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03/04/2008

12.38 PM

Official Record

Recording requested By EUREKA COUNTY ASSESSOR

Eureka County - NV Mike Rebaleati - Recorder

Page 1 of 2 Recorded By FES Book- 0469 Page- 0380

APN (Assessor's Parcel Number): 004-220-08

Return this application to: Eureka County Assessor 20 South Main Street P.O. Box 88 Eureka, Nevada 89316 Phone (775)237-5270 237-5707

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 1. 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: NICKEL JONES, INC. Address: 7841 W. CHARLESTON #130	Representative: JACLD, JONES Address: Box 1419 City/State/Zip: Polson, MT \$59860
City/State/Zip: LAS VEGAS, NV 89117	City/State/Zip: POLSON, MT \$59860
2.) Describe all the uses of the land for which you such as agricultural, residential, commercial, or in on this parcel, the use would be both agricultural the agricultural operation. (For instance, raising obees, aquatic agriculture, hydroponic gardens.) LIVESTOCK GRAZING	dustrial use (For instance, if you farm and live and residential). In addition, please describe
3.) What is the size of the land devoted to agricul	Itural use? 9 1/2 SECTIONS
4.) Is this parcel contiguous to other lands contro	olled by the owner and designated as

5.) What is the date the property was originally placed is agricultural purposes?	in service by the ow	ners listed above for
6.) Was this property previously assessed as agricultural assessed as agricultural? PROBABLY IN 19 Ze	1? <i>YES</i> If yo	es, when was it
7.) Was the gross income from agricultural use of the is \$5,000 or more? Yes No	and during the prece	ding calendar year
8.) Please attach a statement of revenues and expenses and include a copy of IRS Form F. Additional document assessor.		
The undersigned hereby certify the foregoing information best of (my) (our) knowledge. (I) (We) understand if this applied liens for undetermined amounts. (I) (We) understand that if any pour responsibility to notify the assessor in writing within 30 days of the contract of the contrac	ation is approved, this ortion of this land is co	property may be subject to
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRES BY A REPRESENTATIVE, THE REPRESENTATIVE MUST I CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TY	INDICATE FOR WHO	om he is signing, his
	President pacity (Owner, Rep	WICKEL/JONES, Diresentative, or Lessee)
JACK D. JONES		
Type or Print Name Authority	Le. Power of Attor	ney) Date
Box 1419 Polson, MT 59860 Address/City/State/Zip	Phone Number	60) <u>406-883</u> -440 FAX Number
FOR USE BY THE COUNTY ASSESSOR OR		
		XATION
Application Received	DEPARTMENT OF TA <u>5 2 4 0 7</u> Date	XATION
Application Received Property Inspected		XATION
Application Received	<u>5 2 4 0 7</u> Date Date	Initial Initial
Application Received Property Inspected	Date Date Date	Initial Initial
Application Received Property Inspected Income Records Inspected:	Date Date Date	Initial Initial Initial
☐ Application Received ☐ Property Inspected ☐ Income Records Inspected; ☐ Written Notice of Approval or Denial Sent to Applicant	Date Date Date Date Date	Initial Initial Initial Initial
Application Received Property Inspected Income Records Inspected: Written Notice of Approval or Denial Sent to Applican Application forwarded to Department of Taxation	Date Date Date Date Date Date	Initial Initial Initial
Application Received Property Inspected Income Records Inspected; Written Notice of Approval or Denial Sent to Applican Application forwarded to Department of Taxation Department of Taxation returned application	Date Date Date Date 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	Date Date Date Date Date Date	Initial Initial Initial Initial