

APN (Assessor's Parcel Number):

7-440-03

BOOK 377 PAGE 181-182  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Eureka Co Assessor*  
2004 APR -1 PM 4:11

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES No Fee

Return this application to:  
**Eureka County Assessor**  
20 South Main Street  
P.O. Box 88  
Eureka, Nevada 89316  
Phone (775)237-5270

**186212**

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 1<sup>st</sup>. 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 if necessary:

Owner: MARK MOYLE FARMS, LLC  
Address: 1999 Strasdin Lane  
City/State/Zip: Fallon, NV 89406

Representative: Mark S Moyle  
Address: PO Box 842  
City/State/Zip: Fallon NV 89407

2.) Describe all the uses of 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, hydroponic gardens.)

Agricultural Raising Crops

3.) What is the size of the land devoted to agricultural use? \_\_\_\_\_

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

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 3/10/04

6.) Was this property previously assessed as agricultural? yes If yes, when was it assessed as agricultural? \_\_\_\_\_

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

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 to liens for undetermined amounts. (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.

Mark S Moyle  
Signature of Applicant or Agent

Mark Moyle Farms L.L.C. Manager  
Capacity (Owner, Representative, or Lessee)

Mark S Moyle  
Type or Print Name

Authority (i.e. Power of Attorney) Date

PO Box 842 Fallon NV 89407  
Address/City/State/Zip

775-867-4500  
Phone Number

775 867-4300  
FAX Number

| FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION                        |                        |                        |
|---|------------------------|------------------------|
| <input checked="" type="checkbox"/> Application Received                        | <u>3/31/04</u><br>Date | <u>B.S.</u><br>Initial |
| <input type="checkbox"/> Property Inspected                                     | _____<br>Date          | _____<br>Initial       |
| <input type="checkbox"/> Income Records Inspected:                              | _____<br>Date          | _____<br>Initial       |
| <input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant | _____<br>Date          | _____<br>Initial       |
| <input type="checkbox"/> Application forwarded to Department of Taxation        | _____<br>Date          | _____<br>Initial       |
| <input type="checkbox"/> Department of Taxation returned application            | _____<br>Date          | _____<br>Initial       |
| Reasons for Approval or Denial and Other Pertinent Comments:<br>_____<br>_____  |                        |                        |
| Signature of Official Processing Application                                    | Title                  | Date                   |

RECEIVED

MAR 31 2004

EUREKA COUNTY  
C.P. ITHURRALDE, ASSESSOR