APN (Assessor's Parcel Number):	BOOK 376 PAGE 37 OFFICIAL RECORDS RECORDED AT THE PROVIEST OF
07-260-01	2004 MAR 15 PH 2: 39
Return this application to: Cureka County Assessor 20 South Main Street P.O. Box 88 Eureka, Nevada 89316 Phone (775)237-5270	EUREKA COUNTY, NEVADA M.N. REBALEATI, RECORDER FILE NO. 185980
Agricultural Use Asse	This space for Recorder's Use Only ssment Application
Pature this conligation to the County Ass	essor's Office at the address shown above
no later than June 1st. If this application is approve	ped, it will be recorded and become a public record.
1.) Please type in the following information for each Attach additional sheets if necessary: Owner: ARIZIN SELLAR City/State/Zip: Yerzsel (O Xoby) 2.) Describe all the uses of the land for which you a such as agricultural, residential, commercial, or ind on this parcel, the use would be both agricultural at the agricultural operation. (For instance, raising or bees, aquatic agriculture, hydroponic gardens.) Spannele a irrigate Alfulfa	Representative: Address: City/State/Zip: are requesting an agricultural designation, sustrial use (For instance, if you farm and live and residential). In addition, please describe tops, livestock, poultry, fur-bearing animals,
Cattle GIZATING	
3.) What is the size of the land devoted to agricult	ural use? 640 Acizes
4.) Is this parcel contiguous to other lands control agricultural? Yes No V	

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? <u>Centinuous gaazing</u> 6.) Was this property previously assessed as agricultural? <u>Yes</u> If yes, when was it assessed as agricultural? <u>Not known</u>	
7.) Was the gross income from agricultural use of the land during the preceding calendar year	
\$5,000 or more? Yes No <u>X</u>	
8.) Please attach a statement of revenues and expenses related to the agricultural use of the land and include a copy of IRS Form F. Additional documentation may be requested by the county assessor.	
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 liens for undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher use, it our responsibility to notify the assessor in writing within 30 days of the conversion.	is
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF SIGNE BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HE CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee	is e)
Type or Print Name Authority (i.e. Power of Attorney) Authority (i.e. Power of Attorney) Date	
70130x 24q. Kerscy (10) 970-284-5418 970-284-1 Address/City/State/Zip Phone Number FAX Number	
FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION Application Received Date Initial	
Property Inspected Date Initial	
Income Records Inspected: Date Date	
Written Notice of Approval or Denial Sent to Applicant Date Initial	
Application forwarded to Department of Taxation Date Initial	
Department of Taxation returned application Date Initial Reasons for Approval or Denial and Other Pertinent Comments:	
Reasons to Approvat of Denial and Other retunent Comments.	
Signature of Official Processing Application ASSESSOR Title Date	-/ _