APPLICATION FOR AGRICULTURAL-USE ASSESSMENT Note: If necessary, attach extra pages. 91409 Pursuant to SB 167, 1975 Statutes of Nevada, Chapter 749 (I) (We), Shady ... Meadows. Inc. Leonard Corsentino (Please print or type the name of each owner of record or his representative.) hereby make application to be granted, on the below described agricultural land, an assess ment based upon the agricultural use of this land. (I) (We) understand that if this application is approved, it will be recorded and become a public record. This agricultural land consists of 1,007.41 acres, is located in Eureka -County, Nevada and is described as _ 07 210 14 (Assessor's Roll or Parcel Number(s)) Legal description, E2W2, E2 Section 33 T21NR53E; W2, NE3 Section 34, T21NR53E (I) (We) certify that the gross income from agricultural use of the land during the preceding calendar year was \$2,500 or more. Yes ____ No ___. If yes, attach proof of income. (I) (We) have owned the land since 1973 - NONE OF THIS FOIM HAS BEEN SOID FOR NON FARM USES -1973 (I) (We) have used it for agricultural purposes since 1973
The agricultural use of the land presently is (i.e. grazing, pasture, cultivated, dairy, etc.) Was the property previously assessed as agricultural? Is so, when? If the land was not previously classified as agricultural, how is it now being prepared to qualify for agricultural assessment? Will the projected income on this property be \$2,500 or more?

If yes, describe the projected operation and include projected income calculation. When did preparation begin to convert Property to agricultural use? 3. P. (I) (We) hereby certify that the foregoing information submitted is true, accurate and com plete to the best of (my) (our) knowledge. (Each owner of record or his authorized representative must sign. Representative must indicate for whom he is signing in what capacity and under what authority, and attach written proof of his authority.) Signature of Applicant or Agent Date Phone Number Address Merche. Signature of Applicant or Agent Date Phone Number Address RECORDED AT REQUEST OF Signature of Applicant or Agent James Ithurralde BOOK 118 1402 403 Address Signature of Applicant or Agent FEB 1 0 1983 83 DEC 8 P 2: 49 J. P. THURRALDE, ASSESSOR DEFICIAL RECORDS

Signature of Applicant or Agent

HIN REDALEAT 8140

Address

ASD 11

MAIL TO:

J. P. Ithuralde Eureka County Assessor P. O. Box 88 Eureka, NV. 89316

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