APN (Assessor's Parcel Number): Official Record Recording requested By EUREKA COUNTY ASSESSOR 07-440-07 Eureka County - NV Mike Rebaleati - Recorder Page 1 Recorded By: LLH Return this application to: Book- 493 Page- 0050 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 Representative: Address: P. O. Box 842 Address: City/State/Zip: City/State/Zip: Fallon, NV 89407 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.) Yoising Crops 3.) What is the size of the land devoted to agricultural use? 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 se agricultural purposes?	ervice by the owners listed above for
6.) Was this property previously assessed as agricultural?assessed as agricultural?	$\frac{\gamma_{es}}{}$ If yes, when was it
7.) Was the gross income from agricultural use of the land (\$5,000 or more? Yes	during the preceding calendar year —-
8.) Please attach a statement of revenues and expenses related and include a copy of IRS Form F. Additional documentation assessor.	ted to the agricultural use of the land on may be requested by the county
The undersigned hereby certify the foregoing information subest of (my) (our) knowledge. (I) (We) understand if this application liens for undetermined amounts. (I) (We) understand that if any portion our responsibility to notify the assessor in writing within 30 days of the	n is approved, this property may be subject to on of this land is converted to a higher use, it is
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: Capacity (Owner, Representative, or Lessee)	
Tresa Minde for Mark M	Power of Attorney) Date
PO.Bxx842 89407 Address/City/State/Zip	Phone Number FAX Number
FOR USE BY THE COUNTY ASSESSOR OR DE Application Received	9-10-09 27
☐ Property Inspected	Date Initial
☐ Income Records Inspected:	Date Initial
☐ Written Notice of Approval or Denial Sent to Applicant	Date Initial
☐ 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
Dedy Jacoechea Chief	Pepaly Usesson 9-10-09
Signature of Official Processing Application Title	Date