

APN (Assessor's Parcel Number):

06-070-03 & 06-080-04

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



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: Robert L Brock
Address: 293 Spence Road
City/State/Zip: Eureka, NV 89801

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 & horses.

3.) What is the size of the land devoted to agricultural use? 680 acres

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 service by the owners listed above for agricultural purposes? December 11, 2007

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

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

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.

[Signature] Representative
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Robert L Brock Senior Leases 12/20/07
Type or Print Name Authority (i.e. Power of Attorney) Date

293 Spruce Road Elkton NV 89801 775 748-5522 775 748-5580
Address/City/State/Zip Phone Number FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>12/24/07</u> Date	<u>MM</u> Initial
<input type="checkbox"/> Property Inspected	_____ Date	_____ Initial
<input type="checkbox"/> Income Records Inspected:	_____ Date	_____ Initial
<input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	_____ Date	_____ Initial
<input type="checkbox"/> Application forwarded to Department of Taxation	_____ Date	_____ Initial
<input type="checkbox"/> Department of Taxation returned application	_____ Date	_____ Initial

Reasons for Approval or Denial and Other Pertinent Comments:
Connolly will continue to lease this property for their ranch operation

Michael A. Meier Assessor 1-2-2008
Signature of Official Processing Application Title Date

Additional Signature Page
Attach to Application if Necessary

Q. L. Wilsey _____ Regional Land Manager, NA
 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Q. L. Wilsey _____ 12/21/07
 Type or Print Name Authority (i.e. Power of Attorney) Date

136 E. South Temple, #1800 _____ 801-990-3775 801-366-9242
 Address/City/State/Zip Phone Number FAX Number
Salt Lake City, UT 84111

[Signature] _____ Senior Landman
 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Robert L Brock _____ 12/21/07
 Type or Print Name Authority (i.e. Power of Attorney) Date

293 Spruce Road EXMO 89001 _____ 775-748-5522 775-748-5580
 Address/City/State/Zip Phone Number FAX Number

 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

 Type or Print Name Authority (i.e. Power of Attorney) Date

W. W. Wase _____
 Address/City/State/Zip Phone Number FAX Number

 Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

 Type or Print Name Authority (i.e. Power of Attorney) Date

 Address/City/State/Zip Phone Number FAX Number