

Agent Authorization

for Property Assessment Appeals

If an agent is representing the property owner or municipality, the property owner or municipality must provide prior written authorization for the agent to represent the company or municipality when contacting the reviewing authority.

Section 1: Property Owner and Property Information

| | | | | | |
|--|--------------------|---------------------|---|--------------------|----------------------------|
| Company/property owner name Cadet 23 LLC | | | Taxation district (Check one) <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Enter municipality → Appleton | | County Outagamie |
| Mailing address 3800 Emerald Dr East | | | Street address of property 1200 W Northland Ave | | |
| City Onalaska | State WI | Zip 54650 | City Appleton | State WI | Zip 54914-1415 |
| Parcel number 315949410 | Phone () - | Email | | Fax () - | |

Section 2: Authorized Agent Information

| | | | | | |
|---|--------------------|---------------------|---|--------------|--|
| Name / title Jaycee Yeadon-Sr Tax Consultant/Daniel Willaert-Director | | | Company name Ducharme, McMillen & Associates, Inc | | |
| Mailing address 9229 Delegates Row, Suite 375 | | | Phone (260) 330 - 1303 | Fax () - | |
| City Indianapolis | State IN | Zip 46240 | Email jparrett@dmmainc.com | | |

Section 3: Agent Authorization


| | |
|---|---|
| Agent Authorized for: (check all that apply) <input type="checkbox"/> Manufacturing property assessment appeals (BOA) <input type="checkbox"/> Access to manufacturing assessment system (MAS) <input type="checkbox"/> Wisconsin Department of Revenue 70.85 appeals <input checked="" type="checkbox"/> Municipal Board of Review <input checked="" type="checkbox"/> Other <u>Informal</u> | Enter Tax Years of Authorization _____ _____ <u>2025</u> <u>2025</u> |
| Authorization expires: <u>12 - 30 - 2025</u> (unless rescinded in writing prior to expiration) (mm - dd - yyyy) | |
| Send notices and other written communications to: (check one or both) <input checked="" type="checkbox"/> Authorized Agent <input type="checkbox"/> Property Owner | |

Section 4: Agreement/Acceptance

I understand, agree and accept:

- The assessor's office may divulge any information it may have on file concerning this property
- My agent has the authority and my permission to accept a subpoena concerning this property on my behalf
- I will provide all information I have that will assist in the discussion and resolution of any assessment appeal of this property
- Signing this document does not relieve me of personal responsibility for timely reporting changes to my property and paying taxes, or penalties for failure to do so, as provided under Wisconsin tax law
- A photocopy and/or faxed copy of this completed form has the same authority as a signed original
- If signed by a corporate officer, partner, or fiduciary on behalf of the owner, I certify that I have the power to execute this Agent Authorization form

Section 5: Owner Grants Authorization

| | | |
|--------------------------|---|--|
| Owner Sign Here ▶ | Owner name (please print) Peter M. Mavoides, President & CEO | |
| | Owner signature  | |
| | Company or title Cadet 23 LLC By: Essential Properties, L.P., its Manager By Essential Properties OP G.P., LLC, its General Partner | Date (mm-dd-yyyy) 05-07-2025 - |