## DOC # 0213955 APN (Assessor's Parcel Number): Recording requested By FUREKA COUNTY ASSESSOR Eureka County 🚽 🕅 07-440-21 Mike Rebaleati - Recorder Page 1 Recorded By LLH RPTT: Book- 493 Page- 0052 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 1<sup>st</sup>. 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.) raising Crops 3.) What is the size of the land devoted to agricultural use? 278.92 Ac

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 agricultural purposes? 2002	in service by the owr –	ners listed above for
6.) Was this property previously assessed as agricultural assessed as agricultural? Mary years	al? <u>Yes</u> If ye	s, when was it
7.) Was the gross income from agricultural use of the last specific property of the last specifi	and during the preced	ding calendar year
8.) Please attach a statement of revenues and expenses and include a copy of IRS Form F. Additional document assessor.	related to the agricu ntation may be reque	Itural use of the land sted by the county
The undersigned hereby certify the foregoing information best of (my) (our) knowledge. (I) (We) understand if this applications for undetermined amounts. (I) (We) understand that if any pour responsibility to notify the assessor in writing within 30 days	cation is approved, this poortion of this land is con	property may be subject to
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE ARE REPRESENTATIVE MUST CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TO MARK MOVILE FARMS, LLC by	INDICATE FOR WHO	M HE IS SIGNING, HIS
Signature of Applicant or Agent Ca	apacity (Owner, Rep	resentative, or Lessee)
	-11/1/7	1 11a a april
Trace Print Name of Contract Authority	(i.e. Power of Attor	nev) Date
Type or Print Name Authority	(i.e. Fower of Autor	icy) Date
10hor 842 89407	775567-	4800 775867430
Address/City/State/Zip	Phone Number	FAX Number
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FOR USE BY THE COUNTY ASSESSOR O  Application Received		$XATION_{\mathcal{E}_{i,j}}$
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