

RECEIVED

JUN 19 2003

EUREKA COUNTY  
J.P. THURMAN, ASSESSOR  
APN (Assessor's Parcel Number):

7-200-60 & 7-200-61

BOOK 362 PAGE 279-280  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Eureka County Assessor  
2003 JUN 23 PM 3:07

EUREKA COUNTY NEVADA  
M.H. REGALEATI, RECORDER  
FILE NO. No Fee

Return this application:  
**Eureka County Assessor**  
20 South Main Street  
P.O. Box 88  
Eureka, Nevada 89311  
Phone (775)237-5270

**182022**

This space for Recorder's Use Only

### Agricultural Use Assessment Application

*Return this application to the County Assessor's Office at the address shown above  
no later than June 11 if this application is approved, it will be recorded and become a public record.*

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION.

1.) Please type in the following information for each owner of record or his representative.  
Attach additional sheets necessary:

Owner: EUREKA PROPERTIES, LLC  
Address: P. O. Box 5  
City/State/Zip: Lake Oswego, OR 97034

Representative: Robert M. Law  
Address: PO Box 5460  
City/State/Zip: Fallon, Nevada 89407

2.) Describe all the uses the land for which you are requesting an agricultural designation, such as agricultural, residential, commercial, or industrial use (For instance, if you farm and live on this parcel, the use would be both agricultural and residential). In addition, please describe the agricultural operation (For instance, raising crops, livestock, poultry, fur-bearing animals, bees, aquatic agriculture, dropnic gardens.)

7-200-60 - Agricultural: Irrigated land producing hay and/or forage crops/pasture  
7-200-61 - Ranch residence

3.) What is the size of land devoted to agricultural use? 634 Acres + 6 Acres residence

4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes      No   X

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? May 2, 2003

6.) Was this property previously assessed as agricultural? Yes If yes, when was it assessed as agricultural? unknown - Stenton Farms

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes                      No                     

8.) Please attach a statement of revenues and expenses related to the agricultural use of the land and include a copy of Form F. Additional documentation may be requested by the county assessor. Not available from prior owner

The undersigned hereby certify the foregoing information submitted is true, accurate 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 amount. (I) (We) understand that if any portion of this land is converted to a higher use, it is our responsibility to notify the assessor in writing within 30 days of the conversion.

EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF SIGNED BY A REPRESENTATIVE THE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.  
Eureka Properties, Inc.

By: [Signature] Manager  
Signature of Applicant Agent Capacity (Owner, Representative, or Lessee)

Robert M. Law Manager 5/22/03  
Type or Print Name Authority (i.e. Power of Attorney) Date

PO Box 5460, Fallon NV 89407 775-237-7200 775-237-7200  
Address/City/State/Zip Phone Number FAX Number

FOR : BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>6/19/03</u> Date	<u>[Signature]</u> Initial
<input type="checkbox"/> Property Inspected	_____ Date	_____ Initial
<input type="checkbox"/> Income Records Inspected:	_____ Date	_____ Initial
<input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	_____ Date	_____ Initial
<input type="checkbox"/> Application Forwarded to Department of Taxation	_____ Date	_____ Initial
<input type="checkbox"/> Department of Taxation returned application	_____ Date	_____ Initial
Reasons for Approval or Denial and Other Pertinent Comments: _____ _____		
_____ Signature of Official Processing Application	_____ Title	_____ Date