted.	at I intend to submit, and request that my appeal be reviewed
Check the following statement that applies to who is filing	this appeal:
am the owner of record for the account/parcel number a	appealed.
I am the attorney for the owner of record for the accoun	
this entity (i.e., copy of articles of incorporation or resolution	other entity for which I am an owner or officer , trustee , or e attached written proof of my authority to act on behalf of on which designates you as an officer, written authorization ent identifying you as trustee). If you are not listed by name confirmation of your right to appeal this account.
The owner of record is deceased and I am the personal rep my authority to act on behalf of this individual and/or his	presentative of the estate. I have attached written proof of s/her estate (i.e., copy of recorded personal representative of record for this account, this is REQUIRED for confirmation
I am not the owner of record for this account, but I wish to Power of Attorney document signed by the owner of record account, this is REQUIRED for confirmation of your right to ap	appeal on behalf of the owner. I have attached a notarized d. If you are not listed by name as the owner of record for this oppeal this account.
Oath of Appellant: hereby affirm that the foregoing informatic correct.	ion and any additional information that I submit is true and
	2 3 6 5
Signature of Appellant / Agent / Representative	Date -25
David N Yragui	
Printed Name of Appellant / Agent / Representative	



② 2025 VALUES ARE NOT CERTIFIED AND ARE SUBJECT TO APPEAL. CERTIFIED VALUES FOR 2025 WILL NOT BE AVAILABLE UNTIL JUNE 1, 2025

Update Mailing Address		
*		
Property Owner: RCMS INC	Property ID: 05506029C002	Acreage:
Property Owner		

Legal Description

T 5N R 11W SEC 29 Seward Meridian KN 2009003 KALIFONSKY MEADOWS AIRPARK CONDOMINIUMS UNIT 2

Document No.	Date	Owner	Grantee	Туре
		No ownership h	istory data exists.	

Year	Reason	Land Assessment	(mpr. Assessment	Total Assessment
2025	Main Roll Certification	30,100		
2024	Main Roll Certification	22,300	2,000	32,100
2023	Main Roll Certification	22,300	2,000	24,300
0000		19,400	2,000	21,400
2022	Main Roll Certification	17,600	2,000	19,600
2021	Main Roll Certification	15,000	2,000	17,000
2020	Main Roll Certification	15,000	2,000	17,000
2019	Main Roll Certification	15,000	1,500	16,500
2018	Main Roll Certification	15,000	1,500	•
2017	Main Roll Certification			16,500
2016	Main Roll Certification	15,000	0	15,000
		15,000	0	15,000
2015	Main Roll Certification	15,000	0	15,000
2014	Main Roll Certification	15,000	0	15,000
2013	Main Roll Certification	15,000	0	
2012	Main Roll Certification	15,000	0	APP0039

Year	Reason	Land Assessment	l 4	
2011	Main Roll Certification		Impr. Assessment	Total Assessment
		15,000	0	15,000
	Main Roll Certification	15,000	0	15,000
• • • •	20 ▼ items per page			1 - 16 of 16 items

Building	Code	Description	Grade	Year	Length	Width		_	
R01	DRIVE	Gravel Driveway	^		-congui	4410103	Units	Туре	Value
		Directiay	A	n/a	0	0	1	Item	2.000

\$ 518001

KENAI RIVER TRUST 200 W 34TH AVE ANCHORAGE Private Vacant 99503 1,500 MAILING ADDRESS CERTIFIED LAND MAILING STATE MAILING CITY MAILING ZIP **34YT NWC** JSE TYPE **JWNER** ALUE

4,500 MPROVEMENT CERTIFIED /ALUE

6,000 CERTIFIED TAXABLE 6,000 **ASSESSED VALUE** XEMPTION CERTIFIED

1,400 AND VALUE 2025 Not Certified)

4,500 MPROVEMENT

ALUE 2025 (Not ertified)

OTAL ASSESSED

5.900 /ALUE 2025 (Not :ertified)

KALIFONSKY BEACH SEWARD MERIDIAN T 5N R 11W SEC 29 KN 0730023

INDUSTRIAL PARK SUB LOT 1 BLK 1 0.9700

ACREAGE

KALIFONSKY BEACH INDUSTRIAL PARK

APP0041

-ASG-PART

Contours Export Use Dark Mode Elevation Profile Coordinates ing in Turn OFF imagery Bookmarks Identify Search... 18159 Scale









Rems 23

2025 NOTICE OF ASSESSMENT Annual - Real Property

KENAI PENINSULA BOROUGH ASSESSOR'S OFFICE 144 N. BINKLEY STREET SOLDOTNA, AK 99669-7520

Address Service Requested



Mailing Date: 2/28/2025

RCMS INC PO BOX 1290 KENAI AK 99611-1290

(907) 714-2230 Fax: 714-2393 (800) 478-4441 Toll free within Kenai Peninsula Borough only

THIS IS NOT A TAX BILL

This is a notice of the January 1st assessed value for the following described taxable property.

Property ID (PIN): 05506029CO23

Parcel Address:

50123 BUOY AVE UN

Taxing Authority: 58 - CENTRAL EMERGENCY SERVICES

Legal Description:

T 5N R 11W SEC 29 Seward Meridian KN 2009003 KALIFONSKY

MEADOWS AIRPARK CONDOMINIUMS UNIT 23

2025 Assessed Values

Land:	28,600	Improvements*:	2,000		
Total Assessed KPB:	30,600	Exempt Value KPB:	0	Total Taxable KPB:	30,600
Total Assessed City:	0	Exempt Value City:	0	Total Taxable City:	0

AS 29.45.180(a) & KPB 5.12.040 (A) require that a person or omissions in the assessment of the person's property, or of disputes in within 30 days after the mailing of the Notice of Assessment.

Any improvements located on this property as of January 1, 2025 that are not reflected on this notice must be reported to the Assessor. Improvements omitted from the main tax roll will be placed on a supplemental tax roll at the time of discovery and a tax bill will be sent to you including accrued interest.

OR

10/15/2025

BOARD OF EQUALIZATION

WILL BEGIN MEETING:

05/19/2025

1st INSTALLMENT DUE:

09/15/2025

2nd INSTALLMENT DUE:

11/17/2025

APPEAL PROCEDURE AND IMPORTANT TAX INFORMATION ON REVERSE SIDE

Tax Year 2025

Real Property Assessment Valuation Appeal Kenai Peninsula Borough Office of the Borough Clerk

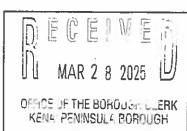
144 N. Binkley Street Soldotna, Alaska 99669-7599

Phone: (907) 714-2160 Toll Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by. 5:00 p.m. on April 1, 2025.

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A



	For Official Use Only	
Fee	es Received. \$ 30 -	
	Cash	
	Check #payable to Kenci Peninsula Borough	

CREDIT CARDS NOT ACCEPTED FOR FILING FEES

FILING FEE BASED ON TOTAL ASSESSED VALUE PER PARCEL
(Each parcel/account appealed must be accompanied by a separate filing fee and form)

Assessed Value from Assessment Notice

Filing Fee

Less than \$100,000
\$30

\$100,000 to \$499,999
\$100

\$500,000 to \$1,999,999
\$200

\$2,000,000 and higher
\$1,000

Account / Parcel Number:	05506029CO23	NOTE: A SEPAR	ATE FORM IS REQUIRE	D FOR EACH PARCEL			
Property Owner:	RCMS Inc						
Legal Description:	T5NR11WSec29Seward Meridian KN 2009003 Kalifonsky Meadows Airpark Condominiums Unit 23						
Physical Address of Property:							
Contact information for all cor	respondence relating to						
Mailing Address:	PO Box 1290 Ken						
Phone (daytime):	9072521891	Phone (evening):	9072834947				
Email Address:	dyragui@outloo		AGREE TO BE SERVED VIA EMAIL				
Value from Assessment Notice: \$\frac{9}{200}\$ Year Property was Purchased: \frac{200}{200}\$ Has the property been appraised by	8 Dy a private fee appraiser w						
Has property been advertised FOR	SALE within the past 3-yea	ars? Yes No					
Comparable Sales:	PARCEL NO.	ADDRESS	DATE OF SALE	SALE PRICE			

The grounds for appeal are: UNEQUAL, EXCESSIVE, IMPROPER, OR UND The appeal must state the grounds for the appeal. KPB 5.12.050(B)	ER VALUATION OF THE PROPERTY KPB 5.12.050(E)
My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:
My property was valued incorrectly. (Improperly)	→The taxes are too high.
My property has been undervalued.	The value changed too much in one year.You cannot afford the taxes.
My property value is unequal to similar properties.	
Please provide specific reasons and evidence supporting the item che	cked above. (Attach additional sheets as necessary)
** THE APPELLANT BEARS THE BURDEN OF PRO	OOF (AS 29.45.210(b)) **
Check the following statement that applies to your intentions:	
I intend to submit additional evidence within the required time limit of	f 15 days prior to the hearing date.
My appeal is complete. I have provided all the evidence that I intend to based on the evidence submitted.	submit, and request that my appeal be reviewed
Check the following statement that applies to who is filing this appea	l:
I am the owner of record for the account/parcel number appealed.	
l am the attorney for the owner of record for the account/parcel nur	mber appealed.
The owner of record for this account is a business, trust or other entity otherwise authorized to act on behalf of the entity. I have attached withis entity (i.e., copy of articles of incorporation or resolution which defined an officer of the company, or copy from trust document identifying as the owner of record for this account, this is REQUIRED for confirmation	written proof of my authority to act on behalf of esignates you as an officer, written authorization
The owner of record is deceased and I am the personal representative my authority to act on behalf of this individual and/or his/her estate documentation). If you are not listed by name as the owner of record for of your right to appeal this account.	file and the file of the file
I am not the owner of record for this account, but I wish to appeal on Power of Attorney document signed by the owner of record. If you are account, this is REQUIRED for confirmation of your right to appeal this account.	not listed by a second of the
Oath of Appellant: I hereby affirm that the foregoing information and any correct.	additional information that I submit is true and
	-28-25
Signature of Appellant / Agent / Representative Date	
David N Yragui Printed Name of Appellant / Agent / Representative	
r united indiffe of Appellant / Agent / Representative	

Year			Reaso	n		Land Assessment	Impr. Assessment	Total Assessment
2011			Main	Roll	Certification	15,000	0	15,000
2010	2010 Main Roll Certification		15,000	0	15,000			
	Ť		20	•	items per page			1 - 16 of 16 items

Building	Code	Description	Grade	Year	Length	Width	Units Type	Value
R01	DRIVE	Gravel Driveway	Α	n/a	0	0	1 item	2,000

Year	Year Reason		impr. Assessment	Total Assessment
2011 Main Roll Certification		15,000	0	15,000
2010	Main Roll Certification	15,000	0	15,000
1	20 ▼ items per page			1 - 16 of 16 items

Building	Code	Description	Grade	Year	Length	Width	Units	Type	Value
R01	DRIVE	Gravel Driveway	Α	n/a	0	0	1	Item	2,000

\$ 518001

KENAI RIVER TRUST 200 W 34TH AVE ANCHORAGE Private 99503 Vacant 1,500 **AAILING ADDRESS** ERTIFIED LAND **MAILING STATE** MAILING CITY **MAILING ZIP** WN TYPE ISE TYPE **WANER** ALUE

4,500 MPROVEMENT ERTIFIED

6,000 **ISSESSED VALUE** ERTIFIED /ALUE

6.000 XEMPTION

ERTIFIED TAXABLE

AND VALUE 2025

1,400 Not Certified) 4,500 MPROVEMENT

ALUE 2025 (Not

ertified)

OTAL ASSESSED

5,900 **/ALUE 2025 (Not** ertified)

SEWARD MERIDIAN T SN R 11W SEC 29 KN 0730023

KALIFONSKY BEACH INDUSTRIAL PARK

SUB LOT 1 BLK 1 0.9700

ACREAGE

KALIFONSKY BEACH INDUSTRIAL PARK

APP0048

18159

Scale

Contours Export Use Dark Mode Elevation Profile Coordinates ×2×1 ii Turn OFF imagery Bookmarks identify Search...

0551800













Kons Uni.

2025 NOTICE OF ASSESSMENT Annual - Real Property

KENAI PENINSULA BOROUGH ASSESSOR'S OFFICE 144 N. BINKLEY STREET SOLDOTNA, AK 99669-7520

Address Service Requested



Mailing Date: 2/28/2025

RCMS INC PO BOX 1290 KENA! AK 99611-1290

(907) 714-2230 Fax: 714-2393 (800) 478-4441 Toll free within Kenai Peninsula Borough only

THIS IS NOT A TAX BILL

This is a notice of the January 1st assessed value for the following described taxable property.

Property ID (PiN): 05506029CO28

Parcel Address:

50123 BUOY AVE UNI

AINPANIL

Taxing Authority: 58 - CENTRAL EMERGENCY SERVICES

Legal Description:

T 5N R 11W SEC 29 Seward Meridian KN 2009003 KALIFONSKY

MEADOWS AIRPARK CONDOMINIUMS UNIT 28

6M2

25 Assessed Values

1						
	Land:	29,900	Improvements*:	0		
	Total Assessed KPB:	29,900	Exempt Value KPB:	0	Total Taxable KPB:	29,900
	Total Assessed City:	0	Exempt Value City:	0	Total Taxable City:	0

AS 29.45.180(a) & KPB 5.12.040 (A) require that a position or omissions in the assessment of the person's property, or of disputes in within 30 days after the mailing of the Notice of Assessment.

Any improvements located on this property as of January 1, 2025 that are not reflected on this notice must be reported to the Assessor. Improvements omitted from the main tax roll will be placed on a supplemental tax roll at the time of discovery and a tax bill will be sent to you including accrued interest.

OR

BOARD OF EQUALIZATION

WILL BEGIN MEETING: 05/19/2025 1st INSTALLMENT DUE:

09/15/2025

2nd INSTALLMENT DUE:

11/17/2025

APPEAL PROCEDURE AND IMPORTANT TAX INFORMATION ON REVERSE SIDE

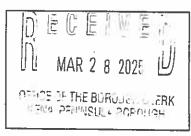
Tax Year 2025 Real Property Assessment Valuation Appeal Kenai Peninsula Borough Office of the Borough Clerk

144 N. Binkley Street Soldotna, Alaska 99669-7599 Phone: (907) 714-2160 Toll Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: 5:00 p.m. on April 1, 2025.

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A



	For Official Use Only	
Fee	s Received: \$ 20. =	į
	Cash	
	Check #	11111

CREDIT CARDS NOT ACCEPTED FOR FILING FEES

(Each parcel/account appealed must be accompan	ed by a separate filing fee and form)
Assessed Value from Assessment Notice	Filing Fee
Less than \$100,000	\$30
\$100,000 to \$499,999	\$100
\$500,000 to \$1,999,999	\$200
\$2,000,000 and higher	\$1,000

Account / Parcel Number:	05506029CO28	NOTE: A SEPARA	ATE FORM IS REQUIRED	FOR EACH PARCEL.			
Property Owner:	RCMS Inc						
Legal Description:	T5NR11WSec29Seward Meridian KN 2009003 Kalifonsky Meadows Airpark Condominiums Unit 28						
Physical Address of Property:	50123 Buoy Ave U28						
Contact information for all corr	espondence relating to	this appeal:					
Mailing Address:	PO Box 1290 Ken	ai Ak 99611					
Phone (daytime):	9072521891	Phone (evening):	9072834947				
Email Address:	dyragui@outloo	ok.com	I AGREE TO BE SERVED VIA EMAIL				
Value from Assessment Notice: \$2008 Year Property was Purchased: 2008 Has the property been appraised by	8	Appellant's Opinion of Value: S Price Paid: \$ vithin the past 3-years?					
Has property been advertised FOR	SALE within the past 3-ye	ears? Yes No					
Comparable Sales:	PARCEL NO.	ADDRESS	DATE OF SALE	SALE PRICE			
-		•					

	The grounds for appeal are: UNEQUAL, EXCESSIVE, IMPROPER, OR UN The appeal must state the grounds for the appeal. KPB 5 12.050(S)	NDER VALUATION OF THE PROPERTY KPB 5.12.050(E)
	My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:
	My property was valued incorrectly. (Improperly)	The taxes are too high.
	My property has been undervalued.	→The value changed too much in one year. →You cannot afford the taxes.
	My property value is unequal to similar properties.	Too carrior ariora me raxes.
	Please provide specific reasons and evidence supporting the item c	hecked above (Attach additional charters accessed)
		Action additional sheets as necessary)
	** THE APPELLANT BEARS THE BURDEN OF P	ROOF (AS 29.45.210(b)) **
	Check the following statement that applies to your intentions:	
	I intend to submit <u>additional evidence</u> within the required time limit	of 15 days prior to the bearing days
	My appeal is complete. I have provided all the evidence that I intend based on the evidence submitted.	to submit, and request that my appeal be reviewed
	Check the following statement that applies to who is filing this applies	eal:
	I am the owner of record for the account/parcel number appealed.	
)	I am the attorney for the owner of record for the account/parcel r	number appealed.
	The owner of record for this account is a business, trust or other ent otherwise authorized to act on behalf of the entity. I have attached this entity (i.e., copy of articles of incorporation or resolution which from an officer of the company, or copy from trust document identities as the owner of record for this account, this is REQUIRED for confirmation.	d written proof of my authority to act on behalf of designates you as an officer, written authorization ifying you as trustee). If you are not <i>listed by name</i>
	The owner of record is deceased and I am the personal representa : my authority to act on behalf of this individual and/or his/her esta documentation). If you are not listed by name as the owner of record of your right to appeal this account.	ate (i.e., copy of recorded personal representative
	I am not the owner of record for this account, but I wish to appeal of Power of Attorney document signed by the owner of record. If you a account, this is REQUIRED for confirmation of your right to appeal this	are not listed by name as the owner of record for this
	Oath of Appellant: I hereby affirm that the foregoing information and a correct.	any additional information that I submit is true and
		3-25-25
	Signature of Appellant / Agent / Representative Date	
	David N Yragui	
	Printed Name of Appellant / Agent / Representative	

Year	Reason		Land Assessment	impr. Assessment	Total Assessment
2011	Main Roll Certification		15,000	0	15,000
2010	Main Roll Certification		15,000	0	15,000
* * 1 *	20 ▼ items per page				1 - 16 of 16 items
Building Code	Description	Grade	Year Length	Width Units	Type Value



② 2025 VALUES ARE NOT CERTIFIED AND ARE SUBJECT TO APPEAL. CERTIFIED VALUES FOR 2025 WILL NOT BE AVAILABLE UNTIL JUNE 1, 2025

Property Owner:	Property ID: 05506029C028	Acreage:
Aailing Address: PO BOX 1290	Property Address: 50123 BUOY AVE UNIT 28	Tax Authority Group: 58 - Central Emergency Services
KENAI AK 99611-1290		Solution Entergetick Services

Document No.

Date

Owner

Grante

Type

No ownership history data exists.

Year	Reason	Land Assessment	Impr. Assessment	Total Assessment
2025	Main Roll Certification	29,900	0	29,900
2024	Main Roll Certification	23,600	0	23,600
2023	Main Roll Certification	20,500	0	20,500
2022	Main Roll Certification	18,600	0	18,600
2021	Main Roll Certification	15,000	0	15,000
2020	Main Roll Certification	15,000	0	15,000
2019	Main Roll Certification	15,000	0	15,000
2018	Main Roll Certification	15,000	0	15,000
2017	Main Roll Certification	15,000	0	15,000
2016	Main Roll Certification	15,000	0	15,000
2015	Main Roll Certification	15,000	0	15,000
2014	Main Roll Certification	15,000	o	15,000
2013	Main Roll Certification	15,000	0	15,000
2012	Main Roll Certification	15,000	0	APP0054

\$ 5518001

KENAI RIVER TRUST 200 W 34TH AVE ANCHORAGE Private Vacant 99503 1,500 4,500 MAILING ADDRESS CERTIFIED LAND MAILING STATE MAILING CITY MAILING ZIP **JAYN NWC** CERTIFIED **JSE TYPE SWNER** ALUE

6,000 **MPROVEMENT** CERTIFIED /ALUE

CERTIFIED TAXABLE 6,000 **4SSESSED VALUE** EXEMPTION

1,400 **AND VALUE 2025** ALUE

4,500 MPROVEMENT Not Certifled)

ALUE 2025 (Not

5,900 *IOTAL ASSESSED* ertified)

/ALUE 2025 (Not

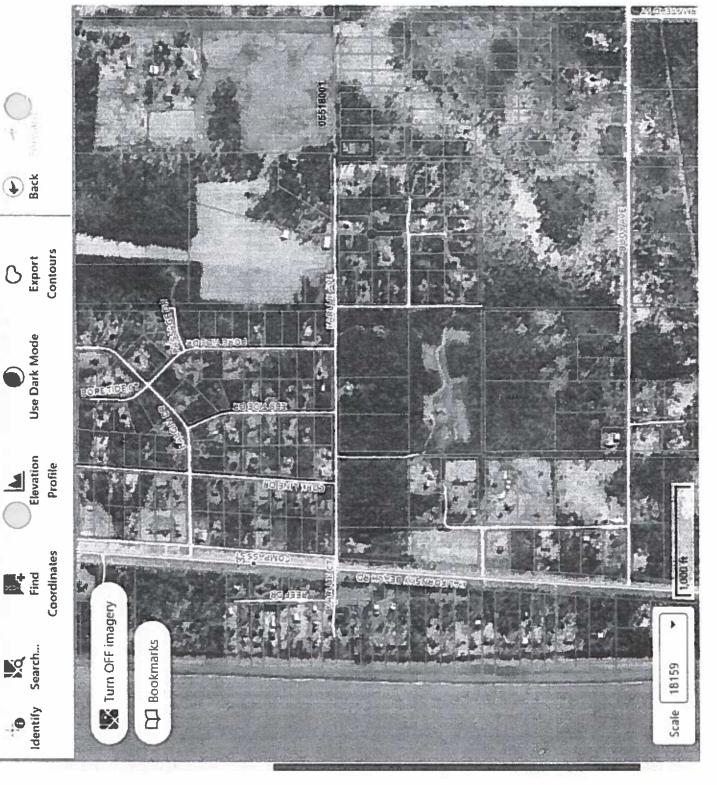
KALIFONSKY BEACH SEWARD MERIDIAN T 5N R 11W SEC 29 KN 0730023

APP0055

:ertified) EGAL

KALIFONSKY BEACH **NDUSTRIAL PARK** INDUSTRIAL PARK SUB LOT 1 BLK 1 0.9700

ACREAGE



2025 NOTICE OF ASSESSMENT Annual - Real Property

KENAI PENINSULA BOROUGH ASSESSOR'S OFFICE 144 N. BINKLEY STREET SOLDOTNA, AK 99669-7520

Address Service Requested



Mailing Date: 2/28/2025

RCMS INC PO BOX 1290 KENAI AK 99611-1290

(907) 714-2230 Fax: 714-2393 (800) 478-4441 Toll free within Kenai Peninsula Borough only

THIS IS NOT A TAX BILL

This is a notice of the January 1st assessed value for the following described taxable property.

Property ID (PIN): 05506029CO73

Parcel Address:

50123 BUOY AVE UNIT 73

FINNSAME

Taxing Authority: 58 - CENTRAL EMERGENCY SERVICES

Legal Description:

T 5N R 11W SEC 29 Seward Meridian KN 2017045 KALIFONSKY

MEADOWS AIRPARK CONDOMINIUMS PHASE 2B UNIT 73

7.006 - 2010 -

25 Assessed Values

ñ							
	Land:	28,500	Improvements*:	0			
	Total Assessed KPB:	28,500	Exempt Value KPB:	0	Total Taxable KPB:	28,500	
	Total Assessed City:	0	Exempt Value City:	0	Total Taxable City:	0	

AS 29.45.180(a) & KPB 5.12.040 (A) require that a person receiving a Notice of Assessment must advise the Assessor of errors

or omissions in the assessment of the personal virting of the Notice of Assessment.

Any improvements located on this property as of January 1, 2025 that are not reflected on this notice must be reported to the Assessor. Improvements omitted from the main tax roll will be placed on a supplemental tax roll at the time of discovery and a tax bill will be sent to you including accrued interest.

* Improvements include but are not limited to: Driveway, well, septic, mobile homes, and structures

OR

BOARD OF EQUALIZATION

WILL BEGIN MEETING:

1st INSTALLMENT DUE:

09/15/2025

05/19/2025 2nd INSTALLMENT DUE:

11/17/2025

APPEAL PROCEDURE AND IMPORTANT TAX INFORMATION ON REVERSE SIDE

Tax Year 2025

Real Property Assessment Valuation Appeal Kenai Peninsula Borough Office of the Borough Clerk

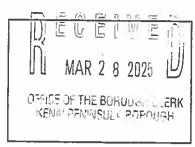
144 N. Binkley Street Soldotna, Alaska 99669-7599

Phone: (907) 714-2160 Toll Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: 5:00 p.m. on April 1, 2025.

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A



For Official Use Only

For Ontolol use Only				
Fee	Received: § 30.			
	Cash			
	Check #			

CREDIT CARDS NOT ACCEPTED FOR FLING FEES

(Each parcel/account appealed must be accompanied by a separate filing fee and form)		
Assessed Value from Assessment Notice	Filing Fee	
Less than \$100,000	\$30	
\$100,000 to \$499,999	\$100	
\$500,000 to \$1,999,999	\$200	
\$2,000,000 and higher	\$1,000	

Account / Parcel Number:	05506029CO73	NOTE:	A SEPARATE	FORM IS REQUIRE	ED FOR EACH PARCEL.		
Property Owner:			MS Inc				
Legal Description:	T5NR11WSec29Seward	T5NR11WSec29Seward Meridian KN 2017045 Kalifonsky Meadows Airpark Condominiums Phase 2BUnit 73					
Physical Address of Property:		50123 Buoy A					
Contact information for all corr	espondence relating						
Mailing Address:	PO Box 1290 Ke						
Phone (daytime):	9072521891	Phone (even	ning):	9072834947			
Email Address:	dyragui@outle			I AGREE TO BE	SERVED VIA EMAIL		
Value from Assessment Notice: \$\frac{2}{2008}\$ Year Property was Purchased: \frac{2008}{2008}\$ Has the property been appraised b	3	Appellant's Opinion of Price Paid: \$		/5000			
Has property been advertised FOR			lo []] 140 🔳			
Comparable Sales:	PARCEL NO.	ADDRESS		DATE OF SALE	SALE PRICE		
-							
					1/2		

The grounds for appeal are: UNEQUAL, EXCESSIVE, IMPROPER, OR UNDER VALUATION OF THE PROPERTY KPB 5.12.050(E) The appeal must state the grounds for the appeal. KPB 5.12.050(B)					
My property value is excessive. (Overvalued)	The following are <u>NOT</u> grounds for appeal:				
My property was valued incorrectly. (Improperly)	→The taxes are too high. →The value changed too much in one year.				
My property has been undervalued.	→You cannot afford the taxes.				
My property value is unequal to similar properties.					
Please provide specific reasons and evidence supporting	the item checked above. (Attach additional sheets as necessary)				
	PRDEN OF PROOF (AS 29.45.210(b)) **				
Check the following statement that applies to your inter	ntions:				
I intend to submit <u>additional evidence</u> within the require	ed time limit of 15 days prior to the hearing date.				
My appeal is complete. I have provided all the evidence based on the evidence submitted.	that I intend to submit, and request that my appeal be reviewed				
Check the following statement that applies to who is fili	ing this appeal:				
I am the owner of record for the account/parcel numb	er appealed.				
I am the attorney for the owner of record for the accord	ount/parcel number appealed.				
otherwise authorized to act on behalf of the entity. It this entity (i.e., copy of articles of incorporation or reso.	t or other entity for which I am an owner or officer , trustee , or have attached written proof of my authority to act on behalf of slution which designates you as an officer, written authorization tument identifying you as trustee). If you are not listed by name of for confirmation of your right to appeal this account.				
my authority to act on behalf of this individual and/or	I representative of the estate. I have attached written proof of r his/her estate (i.e., copy of recorded personal representative oner of record for this account, this is REQUIRED for confirmation				
I am not the owner of record for this account, but I wis Power of Attorney document signed by the owner of recount, this is REQUIRED for confirmation of your right	sh to appeal on behalf of the owner. I have attached a notarized cord. If you are not listed by name as the owner of record for this to appeal this account.				
Oath of Appellant: Thereby affirm that the foregoing information correct.	mation and any additional information that I submit is true and				
	3-20-25				
Signature of Appellant / Agent / Representative	Date				
David N Yragui					
inted Name of Appellant / Agent / Representative					

KENAI RIVER TRUST 200 W 34TH AVE ANCHORAGE Private Vacant 1,500 99503 MAILING ADDRESS **CERTIFIED LAND** MAILING STATE MAILING CITY MAILING ZIP **OWN TYPE** USE TYPE

4,500 CERTIFIED VALUE

6,000 ASSESSED VALUE IMPROVEMENT CERTIFIED VALUE

CERTIFIED TAXABLE EXEMPTION

6,000 VALUE

LAND VALUE 2025

1,400

MPROVEMENT (Not Certified)

4,500

VALUE 2025 (Not Certified)

5.900 TOTAL ASSESSED

VALUE 2025 (Not

Certified)

KALIFONSKY BEACH SEWARD MERIDIAN F SN R 11W SEC 29 INDUSTRIAL PARK KN 0730023

KALIFONSKY BEACH INDUSTRIAL PARK SUB LOT 1 BLK 1 0.9700

APP0060 ACREAGE

Elevation Coordinates XX Find

Profile

Identify Search.

Use Dark Mode

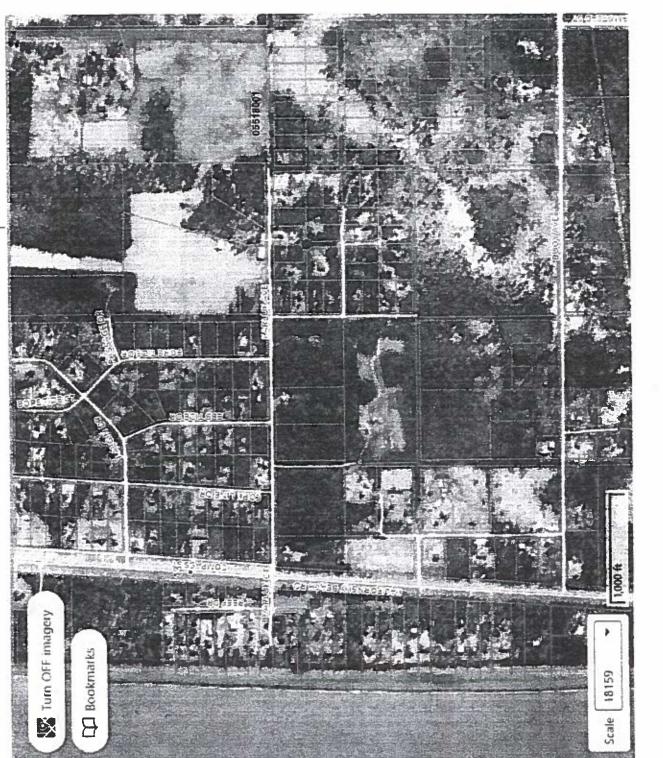
Contours Export







Back 🐔



Tax Year 2025 Real Property Assessment Valuation Appeal Kenai Peninsula Borough Office of the Borough Clerk

144 N. Binkley Street Soldotna, Alaska 99669-7599

Phone: (907) 714-2160 Toll Free: 1-800-478-4441

Applications must be postmarked or received at the Office of the Borough Clerk or authorized office in Homer or Seward by: 5:00 p.m. on April 1, 2025.

The proper filing fee must be included or the appeal will not be accepted.

For Commercial Property: Please include Attachment A

	ECENE
	MAR 2 8 2025
0540 (6)	TE OF THE BURGOST A JAK NA PENNISULE EGENNISH

	For Official Use Only
Fee	s Received: \$ 50 m
	Cash
	Check #

FILING FEE BASED ON TOTAL ASSESSED VALUE PER PARCEL
(Each parcel/account appealed must be accompanied by a separate filing fee and form)

Assessed Value from Assessment Notice Filing Fee

Less than \$100,000 \$30

\$100,000 to \$499,999 \$100

\$500,000 to \$1,999,999 \$200

\$2,000,000 and higher \$1,000

Account / Parcel Number.	05506029CO74	NOTE: A SEPARA	ATE FORM IS REQUIRE	D FOR EACH PARCE		
Property Owner:	RCMS Inc					
Legal Description:	T5NR11WSec29Seward M	T5NR11WSec29Seward Meridian KN 2017045 Kalifonsky Meadows Airpark Condominiums Phase 2BUnit 74				
Physical Address of Property:	50123 Buoy Ave U74					
Contact information for all corr	respondence relating to					
Mailing Address:	PO Box 1290 Kena	ai Ak 99611				
Phone (daytime):	9072521891	Phone (evening):	9072834947			
Email Address:	dyragui@outloo	i@outlook.com		I AGREE TO BE SERVED VIA EMAIL		
Value from Assessment Notice: \$200 Year Property was Purchased: 2008 Has the property been appraised b	3	Appellant's Opinion of Value: \$ Price Paid: \$ thin the past 3-years?	/5000 =			
Has property been advertised FOR		-	, 140 <u>m</u>			
Comparable Sales:	PARCEL NO.	ADDRESS	DATE OF SALE	SALE PRICE		
<u> </u>		mil mil				

The grounds for appeal are: UNEQUAL, EXCESSIVE, IMPROPER, OR UNDER VALUATION OF THE PROPERTY KPB 5.12.050(E) The appeal must state the grounds for the appeal. KPB 5.12.050(B)						
My property value is excessive. (Overvalued)		The following are <u>NOT</u> grounds for appeal:				
My property was valued incorrectly. (Improperly)		→The taxes are too high.				
My property has been undervalued.		⇒The value changed too much in one year. ⇒You cannot afford the taxes.				
My property value is unequal to similar properties.						
Please provide specific reasons and evidence supporting the	item check	ked above. (Attach additional sheets as necessary)				
	·					
THE ADDITION OF THE PARTY OF TH						
** THE APPELLANT BEARS THE BURDE		PF (AS 29.45.210(b)) **				
Check the following statement that applies to your intention	is:					
I intend to submit <u>additional evidence</u> within the required til	me limit of 1	15 days prior to the hearing date.				
My appeal is complete. I have provided all the evidence that I intend to submit, and request that my appeal be reviewed based on the evidence submitted.						
Check the following statement that applies to who is filing t	his appeal:					
I am the owner of record for the account/parcel number ap	pealed.					
I am the attorney for the owner of record for the account/parcel number appealed.						
The owner of record for this account is a business, trust or other entity for which I am an owner or officer , trustee , or otherwise authorized to act on behalf of the entity. I have attached written proof of my authority to act on behalf of this entity (i.e., copy of articles of incorporation or resolution which designates you as an officer, written authorization from an officer of the company, or copy from trust document identifying you as trustee). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account.						
The owner of record is deceased and I am the personal representative of the estate . I have attached written proof of my authority to act on behalf of this individual and/or his/her estate (i.e., copy of recorded personal representative documentation). If you are not listed by name as the owner of record for this account, this is REQUIRED for confirmation of your right to appeal this account.						
I am not the owner of record for this account, but I wish to Power of Attorney document signed by the owner of record. account, this is REQUIRED for confirmation of your right to apply	If you are n	ot listed by name as the owner of record for this				
Oath of Appellant: I hereby affirm that the foregoing information correct.	on and any a	additional information that I submit is true and				
(P	٠ حر	28-25				
Signature of Appellanty Agent / Representative	Date					
David N Yragui						
Printed Name of Appellant / Agent / Representative						



(i) 2025 VALUES ARE NOT CERTIFIED AND ARE SUBJECT TO APPEAL.

	CERTIFIED	VALUES FOR 2025 WILL NOT BE	AVAILABLE UN	ITIL JUNE 1, 2025		
Update Mailing	Address	W T				
Property Owner		Property ID: 05506029C074		Acreage:		
Mailing Addres		Property Address: 50123 BUOY AVE UNIT 74		Tax Authority Group:		
KENAI AK 996		30123 BOOT AVE UNIT /4		58 - Central Emergency Services		
Legal Description						
T 5N R 11W SEC	29 Seward Meridi	an KN 2017045 KALIFONSKY MEA	DOWS AIRPAR	K CONDOMINIUMS PHASE 2B UNIT 74		
Document No.	Date	Owner	Grantee	Туре		
No ownership history data exists						

No ownership	history	data	exists.
--------------	---------	------	---------

Year	Reason	Land Assessment	Impr. Assessment	Total Assessment
2025	Main Roll Certification	28,500	0	28,500
2024	Main Roll Certification	21,000	0	21,000
2023	Main Roll Certification	18,300	0	18,300
2022	Main Roll Certification	16,600	0	16,600
2021	Main Roll Certification	15,000	0	15,000
2020	Main Roll Certification	15,000	0	15,000
2019	Main Roll Certification	15,000	0	15,000
2018	Main Roll Certification	15,000	0	15,000
	20 ▼ items per page			1 - 8 of 8 items

Width Building Description Grade Length

5518001

Back ←

Contours Export

Use Dark Mode

Elevation

in Midentify Search...

Profile

Coordinates

KENAI RIVER TRUST 200 W 34TH AVE ANCHORAGE Private Vacant 99503 1,500 4,500 **MAILING ADDRESS** CERTIFIED LAND MAILING STATE MPROVEMENT MAILING CITY MAILING ZIP **DWN TYPE** CERTHED JSE TYPE VALUE

6,000 6.000 1,400 CERTIFIED TAXABLE ASSESSED VALUE EXEMPTION CERTIFIED

VALUE

LAND VALUE 2025 (Not Certified)

4,500 MPROVEMENT

VALUE 2025 (Not Certified)

5,900 **FOTAL ASSESSED**

/ALUE 2025 (Not Certified)

KALIFONSKY BEACH SEWARD MERIDIAN F SN R 1 IW SEC 29 INDUSTRIAL PARK KN 0730023

KALIFONSKY BEACH INDUSTRIAL PARK SUB LOT 1 BLK 1 0.9700

ACREAGE

SUBNAME APP0065

