DOC # 0208290 APN (Assessor's Parcel Number): Official Recording requested By RIGGS. WILLIAM W 07-200-66 Eureka County - NV Mike Rebaleati - Recorder Page 1 Recorded By. Book- 0453 Page- 0412 Return this application to: Cureka County Assessor 20 South Main Street P.O. Box 88 Eureka, Nevada 89316 Phone (775)237-5270 RECEIVED MAR 23 2007 This space for Recorder's Use Only **Eureka County** Agricultural Use Assessment Application Assessor's Office 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 owner of record or his representative. Attach additional sheets if necessary: Owner: RIGGS, William W. & Luhree G. Representative: Address: P. O. Box 760 Address: City/State/Zip: Eureka, NV 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, livestock, poultry, fur-bearing animals, bees, aquatic agriculture, hydroponic gardens.) AlfalfA. Homosofo, brAzing. 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 No

5.) What is the date the property was originally placed in so agricultural purposes?	ervice by the ow	ners listed above for	
6.) Was this property previously assessed as agricultural?assessed as agricultural?/498	<i>ye</i> 5 If ye	es, when was it	
7.) Was the gross income from agricultural use of the land \$5,000 or more? Yes No	during the prece	ding calendar year	
8.) Please attach a statement of revenues and expenses rela and include a copy of IRS Form F. Additional documentation assessor.	The state of the s	The state of the s	
The undersigned hereby certify the foregoing information so best of (my) (our) knowledge. (I) (We) understand if this application liens for undetermined amounts. (I) (We) understand that if any portion our responsibility to notify the assessor in writing within 30 days of the	n is approved, this on of this land is cor	property may be subject to	
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENT BY A REPRESENTATIVE, THE REPRESENTATIVE MUST IND CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE	ICATE FOR WHO	M HE IS SIGNING, HIS	
Signature of Applicant of Agent Capac	ity (Owner, Rep	resentative, or Lessee)	
William W. Riggs		3/23/07	
Type or Print Name Authority (i.e. Power of Attorney) Date			
P.O. Box 760 Sweeka NV 99316 Address/City/State/Zip	Phone Number	FAX Number	
FOR USE BY THE COUNTY ASSESSOR OR DE			
FOR USE BY THE COUNTY ASSESSOR OR DE Application Received			
	PARTMENT OF TAX 3-23-07 Date 3-23-07		
Application Received Property Inspected	3-23-07 Date 3:23-07	Initial Initial	
Application Received	3-23-07 Date 3-23-07 Date 3-23-07	MM Initial MM	
Application Received Property Inspected Income Records Inspected:	3-23-07 Date 3:23-07	Initial Initial	
Application Received Property Inspected Income Records Inspected: Written Notice of Approval or Denial Sent to Applicant	3-23-07 Date 3-23-07 Date 3-23-07	Initial Initial	
Application Received Property Inspected Income Records Inspected:	3-23-07 Date 3-23-07 Date 3-23-07 Date Date	Initial Initial Initial Initial Initial	
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Application Received Property Inspected Income Records Inspected: Written Notice of Approval or Denial Sent to Applicant Application forwarded to Department of Taxation	3-23-07 Date 3-23-07 Date 3-23-07 Date Date	Initial Initial Initial Initial Initial	
Application Received Property Inspected Income Records Inspected: Written Notice of Approval or Denial Sent to Applicant Application forwarded to Department of Taxation Department of Taxation returned application Reasons for Approval or Denial and Other Pertinent Comments:	3-23-07 Date 3-23-07 Date 3-23-07 Date Date	Initial Initial Initial Initial Initial	

Additional Signature Page Attach to Application if Necessary

Lake & Digot	Owner	\ .\
Signature of Applicant or Agent	Capacity (Owner, Represent	ative, or Lessee)
Type or Print Name		
Type or Print Name	Authority (i.e. Power of Attorney)	Date
1.0. Box 760 Eureta No Address/City/State/Zip	1 843/6 237-76/8	
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	Phone Number	FAX Number
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Address/City/State/Zip	Phone Number	FAX Number