APN (Assessor's Parcel Number):	DOC # 0219222
007-200-65	Official Recor Recording requested By EUREKA COUNTY
Return this application to: Cureka County Assessor 20 South Main Street P.O. Box 88 Eureka, Nevada 89316 Phone (775)237-5270	Eureka County - NV Mike Rebaleati - Recorder Fee: Page 1 of 2 RPTT: Recorded By: FES Book-526 Page- 0277
RECEIVED	
DEC 12 2011	
EUREKA COUNTY ASSESSOR'S OFFICE	This space for Recorder's Use Oaly
Agricultural	Use Assessment Application
	County Assessor's Office at the address shown above ion is approved, it will be recorded and become a public record.
such as agricultural, residential, comme on this parcel, the use would be both ag	which you are requesting an agricultural designation, recial, or industrial use (For instance, if you farm and live pricultural and residential). In addition, please describe e, raising crops, livestock, poultry, fur-bearing animals, ardens.)
3.) What is the size of the land devote	d to agricultural use? 152 acres
	ands controlled by the owner and designated as

5.) What is the date the property was originally placed in ser agricultural purposes? November 2011	vice by the owners	listed above for
6.) Was this property previously assessed as agricultural? assessed as agricultural?	∤ES If yes, w	then was it
7.) Was the gross income from agricultural use of the land d \$5,000 or more? Yes X No	uring the preceding -	g calendar year
8.) Please attach a statement of revenues and expenses relate and include a copy of IRS Form F. Additional documentation assessor.	ed to the agricultur in may be requested	al use of the land I by the county
The undersigned hereby certify the foregoing information subsect 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	is approved, this prop n of this land is conver	erty may be subject to
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENT BY A REPRESENTATIVE, THE REPRESENTATIVE MUST IND CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE	ICATE FOR WHOM	HE IS SIGNING, HIS
V- V- 10	REPRESENT	
Signature of Applicant or Agent Capaci	ity (Owner, Repres	entative, or Lessee)
Type or Print Name Authority (i.e.	Power of Attome	v) 12.09.11 Date
2215 H. 5th Street, Euro, NV, 89801 Address/City/State/Zip	775 748-6030 Phone Number	715 753- 7722 FAX Number
FOR USE BY THE COUNTY ASSESSOR OR DE Application Received	<u> 12 2011 </u>	MM nîtial
□ Property Inspected	12 12 2011 Date	nitial
□ Income Records Inspected:	Date	Initial
☐ Written Notice of Approval or Denial Sent to Applicant ☐ Application forwarded to Department of Taxation	Date	Initial
Application forwarded to Department of Taxation Department of Taxation returned application	Date	Initial
Reasons for Approval or Denial and Other Pertinent Comments:	Date	Initial
Historical alfalfa pivot, will review again	in Spring	
Signature of Official Processing Application Title	<u> </u>	12/12/2011 Date