

Official Record

Recording requested By RUBY HILL RANCH

Eureka County - NV Mike Rebaleati - Recorder

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APN (Assessor's Parcel Number):

07-370-47

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: Ruby Hill Ranch Address: PO. 281151 City/State/Zip: Camille, NV. 89828

Representative: John Gourley Address: PO. 281151 City/State/Zip: Camille, NV. 89828

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 FARM

3.) What is the size of the land devoted to agricultural use? 125

4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes No [checked]

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 1994

6.) Was this property previously assessed as agricultural? YES If yes, when was it assessed as agricultural? 1970

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? 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.

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] Signature of Applicant or Agent MEMBER / MANAGER Capacity (Owner, Representative, or Lessee)

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

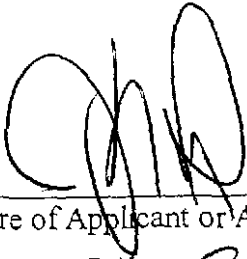
PO. 281151 Danville, NV 89828 Address/City/State/Zip 775-738-7611 Phone Number FAX Number

| FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION | | |
|--|------------------------|------------------------|
| <input checked="" type="checkbox"/> Application Received | <u>5/19/09</u> Date | <u>M.M.</u> Initial |
| <input checked="" type="checkbox"/> Property Inspected | <u>5/20/09</u> Date | <u>MM</u> Initial |
| <input checked="" type="checkbox"/> Income Records Inspected: | <u>5/20/09</u> Date | <u>MM</u> Initial |
| <input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant | <u>5/20/09</u> Date | <u>MM</u> 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:
Approved - this property is under Alfalfa and has been for several years

Michael A. Means Signature of Official Processing Application ASSESSOR Title 5/19/2009 Date

Additional Signature Page
Attach to Application if Necessary



Signature of Applicant or Agent

Member / Manager
Capacity (Owner, Representative, or Lessee)

John Goanley
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, Representative, 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, Representative, or Lessee)

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