

Nevada State Board of Equalization

Taxpayer Petition for DIRECT Appeal

If you have questions about this form or the appeal process, please call: (775) 684-2160
Email completed form to: stateboard@tax.state.nv.us or Fax (775) 684-2020
Mail: State Board of Equalization, 3850 Arrowhead Dr., 2nd Floor, Carson City, NV, 89706

RECEIVED

May 15, 2025

STATE OF NEVADA

DEPARTMENT OF TAXATION



Please Print or Type:

Part A. PROPERTY OWNER AND PETITIONER INFORMATION

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL:					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER)				TITLE	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX)				EMAIL ADDRESS:	
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER

Part B. PROPERTY OWNER ENTITY DESCRIPTION

Check organization type which best describes the Property Owner if an entity and not a natural person. Natural persons may skip Part B.

- ☐ Sole Proprietorship ☐ Trust ☐ Corporation
☐ Limited Liability Company (LLC) ☐ General or Limited Partnership ☐ Government or Governmental Agency
☐ Other, please describe: _____

The organization described above was formed under the laws of the State of _____.

The organization described above is a non-profit organization. ☐ Yes ☐ No

Part C. RELATIONSHIP OF PETITIONER TO PROPERTY OWNER IN PART A

Check box which best describes the relationship of Petitioner to Property Owner: ☒ Additional information may be necessary.

- ☐ Self ☐ Trustee of Trust ☐ Employee of Property Owner
☐ Co-owner, partner, managing member ☐ Officer of Company
☐ Employee or Officer of Management Company
☐ Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property
☐ Other, please describe: _____

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

ADDRESS	STREET/ROAD	CITY (IF APPLICABLE)	COUNTY
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2. Enter Applicable APN or Account Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN)	ACCOUNT NUMBER	PROPERTY IDENTIFICATION NUMBER (PIN)-MINES
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3. Does this appeal involve multiple parcels? Yes ☐ No ☐

List multiple parcels on a separate, letter-sized sheet.

If yes, enter number of parcels: _____

Multiple parcel list is attached. ☐4. Check Property Type: ☒

- ☐ Vacant Land ☐ Mobile Home (Not on foundation) ☐ Mining Property
☐ Residential Property ☐ Commercial Property ☐ Industrial Property
☐ Multi-Family Residential Property ☐ Agricultural Property ☐ Personal Property
☐ Possessory Interest in Real or Personal property

5. Check Year and Roll Type of Assessment being appealed: ☒

- ☐ 2024-2025 Secured Roll ☐ 2023-2024 Unsecured Roll ☐ 2023-2024 Supplemental Roll
☐ 2024-2025 Centrally-assessed Rol ☐ 2023-2024 Net Proceeds Roll

Other years being appealed: _____

Be prepared to cite the legal authority, if any, that permits the State Board to consider appeals of taxable value from prior years.

Part E. VALUE OF PROPERTY

Property Type	As established by County Assessor or Department of Taxation		Property Owner: What is the value you seek? Write N/A on each line for values which are not being appealed.	
	Taxable Value	Assessed Value	Taxable Value	Assessed value
Land				
Buildings				
Personal Property				
Possessory interest in real property				
Centrally-assessed properties				
Net Proceeds of Minerals				
Total				

For Clerk Use Only:

25-157

Part F. TYPE OF APPEAL

Check box which best describes the authority of the State Board to take jurisdiction to hear the appeal.

- ☐ NRS 361.360(3): The value of real or personal property is being appealed, but the appeal could not be heard by a county board of equalization because the real or personal property was placed on the unsecured tax roll after December 15.
- ☐ NRS 361A.240(2)(b): The value of open-space property is being appealed, but the appeal could not be heard by a county board of equalization because the under-or-over valuation of open-space use assessment was placed on the unsecured tax roll after December 15.
- ☐ NRS 361A.273(2): This is an appeal of a determination that agricultural property has been converted to a higher use and for valuations for deferred tax years; the notice of conversion from the assessor was received after December 16 and before July 1.
- ☐ NRS 361.403: This is an appeal regarding the undervaluation, overvaluation or non-assessment of property by the Nevada Tax Commission (centrally-assessed utility, transportation or mine properties).
- ☐ NRS 362.135: This is an appeal of the certification of Net Proceeds of Minerals Tax by the Department of Taxation.
- ☐ This is an appeal of the denial of exemption of real or personal property by Department of Taxation
- ☐ Other reason, please describe. _____

Part G. ATTACH A STATEMENT DESCRIBING THE FACTS, REASONS AND STATUTORY BASIS RELIED UPON TO SUPPORT THE CLAIM, PURSUANT TO NAC 361.7012(6).

Part H. AUTHORIZATION OF AGENT *Complete this section only if an agent, including an attorney, has been appointed to represent the Property Owner/Petitioner in proceedings before the State Board.*

I hereby authorize the agent whose name and contact information appears below to file a petition to the Nevada State Board of Equalization and to contest the value and/or exemption established for the properties named in Part D(2) of this Petition.

I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the Nevada State Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part D(5) of this Petition.

List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.

Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT:			TITLE:		
AUTHORIZED AGENT COMPANY, IF APPLICABLE:			EMAIL ADDRESS:		
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX)					
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the State Board.

Authorized Agent Signature _____ Title _____ Date _____

VERIFICATION

I verify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief; and that I am either (1) the person who owns or controls taxable property, or possesses in its entirety taxable property, or the lessee or user of a leasehold interest, possessory interest, beneficial interest or beneficial use, pursuant to NRS 361.334; or (2) I am a person employed by the Property Owner or an affiliate of the Property Owner and I am acting within the scope of my employment. If Part H above is completed, I further certify I have authorized each agent named therein to represent the Property Owner as stated and I have the authority to appoint each agent named in Part H.

Petitioner Signature _____ Title _____ Date _____

Agent Signature required only if Petitioner did not sign certification and a separate Agent Authorization will be submitted.

I verify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief; and I am the authorized agent with authority to petition the State Board subject to the requirements of NRS 361.362 and NAC 361.7018 and the limitations contained in the Agent Authorization Form 5105SBE to be separately submitted.

Authorized Agent Signature _____ Title _____ Date _____



Phone: (702) 455-3882

Mission Support and Test Services, LLC
Personal Account 088326
Attachment to Taxpayer Petition for Direct Appeal

The United States of America owns the real property and improvements located on APN 139-15-701-001. The parcel is improved with numerous structures.

Mission Support and Test Services, LLC is a Delaware limited liability company. It has been assessed by Clark County under Personal Property Account 088326 for a possessory interest in certain land and improvements at this site. Tax Bill #1537253 was issued on March 26, 2025. The Tax Bill is based on a taxable value of \$11,084,549, which equals an assessed value of \$3,879,592. The tax assessed was \$86,507.92.

MSTS has not completed its evaluation of the property included in the assessment or its valuation. MSTS has questions and is in the process of trying to obtain further information from the Clark County Assessor's office. In the meantime, MSTS is filing this petition to preserve its right to question the assessment.



Nevada State Board of Equalization

Agent Authorization Form

If you have questions about this form or the appeal process, please call: (775) 684-2160.

Email completed form to: stateboard@tax.state.nv.us or Fax (775) 684-2020

Mail: State Board of Equalization, 3850 Arrowhead Dr, Carson City, NV, 89706

Please Print or Type:

Part A. PROPERTY OWNER AND CONTACT INFORMATION OF PERSON GRANTING AUTHORITY TO AGENT

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: Mission Support and Test Services LLC					
NAME OF PERSON GRANTING AUTHORITY TO AGENT (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): Matt Pasulka				TITLE Senior Legal Counsel	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) PO Box 98521 M/S NLV026				EMAIL ADDRESS: pasulkmp@nv.doe.gov	
CITY Las Vegas	STATE NV	ZIP CODE 89193	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER

Part B. PROPERTY OWNER INFORMATION

Check organization type which best describes the Property Owner if not a natural person: ☒ Natural persons may skip Part B.

- ☐ Sole Proprietorship ☐ Trust ☐ Corporation
☒ Limited Liability Company (LLC) ☐ General or Limited Partnership ☐ Government or Governmental Agency
☐ Other, please describe: _____

The organization described above was formed under the laws of the State of Delaware.

The organization described above is a non-profit organization. ☐ Yes ☒ No

Part C. RELATIONSHIP OF PERSON GRANTING AUTHORITY TO AGENT TO PROPERTY OWNER

Check box which best describes the relationship of Petitioner to Property Owner: ☒ Additional information may be necessary.

- ☐ Self ☐ Trustee of Trust ☐ Employee of Property Owner
☐ Co-owner, partner, managing member ☐ Officer of Company
☐ Employee or Officer of Management Company
☒ Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property
☐ Other, please describe: _____

Part D. PROPERTY SUBJECT TO THIS AGENT AUTHORIZATION:

Enter Applicable Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN)	ACCOUNT NUMBER all property assessed to MSTs	PROPERTY IDENTIFICATION NUMBER (PIN)-MINES
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- ☒ Multiple parcel list attached. (Use letter-size paper)

Part E. YEAR AND ROLL TYPE OF ASSESSMENT BEING APPEALED: ☒

- ☐ 2025-2026 Secured Roll ☒ 2024-2025 Unsecured Roll ☐ 2024-2025 Supplemental Roll
☐ 2025-2026 Centrally-Assessed Roll ☐ 2024-2025 Net Proceeds Roll

Other years being appealed: _____

Be prepared to cite the legal authority, if any, that permits the State Board to consider appeals of taxable value from prior years.

For clerk use only

Part F. AUTHORIZATION OF AGENT

I hereby authorize the agent whose name and contact information appears below to file a petition to the Nevada State Board of Equalization and to contest the value and/or exemption established for the properties named in Part D of this Agent Authorization.


I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the Nevada State Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part E of this document.

List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.

Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT: Josh Hicks			TITLE: Attorney - Partner		
AUTHORIZED AGENT COMPANY, IF APPLICABLE: McDonald Carano			EMAIL ADDRESS: jhicks@mcdonaldcarano.com		
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 100 West Liberty Street, Tenth Floor					
CITY Reno	STATE NV	ZIP CODE 89501	DAYTIME PHONE 775-788-2000	ALTERNATE PHONE	FAX NUMBER


I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the State Board.


 Authorized Agent Signature
 Attorney - Partner
 Title
 5/9/2025
 Date

Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT: Zach Besso			TITLE: Attorney - Associate		
AUTHORIZED AGENT COMPANY, IF APPLICABLE: McDonald Carano			EMAIL ADDRESS: zbesso@mcdonaldcarano.com		
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 100 West Liberty Street, 10th Floor					
CITY Reno	STATE NV	ZIP CODE 89501	DAYTIME PHONE 775-326-4318	ALTERNATE PHONE	FAX NUMBER

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the State Board.


 Authorized Agent Signature
 Attorney - Associate
 Title
 5/9/2025
 Date

VERIFICATION

I verify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief; and that I am either (1) the person who owns or controls taxable property, or possesses in its entirety taxable property, or the lessee or user of a leasehold interest, possessory interest, beneficial interest or beneficial use, pursuant to NRS 361.334; or (2) I am a person employed by the Property Owner or an affiliate of the Property Owner and I am acting within the scope of my employment. I further certify I have authorized each agent named herein to represent the Property Owner as stated and I have the authority to appoint each agent named herein.


 Property Owner / Petitioner Signature
 Senior Legal Counsel
 Title
 5/13/2025
 Date

From: [Zach D Besso](#)
To: [State Board Equalization](#)
Cc: [Joshua J. Hicks](#); [Paul D. Bancroft](#)
Subject: Mission Support and Test Services - Appeal
Date: Thursday, May 15, 2025 5:03:19 PM
Attachments: [MSTS - 1000 N Hollman - \[REDACTED\] - Appeal - Compiled.pdf](#)
[MSTS - \(#224864\) N Hollman - \[REDACTED\] - Employer Direct Appeal \(1\) - Compiled.pdf](#)
[MSTS - \(#220224\) N Hollman - \[REDACTED\] - Appeal \(2\) - Compiled.pdf](#)
[MSTS - \(#224863\) N Hollman - \[REDACTED\] - Employer Direct Appeal.pdf](#)
[MSTS - 216 AHed - \[REDACTED\] - Direct Appeal.pdf](#)

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

Please find the attached Appeals for Mission Support and Test Services. Please confirm receipt of this Appeal.

Thank you,
Zach Besso

Zach Besso | Attorney



100 West Liberty Street | Tenth Floor
Reno, NV 89501

P: 775.788.2000 | **D:** 775.326.4318

[vCard](#)



| [State Law Resources](#)

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SBE NOTICE OF HEARING



STATE OF NEVADA
STATE BOARD OF EQUALIZATION

JOE LOMBARDO
Governor

3850 Arrowhead Drive
Carson City, Nevada 89706
Telephone (775) 684-2160
Fax (775) 684-2020

SHELLIE HUGHES
Secretary

September 19, 2025

NOTICE OF HEARING

CERTIFIED MAIL – 9489 0090 0027 6554 5239 61

Email: jhicks@mcdonaldcarano.com

PETITIONER:

MISSION SUPPORT AND TEST SERVICES LLC
C/O MCDONALD CARANO
ATTN: JOSH HICKS
100 WEST LIBERTY STREET, TENTH FL
RENO, NV 89501

CERTIFIED MAIL – 9489 0090 0027 6554 5239 78

Email: Clarkcountyassessor@clarkcountynv.org

RESPONDENT:

BRIANA JOHNSON
CLARK COUNTY ASSESSOR
500 S GRAND CENTRAL PARKWAY 2ND FLOOR
LAS VEGAS NV 89155-1401

DATE/ TIME: September 29, 2025 at 9:30 AM
September 30, 2025 at 9:00 AM
October 1, 2025 at 9:00 AM

PLACE: Nevada Department of Taxation
700 E Warm Springs Road, Room 150
Las Vegas, Nevada 89119

Nevada Department of Taxation
9850 Double R Blvd.
Reno, Nevada 89521

ZOOM OPTION:

<https://us02web.zoom.us/j/82951348384>

Or Telephone:

US: +1 669 900 9128 or +1 253 215 8782 or +1 346 248 7799 or +1 646 558 8656 or +1 301 715 8592
or +1 312 626 6799

Webinar ID: 829 5134 8384

Hearings begin on the first day. It is each taxpayer's or his representative's responsibility to be present when the case is called.

LEGAL AUTHORITY AND JURISDICTION OF THE STATE BOARD OF EQUALIZATION: NRS 361.400

BRIEF STATEMENT OF MATTER: Appeal from the action of the Clark County Board of Equalization

Case No: 25-157

Parcel No: Acct #088326

The State Board of Equalization (State Board) will hear the Petitioner's appeal at the time and place stated above. Please be aware that the time is approximate and although you may be assured the appeal will not be heard prior to the stated time, be prepared for possible delays as several appeals are scheduled at the

same time. If the taxpayer or his representative is not present when his hearing is called, the State Board will invoke the requirements of NRS 361.385 and NAC 361.708(4). The State Board may (a) proceed with the hearing; (b) dismiss the proceeding with or without prejudice; or (c) recess the hearing for a period to be set by the State Board to enable the party to attend.

Please be aware the State Board will limit its consideration to the issues and contentions set forth in the petition. Other issues may be heard if the requirements of NAC 361.745 are met.

Information regarding the rules of practice and procedure before the State Board are on the attached information sheet.


In compliance with the Americans with Disabilities Act, individuals needing special accommodations during this hearing should notify the Department at least 3 days before the hearing. In order to comply with the security procedures of the Department, you will be required to show identification and sign a visitor's log prior to entering the hearing room.

If you need an accommodation in order to communicate during the hearing, the Department will provide one at no cost to you. Arrangements for an interpreter should be made as soon as possible, but no later than 14 days before the scheduled meeting. Please contact Kari Skalsky at 775-684-2160 at least 14 days in advance to request an interpreter in your preferred language. You may also submit your request through stateboard@tax.state.nv.us.

Si necesita una ayuda para comunicarse durante la audiencia, el Departamento se lo proporcionará sin costo alguno. Los trámites para conseguir un intérprete deben hacerse lo antes posible, pero a más tardar 14 días antes de la cita programada. Por favor, póngase en contacto con Kari Skalsky al 775-684-2160 con al menos 14 días de anticipación para solicitar un intérprete en su idioma de preferencia. También puede solicitarlo a través de stateboard@tax.state.nv.us.

If you have any questions, please call (775) 684-2041.

Shellie Hughes
Secretary to the State Board of Equalization

By: 
Kari Skalsky
Department of Taxation

Waiver of Notice Request

Due to an administrative oversight and the current State of Nevada system access limitations, there is not enough time available to provide a full 14-day notice as required by NRS 241. Therefore, we would like to request your consideration of a waiver of the 14-day notice requirements and approval that this notice is sufficient. Please let us know whether or not you agree to waive the notice requirements, by signing and dating the signature block below and checking the appropriate box. Please sign and return response to the Department by electronic mail submission to stateboard@tax.state.nv.us today.

 X Yes, I agree to waive the 14-day notice. My representative or myself will appear before the State Board of Equalization on September 29, 30 and October 1, 2025.

 No, I do not agree to waive the 14-day notice by certified letter.



Signature

Attorney
Title

9/19/2025
Date

STIPULATION



BRIANA JOHNSON, CLARK COUNTY ASSESSOR

500 S. Grand Central Pkwy. 2nd Floor, Las Vegas, NV 89155
Office: 702-455-4997 | ClarkCountyNV.gov/Assessor

MARY ANN WEIDNER
Deputy Director of Assessment Services

Value Change Recommendation for the State Board of Equalization

August 25, 2025
MSTS
PO BOX 98521 M/S NLV026
LAS VEGAS, NV 89193-8521

RE: Appeal No – SBOE-157
Account No - 088326
Account Count - 1

Dear Property Owner,

The Appraisal Division of the Clark County Assessor's Office has completed the review of the taxable value of the above property under appeal. After careful consideration of the facts involved, we are recommending adjusting the taxable value as follows:

Fiscal Year:	2024-2025	
	From	To
Personal Property	\$11,084,549	\$8,682,194
Exemption	\$0	\$0
Total Taxable Value	\$11,084,549	\$8,682,194,

By signing below, Petitioner agrees to the above recommendation. This recommendation is subject to approval by the State Board of Equalization. Please return this letter to our office before your scheduled hearing. You may mail to the above address or email to jbon@ClarkCountyNV.gov.

Sincerely,

Jeffrey Bonesteel

Appraisal Division

I HEREBY AGREE TO THE VALUE AS RECOMMENDED ABOVE FOR MY APPEAL TO THE STATE BOARD OF EQUALIZATION:

x Matthew Pasulka

Signature of owner or authorized agent

DATE: 8/28/25

COUNTY RECORD



STATE BOARD OF EQUALIZATION

Case # [157]
Assessor Information

Fiscal Year 2024/2025

BUSINESS REAL PROPERTY DECLARATION & ASSET LISTING

Assessor ID: **088326** Tax District: **340**
 Business: **MISSION SUPPORT AND TEST SERVICES LLC** Email: **mststax@nv.doe.gov**
PO BOX 98521, M/S NSF026 NAICS: **561210**
LAS VEGAS, NV 89193 **Facilities Support Services**

Location: **4600 N HOLLYWOOD BLVD**
LAS VEGAS

Phone: **702-295-2157**

Asset ID	Asset Name	Year Acquired	Acquisition Cost	Notes	DOE Service Life	Tax Depreciation Value	Net Book Value	(i) % Usable Area by Building	Utilization Acquisition Cost	Assessed 35%	(ii) % Time Used by MSTs	% of Time * 35% Assessment	Tax Rate	Est. Tax Declared
2297662	Remote Sensing Lab (2211)	1989	26,003,768.38	BUILDING 2211	30	24,703,579.96	1,300,188.42	99%	1,287,186.53	450,515.29	23.80%	107,222.64	2.9328%	3,144.63
2371263	Chemical Storage Building	1995	25,000.00	BUILDING 2215	20	23,750.00	1,250.00	100%	1,250.00	437.50	23.80%	104.13	2.9328%	3.05
2327215	Deployment Building	1992	1,697,999.76	BUILDING 2221	20	1,613,099.77	84,899.99	100%	84,899.99	29,715.00	23.80%	7,072.17	2.9328%	207.41
2297822	Anechoic Chamber	1992	1,282,699.98	BUILDING 2222	30	1,218,564.98	64,135.00	100%	64,135.00	22,447.25	23.80%	5,342.45	2.9328%	156.68
2513625	Technical Support Bldg (TSB)	1994	1,937,322.83	BUILDING 2229	20	1,840,456.69	96,866.14	100%	96,866.14	33,903.15	23.80%	8,068.95	2.9328%	236.65
									1,534,337.66	537,018.18				3,748.42

Notes:

- (i) Calculation of % Useable Area by Building = ($\text{SUM: Space Useable Area} / \text{SUM: Building Useable Area}$)
- Space Useable Area = Calculated Sum of the actual footage of space, Summed by Building, Summed by Org
 - Building Useable Area = Calculated Sum of all of the useable space that comprised the building
- (ii) The percent usage is 40 hours per week/(24*7)

NLV/NNSS TAX REPORT BY ORGANIZATION (rev 0)
DATA PROVIDED BY MSTs GIS SERVICES ON 07/15/2024 AT 8:15 AM
MSTS Facilities Report
Available for use as of July 1, 2024

Asset Code	Asset Name	Asset ID	Operational Status	Location	Structure Type	Org Code	Taxable Org	SUM: Space Useable Area	SUM: Space Rentable Area	SUM: Space Gross Area	SUM: Interior Space Area	SUM: Building Useable Area	Occupancy Status	CALCULATED: Percent Usable Area by Building
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	1302	N/A	278.8	-	-	128,163.3	87,488.2	UA	0.32%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13BB	N/A	265.3	-	-	128,163.3	87,488.2	UA	0.30%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13BF	N/A	142.1	-	-	128,163.3	87,488.2	UA	0.16%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13BG	N/A	596.4	-	-	128,163.3	87,488.2	UA	0.68%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13BJ	N/A	139.1	-	-	128,163.3	87,488.2	UA	0.16%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	EU14	N/A	142.8	-	-	128,163.3	87,488.2	UA	0.16%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	TBD	N/A	81,394.0	-	-	128,163.3	87,488.2	UA	93.03%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13D3	N/A	193.2	-	-	128,163.3	87,488.2	UA	0.22%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13D4	N/A	279.9	-	-	128,163.3	87,488.2	UA	0.32%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	1403	N/A	131.1	-	-	128,163.3	87,488.2	UA	0.15%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	14LD	N/A	246.2	-	-	128,163.3	87,488.2	UA	0.28%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13BM	N/A	1,818.9	-	-	128,163.3	87,488.2	UA	2.08%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13BN	N/A	141.7	-	-	128,163.3	87,488.2	UA	0.16%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13BR	N/A	137.3	-	-	128,163.3	87,488.2	UA	0.16%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13D0	N/A	421.9	-	-	128,163.3	87,488.2	UA	0.48%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13D1	N/A	263.8	-	-	128,163.3	87,488.2	UA	0.30%
35-2211	Remote Sensing Lab (2211)	2297662	Operating	RSLN	BUILDING	13D2	N/A	280.7	-	-	128,163.3	87,488.2	UA	0.32%
								86,873.2			117,810.0			
											74.26%			
35-2215	Chemical Storage Building	2371263	Operating	RSLN	BUILDING	TBD	N/A	224.0	-	-	224.0	224.0	UA	100.00%
35-2221	Deployment Building	2327215	Operating	RSLN	BUILDING	TBD	N/A	15,704.9	-	-	16,230.0	16,018.6	UA	98.04%
35-2221	Deployment Building	2327215	Operating	RSLN	BUILDING	13BN	N/A	313.7	-	-	16,230.0	16,018.6	UA	1.96%
								16,018.6						100.00%
35-2222	Anechoic Chamber	2297822	Operating	RSLN	BUILDING	TBD	N/A	1,409.0	-	-	1,483.1	1,409.0	UA	100.00%
35-2229	Technical Support Bldg (TSB)	2513625	Operating	RSLN	BUILDING	EU13	N/A	1,039.3	-	-	14,197.5	12,872.5	UA	8.07%
35-2229	Technical Support Bldg (TSB)	2513625	Operating	RSLN	BUILDING	TBD	N/A	11,833.2	-	-	14,197.5	12,872.5	UA	91.93%
								12,872.5						100.00%

POSSESSORY/LEASEHOLD INTEREST WORKSHEET	
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8,092,202

0

8,092,202

589,992

0

589,992

8,682,194

0

8,682,194

IMPROVEMENT VALUE (PRORATION OF TOTAL VALUE BASED ON PHYSICAL OCCUPANCY)

[illegible]