

APN (Assessor's Parcel Number):

07-070-01

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: CEDAR RANCHES, LLC
Address: P. O. Box 942
City/State/Zip: Eureka, NV 89316

Representative: [Signature]
Address: 611 W Robison St
City/State/Zip: Eureka NV 89316-0992

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.)

Grazing

3.) What is the size of the land devoted to agricultural use? All for 1 BLM grazing allotment

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? Spring 2008

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

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

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. Have not finish 1st year for IRS. account + leased to other farmer. See note for \$5000

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 of Applicant or Agent _____ Capacity (Owner, Representative, or Lessee) Proprietor

Type or Print Name Ala Chamberlain Authority (i.e. Power of Attorney) _____ Date 8/9/08

Address/City/State/Zip 511 W. Perkins St. Fonda, MO 64716 Phone Number 2375076 FAX Number _____

| FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION | | |
|---|------------------------|------------------------|
| <input checked="" type="checkbox"/> Application Received | Date <u>08/08/2008</u> | Initial <u>MM</u> |
| <input type="checkbox"/> Property Inspected | Date _____ | Initial <u>MM</u> |
| <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: <u>Historic Ag - Grazing Land</u> | | |
| Signature of Official Processing Application <u>Michael A. Mears</u> | Title <u>Assessor</u> | Date <u>08/08/2008</u> |