Official

Recording requested By BARRICK GOLD US INC

Eureka County - NV Mike Rebaleatin - Recorder

Fee .

Page 1 Recorded By. FES

Book- 0468 Page- 0266



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

06-070-03 & 06-080-04

APN (Assessor's Parcel Number):

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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 owner of record or his representative.
Attach additional sheets if necessary:
Owner: BARRICK GOLD U.S., Inc. Address: 136 East South Temple, Ste. 1800 City/State/Zip: Salt Lake City, UT 84111 Representative: Rober L Brock Address: 293 Source Road City/State/Zip: Elko, NV 87801
City/State/Zip: Salt Lake City, UT 84111 City/State/Zip: Elko, NV 87801
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 & summer residential
STOCK Grazing Cattle's Houses.
/ On
3.) What is the size of the land devoted to agricultural use? 680 nuces
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 agricultural purposes? December 11, 2007	n service by the owns	ers listed above for		
6.) Was this property previously assessed as agricultural assessed as agricultural?	? yes. If yes.	, when was it		
7.) Was the gross income from agricultural use of the la \$5,000 or more? Yes No	nd during the precedi	ing calendar year		
8.) Please attach a statement of revenues and expenses rand include a copy of IRS Form F. Additional document assessor.	elated to the agricult tation may be request	ural use of the land ted by the county		
The undersigned hereby certify the foregoing information best of (my) (our) knowledge. (I) (We) understand if this applications for undetermined amounts. (I) (We) understand that if any poour responsibility to notify the assessor in writing within 30 days of	ition is approved, this pr ortion of this land is conv	operty may be subject to		
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE BY A REPRESENTATIVE, THE REPRESENTATIVE MUST I CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TY	NDICATE FOR WHOM	A HE IS SIGNING, HIS		
4/8/2/	Bepresex	4mue		
Signature of Applicant or Agent Cap	pacity (Owner, Repre	esentative, or Lessee)		
Robert L Brock Servin		12/20/07		
Type or Print Name Authority ((i.e. Power of Attom	ey) Date '		
293 Sprue Road E140 NU 89801 Address/City/State/Zip	775 748-552 Phone Number	775 748-5580 FAX Number		
FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION				
Application Received	12/24/07	101101		
□ Property Inspected		Initial		
☐ Income Records Inspected:	Date	Initial		
		Initial		
☐ Written Notice of Approval or Denial Sent to Applican	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		_		
Connolly will continue to lease This proper	ity to their to	unch operation		
Signature of Official Processing Application T	HSSESSEE	<u>1-1-200</u> Date		

Additional Signature Page Attach to Application if Necessary

Signature of Applicant or Agent	Regional (and) Capacity (Owner, Represent	<u>Manager</u> , NA ative, or Dessee)
Type or Print Name	Authority (i.e. Power of Attorney)	12/21/07 Date
136 E. South Temple, the Address/City/State/Zip Sclf Lcke City, UT	1800 801-990-3775 Phone Number	<u>81-366-</u> 9242 FAX Number
Signature of Applicant or Agent	Capacity (Owner, Represent	rative, or Lessee)
Robert L Brock Type or Print Name	Authority (i.e. Power of Attorney)	/2/2/07 Date
293 Spruce RODQ EKON Address/City/State/Zip	U 8980(7-35 7-48-5522 Phone Number	775-748-53-80 FAX Number
Signature of Applicant or Agent	Capacity (Owner, Represent	tative, 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, Represen	tative, or Lessee)
Type or Print Name	Authority (i.e. Power of Attorney)	Date
Address/City/State/Zip	Phone Number	FAX Number