APN (Assessor's Parcel Number): Official Recording requested By EUREKA COUNTY ASSESSOR 07-250-16 Eureka County - NV Mike Rebaleati - Recorder Page 1 of 3 Recorded By Book- 493 Page- 0032 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 Ist. 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: Representative: Owner: GALLAGHER FARMS, LLC_____ Address: HC 62 Box 62143 Address: City/State/Zip: City/State/Zip: Eureka, NV 89316 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.) raising crops 3.) What is the size of the land devoted to agricultural use? 160.00 Ac 4.) Is this parcel contiguous to other lands controlled by the owner and designated as

agricultural? Yes____ No ___ X

5.) What is the date the property was originally placed in servagricultural purposes? 1983	rice by the owne	ers listed above for
6.) Was this property previously assessed as agricultural?assessed as agricultural? for several years	Yes If yes	, when was it
7.) Was the gross income from agricultural use of the land du \$5,000 or more? Yes x No	uring the preced	ing calendar year
8.) Please attach a statement of revenues and expenses relate and include a copy of IRS Form F. Additional documentation assessor.	d to the agricult n may be reques	ural use of the land ted by the county
The undersigned hereby certify the foregoing information subsest of (my) (our) knowledge. (I) (We) understand if this application is liens for undetermined amounts. (I) (We) understand that if any portion our responsibility to notify the assessor in writing within 30 days of the	s approved, this po of this land is conv	roperty may be subject to
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INDIC CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE TO SALLAGHER FARMS, LLC by:	CATE FOR WHO! HE NAME UNDE!	M HE IS SIGNING, HIS R EACH SIGNATURE.
Signature of Applicant or Agent Capacity DAMES & GALLAGNER	y (Owner, Repre	esentative, or Lessee) 9-30-09 Date
	237 5557 Phone Number	SymB_ FAX Number
FOR USE BY THE CORE SERVE PP	ARTMENT OF TAX	Initial
☐ Property Inspected CT 0 1 2009 EUREKA COUNTY	Date	Initial
☐ Income Records Inspected: ASSESSOR'S OFFICE		Initial
☐ Written Notice of Approval or Denial Sent to Applicant	Date	
Application forwarded to Department of Taxation	Date	Initial
Department of Taxation returned application	Date	Initial
Reasons for Approval or Denial and Other Pertinent Comments:	Date	Initial
Signature of Official Processing Application Title		Date

Additional Signature Page Attach to Application if Necessary

Susan Hallad		Owner	
Signature of Applicant or Agent		Capacity (Owner, Representa	ative, or Lessee)
Susan Gallagher			9/30/09
Type or Print Name	Autho	rity (i.e. Power of Attorney)	Date
HC62Box62143 Eureka, Nv Address/City/State/Zip	89316	237-5557 Phone Number	237-5557 FAX Number
Signature of Applicant or Agent		Capacity (Owner, Represent	ative, or Lessee)
Type or Print Name	Autho	ority (i.e. Power of Attorney)	Date
Address/City/State/Zip		Phone Number	FAX Number
Signature of Applicant or Agent		Capacity (Owner, Represent	ative, or Lessee)
Type or Print Name	Autho	ority (i.e. Power of Attorney)	Date
Address/City/State/Zip		Phone Number	FAX Number
Signature of Applicant or Agent		Capacity (Owner, Represent	tative, or Lessee
Type or Print Name	Auth	ority (i.e. Power of Attorney)	Date
Address/City/State/Zip		Phone Number	FAX Number