APN (Assessor's Parcel Number):

007-340-24 007-340-25 007-340-26

Return this application to:

Cureka County Assessor

20 South Main Street

P.O. Box 88

Eureka, Nevada 89316

Phone (775)237-5270

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OFFICIAL RECORDS

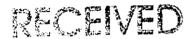
RECORDED OF THE PET FOR OF

CURLA CO USUSSON

2006 MAY -1 PM 2: 54

EUREMA COULD A DEVABA
M.N. REBALEATI RECORDER
FILE NO. FEES None

204552



NTC Approved 11/02

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 1st. 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 of Attach additional sheets if necessary:	owner of record or his representative.		
Owner: Chad and Rosie Bliss	Representative:		
Address: P.O. Box 585	Address:		
City/State/Zip: Eureka, Nevada 89316	City/State/Zip:		
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	s, livestock, poultry, fur-bearing animals,		
bees, aquatic agriculture, hydroponic gardens.)			
Agriculture / Livestock			
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 Nox			

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5.) What is the date the property was originally place agricultural purposes? May 2000	ed in service by the owners listed above for
6.) Was this property previously assessed as agricult assessed as agricultural?	ural? No If yes, when was it
7.) Was the gross income from agricultural use of th \$5,000 or more? Yes x No	
8.) Please attach a statement of revenues and expens and include a copy of IRS Form F. Additional docur assessor.	
The undersigned hereby certify the foregoing inform best of (my) (our) knowledge. (I) (We) understand if this appliens for undetermined amounts. (I) (We) understand that if arour responsibility to notify the assessor in writing within 30 days	plication is approved, this property may be subject to by portion of this land is converted to a higher use, it is
EACH OWNER OF RECORD OR HIS AUTHORIZED REPR BY A REPRESENTATIVE, THE REPRESENTATIVE MUS CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE	ST INDICATE FOR WHOM HE IS SIGNING, HIS
Signature of Applicant or Agent	Owner Capacity (Owner, Representative, or Lessee)
Chad D. Bliss	
Type or Print Name Authori	ty (i.e. Power of Attorney) Date
P.O. Box 585 Eureka, Nevada 89316 Address/City/State/Zip	Phone Number FAX Number
FOR USE BY THE COUNTY ASSESSOR	OR DEPARTMENT OF TAXATION
Application Received	5/1/06
Property Inspected	Date
Income Records Inspected:	Date /// Initial
	Date Date
Written Notice of Approval or Denial Sent to Applie	cant <u>3///06</u> //1 Date Initial
☐ Application forwarded to Department of Taxation	Date Initial
☐ Department of Taxation returned application	
Reasons for Approval or Denial and Other Pertinent Comme	
SCHEDULE F FIL	A / /
Signature of Official Processing Application	ASS \$550 5/1/06 Title Date
Section of Ornered Libertaine Whiteenor	Time Date

Additional Signature Page Attach to Application if Necessary

Losi Polin	Owner	\ \
Signature of Applicant or Agent	Capacity (Owner, Represent	tative, or Lessee)
Rosie J. Bliss		5/1/06
Type or Print Name	Authority (i.e. Power of Attorney)	Date
P.O. Box 585 Eureka. Neva Address/City/State/Zip	da 89316 (775) 237=7259 Phone Number	FAX Number
Signature of Applicant or Agent	Capacity (Owner, Represent	ative, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip	Phone Number	FAX Number
Signature of Applicant or Agent	Capacity (Owner, Represent	ative, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip	Phone Number	FAX Number
Signature of Applicant or Agent	Capacity (Owner, Represent	ative, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip 204552	Phone Number	FAX Number