enting entite	BOOK 363 PAGE //8-
APN (Assessor's Parcaumber):	
07-440-23	RECORDED AT THE REQUEST OF CULLUL CO. USALISM
	EUREKA COUNTY NEVADA
of the property of the second	' "E: NEPALEATI, RECORDED
Return this application:	FILENO. FEES 700
Eureka County Asssor	182158 Fee
20 South Main Street	
P.O. Box 88	
Eureka, Nevada 8931	
Phone (775)237-5270	
AAN MARANGAN MARANGAN MARANGAN	
Sugar Small Commence	This space for Recorder's Use Only
	This space to Accorder 5 050 Only
estin de reserve e gricultural	Use Assessment Application
	County Assessed Office at the address of any of any
Return thpplication to th no later than June If this applicat	e County Assessor's Office at the address shown above tion is approved, it will be recorded and become a public record. ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION.
Return the polication to the no later than June If this applicant IF MORE SPACE IS NDED, PLEASE 1.) Please type in the towing informational sheet necessary:	tion is approved, it will be recorded and become a public record.
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5.) What is the date the perty was originally placed in ser agricultural purposes?	vice by the owners listed above for
6.) Was this property prously assessed as agricultural?	NK If yes, when was it
7.) Was the gross incorrom agricultural use of the land d \$5,000 or more? Yes No	uring the preceding calendar year -
8.) Please attach a statent of revenues and expenses related and include a copy of IlForm F. Additional documentation assessor.	ed to the agricultural use of the land n may be requested by the county
The undersigned by certify the foregoing information sub- best of (my) (our) knowled (I) (We) understand if this application liens for undetermined amos. (I) (We) understand that if any portion our responsibility to notify assessor in writing within 30 days of the	is approved, this property may be subject to of this land is converted to a higher use, it is conversion.
EACH OWNER OF RECO OR HIS AUTHORIZED REPRESENT. BY A REPRESENTATIVIHE REPRESENTATIVE MUST INDI CAPACITY AND UNDEFHAT AUTHORITY. PLEASE TYPE T	CATE FOR WHOM HE IS SIGNING, HIS
X Signature of Applicant Agent Capacit	ty (Owner, Representative, or Lessee)
11	Power of Attorney) Date
× 12 19 EST Modes (a CA) 95334/ Address/City/State/Zip	295-549-1300 Phone Number FAX Number
FORE BY THE COUNTY ASSESSOR OR DEI	PARTMENT OF TAXATION 6/30/03 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
☐ Property Inspec ☐ Income Records pected:	Date Initial O SOS SUBJECTION OF THE INITIAL OF THE
Written Notice approval or Denial Sent to Applicant	
☐ Application for ded to Department of Taxation ☐ Department of ation returned application	Date Initial U S S S S S S S S S S S S S S S S S S
Reasons for Approval ornial and Other Pertinent Comments:	Date Initial C a
Signature of Official Presing Application Title	Date