	BOOK 434 PAGE 2		
APN (Assessor's Parcel Number):	BOOK 434 PAGE S OFFICIAL RECORDS RECORDED AT THE RESOLUTION ELECTRICAL COLUMN CASSESS		
8-130-01	2006 MAR 28 AM 10: 57		
	EUREKA COUNTY, NEVADA M.H. REBALEATI, RECORDER FILE NO. FEES / Or		
Return this application to: Eureka County Assessor	7/01		
20 South Main Street	204410		
P.O. Box 88			
Eureka, Nevada 89316 Phone (775)237-5270			
/			
	This space for Recorder's Use Only		
Agricultural Use As	ssessment Application		
	Assessor's Office at the address shown above proved, it will be recorded and become a public record.		
	H ADDITIONAL SHEETS AS NECESSARY TO THIS ICATION.		
1.) Please type in the following information for Attach additional sheets if necessary:	each owner of record or his representative.		
Owner: FERREIRA, Vince	Representative:		
Address: 1400 Long Valley Road	Address:		
City/State/Zip: Reno, NV 89506	City/State/Zip:		
2.) Describe all the uses of the land for which yo such as agricultural, residential, commercial, or on this parcel, the use would be both agriculturathe agricultural operation. (For instance, raising bees, aquatic agriculture, hydroponic gardens.)	industrial use (For instance, if you farm and live al and residential). In addition, please describe g crops, livestock, poultry, fur-bearing animals,		
LIVESTOCIC			
LIVESTOCIC			
LIVESTOCIC	cultural use? ALL OF IT		

5.) What is the date the property was originally place agricultural purposes? FEB 2006	d in service by the own	ners listed above for	
6.) Was this property previously assessed as agricultuassessed as agricultural?		/\	
7.) Was the gross income from agricultural use of the \$5,000 or more? Yes No	e land during the preced	ding calendar year	
8.) Please attach a statement of revenues and expense and include a copy of IRS Form F. Additional docum assessor. NEW OWNER			
The undersigned hereby certify the foregoing informations best of (my) (our) knowledge. (I) (We) understand if this appliens for undetermined amounts. (I) (We) understand that if an our responsibility to notify the assessor in writing within 30 days	lication is approved, this p y portion of this land is con	property may be subject to	
EACH OWNER OF RECORD OR HIS AUTHORIZED REPR BY A REPRESENTATIVE, THE REPRESENTATIVE MUS CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE	T INDICATE FOR WHO	M HE IS SIGNING, HIS	
Signature of Ameliant on Agent	Carron Por	2	
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)			
Type or Print Name Authorit	ty (i.e. Power of Attorn	ney) Date	
1400 LONG ULY. RO. ARA	0 775-97	12-9152	
Address/City/State/Zip	Phone Number	FAX Number	
FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXALLEY			
Application Received	3/28/06	Allery	
	Date	I ivid	
☑ Property Inspected	<u>9/0(</u>	Initial	
☐ Income Records Inspected:		——————————————————————————————————————	
☐ Written Notice of Approval or Denial Sent to Applic	Date	Initial	
	Date	Initial	
☐ Application forwarded to Department of Taxation	Date	Initial	
☐ Department of Taxation returned application	Date	IIIttai	
Reasons for Approval or Denial and Other Pertinent Comme	Date	Initial	
	PERATION		
	ASSESSOR	3/28/04	
Signature of Official Processing Application	Title	Date	