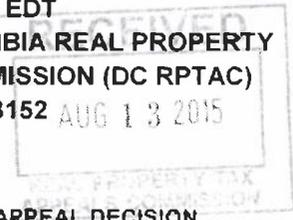


RECEIVED

GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION

DC 20004 4PM EDT
COLUMBIA REAL PROPERTY
TAX APPEALS COMMISSION (DC RPTAC)
Transaction ID: 57883152



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: TRUMP OLD POST OFFICE LLC TRUMP ORGANIZATION *Square: PI00 *Suffix: 0324 *Lot: 0368

*Property Address: 1100 PENNSYLVANIA AVE NW *Tax Class 002 *Neighborhood Code 072

Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 646-847-2096 E-mail: smitchell@paradigmatax.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ _____	\$ _____	\$ _____
Building \$ <u>17,003,813</u>	\$ <u>17,003,813</u>	\$ <u>15,800,145</u>
Total \$ <u>17,003,813</u>	\$ <u>17,003,813</u>	\$ <u>15,800,145</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> Disputed Property Record	Explain: _____

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ _____

Please state the justification for your appeal. (Attach additional or supporting documents.)
Please see attached

We conduct both telephone and in-person hearings as well as non-appearance reviews of the written record. Telephone and in-person hearings are conducted by appointment only. If you fail to appear and **have not** notified us twenty-four (24) hours in advance of the appointed time, your hearing will be converted to a non-appearance review of the written record and only the information furnished with your original petition will be considered in the review.

Please select your preferred hearing method: Non-Appearance Telephone In-Person (Contact Phone Number)

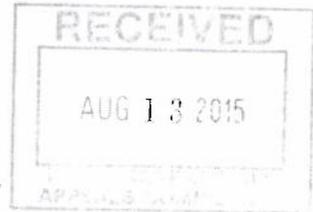
I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties D.C. Code Section 22-2514

Return 1 original and 4 copies of form to:
Real Property Tax Appeals Commission
441 4th Street, NW
Suite 360 North
Washington, D.C. 20001
(202) 727-6860

Owner/Agent* Print Name: Sharif Mitchell
Signature: [Signature]
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 25 Broadway, 9th Floor
City: New York State: NY Zip: 10004
Phone: 646-847-2096 Email: smitchell@paradigmatax.com

*If not the owner, a notarized RPTAC Letter of Agent Authorization must be attached. OTR's Letter of Agent Authorization will not be accepted.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION**



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: TRUMP OLD POST OFFICE LLC TRUMP ORGANIZATION *Square: P100 *Suffix: 0324 *Lot: 0369

*Property Address: 1100 PENNSYLVANIA AVE NW *Tax Class 002 *Neighborhood Code 072
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 646-847-2096 E-mail: smitchell@paradigmatax.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ _____	\$ _____	\$ _____
Building \$ <u>583,857</u>	\$ <u>583,857</u>	\$ <u>542,527</u>
Total \$ <u>583,857</u>	\$ <u>583,857</u>	\$ <u>542,527</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> Disputed Property Record	Explain: _____

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ _____

Please state the justification for your appeal. (Attach additional or supporting documents.)

We conduct both telephone and in-person hearings as well as non-appearance reviews of the written record. Telephone and in-person hearings are conducted by appointment only. If you fail to appear and **have not** notified us twenty-four (24) hours in advance of the appointed time, your hearing will be converted to a non-appearance review of the written record and only the information furnished with your original petition will be considered in the review.

Please select your preferred hearing method: Non-Appearance Telephone _____ In-Person
(Contact Phone Number)

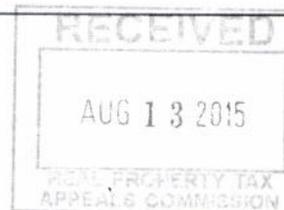
I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief: Making a false statement as to material facts is punishable by criminal penalties D.C. Code Section 22-2514

Return 1 original and 4 copies of form to:
Real Property Tax Appeals Commission
441 4th Street, NW
Suite 360 North
Washington, D.C. 20001
(202) 727-6860

Owner/Agent* Print Name: Sharif Mitchell
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 25 Broadway, 9th Floor
City: New York State: NY Zip: 10004
Phone: 646-847-2096 Email: smitchell@paradigmatax.com

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION**



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: TRUMP OLD POST OFFICE LLC TRUMP ORGANIZATION *Square: P100 *Suffix: 0324 *Lot: 0370

*Property Address: 1100 PENNSYLVANIA AVE NW *Tax Class 002 *Neighborhood Code 072
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 646-847-2096 E-mail: smitchell@paradigmtax.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ _____	\$ _____	\$ _____
Building \$ <u>80,276,300</u>	\$ <u>80,276,300</u>	\$ <u>74,596,483</u>
Total \$ <u>80,276,300</u>	\$ <u>80,276,300</u>	\$ <u>74,596,483</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> Disputed Property Record	Explain: _____

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ _____

Please state the justification for your appeal. (Attach additional or supporting documents.)

We conduct both telephone and in-person hearings as well as non-appearance reviews of the written record. Telephone and in-person hearings are conducted by appointment only. If you fail to appear and **have not** notified us twenty-four (24) hours in advance of the appointed time, your hearing will be converted to a non-appearance review of the written record and only the information furnished with your original petition will be considered in the review.

Please select your preferred hearing method: Non-Appearance Telephone In-Person
(Contact Phone Number)

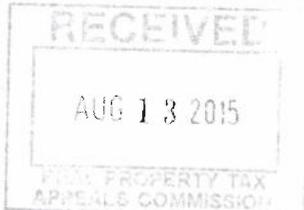
I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties D.C. Code Section 22-2514

Return 1 original and 4 copies of form to:
Real Property Tax Appeals Commission
441 4th Street, NW
Suite 360 North
Washington, D.C. 20001
(202) 727-6860

Owner/Agent* Print Name: Sharif Mitchell
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 25 Broadway, 9th Floor
City: New York State: NY Zip: 10004
Phone: 646-847-2096 Email: smitchell@paradigmtax.com

*If not the owner, a notarized RPTAC Letter of Agent Authorization must be attached. OTR's Letter of Agent Authorization will not be accepted.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION**



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: TRUMP OLD POST OFFICE LLC TRUMP ORGANIZATION *Square: PI00 *Suffix: 0324 *Lot: 0371

*Property Address: 1100 PENNSYLVANIA AVE NW *Tax Class 002 *Neighborhood Code 072

Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 646-847-2096 E-mail: smitchell@paradigmatax.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ _____	\$ _____	\$ _____
Building \$ <u>350,010</u>	\$ <u>350,010</u>	\$ <u>325,233</u>
Total \$ <u>350,010</u>	\$ <u>350,010</u>	\$ <u>325,233</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> Disputed Property Record	Explain: _____

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ _____

Please state the justification for your appeal. (Attach additional or supporting documents.)

We conduct both telephone and in-person hearings as well as non-appearance reviews of the written record. Telephone and in-person hearings are conducted by appointment only. If you fail to appear and **have not** notified us twenty-four (24) hours in advance of the appointed time, your hearing will be converted to a non-appearance review of the written record and only the information furnished with your original petition will be considered in the review.

Please select your preferred hearing method: **Non-Appearance** **Telephone** (Contact Phone Number) **In-Person**

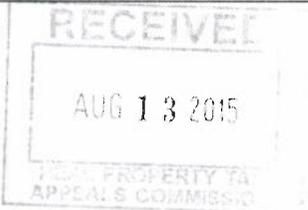
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441 4th Street, NW
Suite 360 North
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(202) 727-6860

Owner/Agent* Print Name: Sharif Mitchell
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 25 Broadway, 9th Floor
City: New York State: NY Zip: 10004
Phone: 646-847-2096 Email: smitchell@paradigmatax.com

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION**



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: TRUMP OLD POST OFFICE LLC TRUMP ORGANIZATION *Square: P100 *Suffix: 0324 *Lot: 0372

*Property Address: 1100 PENNSYLVANIA AVE NW *Tax Class 002 *Neighborhood Code 072
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 646-847-2096 E-mail: smitchell@paradigmtax.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ _____	\$ _____	\$ _____
Building \$ 1,000	\$ 1,000	\$ 1,000
Total \$ 1,000	\$ 1,000	\$ 1,000

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> Disputed Property Record	Explain: _____

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ _____

Please state the justification for your appeal. (Attach additional or supporting documents.)

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Please select your preferred hearing method: Non-Appearance Telephone In-Person
(Contact Phone Number)

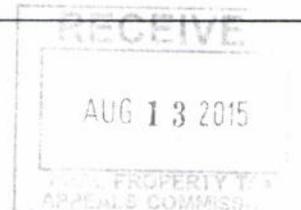
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441 4th Street, NW
Suite 360 North
Washington, D.C. 20001
(202) 727-6860

Owner/Agent* Print Name: Sharif Mitchell
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 25 Broadway, 9th Floor
City: New York State: NY Zip: 10004
Phone: 646-847-2096 Email: smitchell@paradigmtax.com

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION**



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: TRUMP OLD POST OFFICE LLC TRUMP ORGANIZATION *Square: P100 *Suffix: 0324 *Lot: 0373

*Property Address: 1100 PENNSYLVANIA AVE NW *Tax Class 002 *Neighborhood Code 072
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 646-847-2096 E-mail: smitchell@paradigmatax.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ _____	\$ _____	\$ _____
Building \$ <u>1,000</u>	\$ <u>1,000</u>	\$ <u>1,000</u>
Total \$ <u>1,000</u>	\$ <u>1,000</u>	\$ <u>1,000</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> Disputed Property Record	Explain: _____

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ _____

Please state the justification for your appeal. (Attach additional or supporting documents.)

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Please select your preferred hearing method: Non-Appearance Telephone _____ In-Person
(Contact Phone Number)

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION**



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: TRUMP OLD POST OFFICE LLC TRUMP ORGANIZATION *Square: P100 *Suffix: 0324 *Lot: 0374

*Property Address: 1100 PENNSYLVANIA AVE NW *Tax Class 002 *Neighborhood Code 072
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 646-847-2096 E-mail: smitchell@paradigmatax.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ _____	\$ _____	\$ _____
Building \$ <u>1,000</u>	\$ <u>1,000</u>	\$ <u>1,000</u>
Total \$ <u>1,000</u>	\$ <u>1,000</u>	\$ <u>1,000</u>

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<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> Disputed Property Record	Explain: _____

Property Value Information

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Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ _____

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(Contact Phone Number)

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City: New York State: NY Zip: 10004
Phone: 646-847-2096 Email: smitchell@paradigmatax.com

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