APN (Assessor's Parc (umber):	BOOK JOW PAGE 2
	RECORDED AT THE REQUEST OF
	Curera Co cusasso
07-080-04	2003 JUN 17 PM 2: 44
British which the	EUREKA COUNTY NEVADA
Return this application:	M.N. REBALEATI, RECORDER FILENO. FEE\$ 70
Eureka County Asssor	181996
20 South Main Street P.O. Box 88	
Eureka, Nevada 8931	
Phone (775)237-5270	
I House (7.15)257-5270	
363 () () ()	
Hartin III	
4	This space for Recorder's Use Only
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at a recultural Use Asses	sment Application
; ileditural Ose Asses	sment Application
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Return the plication to the County Asse	ssor's Office at the address shown above d, it will be recorded and become a public record.
The tare than out of this approve	u, ii wiii be recoraeu ana become a public recora.
1.) Please type in the fewing information for each	
\ \	Representative: John W. Colby, owner
Owner: MW CATTLIOMPANY	Representative: John W. Colby, owner
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5.) What is the date the perty was originally placed in service by the owners listed above for				
agricultural purposes? December 2002				
agricultural purposes.	,	()		
6.) Was this property prously assessed as agricultural?	$\sqrt{\rho}$ If yes	. when was it		
1 was this property product assessed as agricultural.				
assessed as agricultural? ~ 1400 Y 5	•	\ \		
7.) Was the gross incom agricultural use of the land during the preceding calendar year				
\$5,000 or more? Yes No				
8.) Please attach a statent of revenues and expenses related to the agricultural use of the land				
and include a copy of IR orm F. Additional documentation may be requested by the county				
assessor.				
usocsso1.				
The undersigned hey certify the foregoing information sul	omitted is true, acc	urate and complete to the		
best of (my) (our) knowledge i) (We) understand if this application is approved, this property may be subject to				
liens for undetermined amou (I) (We) understand that if any portion of this land is converted to a higher use, it is				
our responsibility to notify thesessor in writing within 30 days of the conversion.				
	/ /			
EACH OWNER OF RECOIOR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF SIGNED				
BY A REPRESENTATIVE IE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HIS				
CAPACITY, AND UNDER IAT AUTHORITY. PLEASE TYPE T	HE NAME UNDE	REACH/SIGNATURE.		
1 10	111/1/11			
- MW Cattle is	MM W L	or owner		
Signature of Applicant agent Capaci	ty (Owner, Repr	esentative, or Lessee)		
	1. /			
MUI (Att. Co.		<u> </u>		
Type or Print Name Authority (i.e.	Power of Attorn	ney) Date		
1,7				
HC 62 Box 63/1 Eurekn NV	761-660	3		
Address/City/State/Zip	Phone Number	FAX Number		
Address/City/State/Zip	none rumeer			
FOR 3 BY THE COUNTY ASSESSOR OR DE	ARTMENT OF TAX	KATION Z		
Application Recei	6-16-03 Date	Initial		
☐ Property Inspect	Date	Hillian		
☐ Property Inspect:	Date	Initial		
☐ Income Records sected:	•			
a modific records yester.	Date	Initial		
☐ Written Notice or proval or Denial Sent to Applicant		<u></u>		
	Date	Initial		
☐ Application forwed to Department of Taxation	·			
	Date	Initial		
 Department of Ttion returned application 				
	Date	Initial		
Reasons for Approval or Lal and Other Pertinent Comments:	•			
	<u>. </u>			
Signature of Official Proung Application Title		Date		