

DOC # 0213953

10/12/2009 10:11 AM

Official Record

Recording requested By
EUREKA COUNTY ASSESSOR

Eureka County - NV

Mike Rebaleati - Recorder

Fee: Page 1 of 2
RPTT: Recorded By LLH
Book- 493 Page- 0048

APN (Assessor's Parcel Number):

07-440-04

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: MARK MOYLE FARMS, LLC
Address: P. O. Box 842
City/State/Zip: Fallon, Nv 89407

Representative: _____
Address: _____
City/State/Zip: _____

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 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 service by the owners listed above for agricultural purposes? 1999

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

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

MARK MOYLE FARMS, LLC by:

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

Teresa Moyle for Mark Moyle Farms LLC 9/21/09
Type or Print Name Authority (i.e. Power of Attorney) Date

P.O. Box 842 89407 775 867-4800 775 867-4300
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>9-10-09</u> | <u>BB</u> |
| | Date | 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:

Approved
Blady Soucochee Craft Deputy Assessor 9-10-09
Signature of Official Processing Application Title Date