DOC # 0224536 APN (Assessor's Parcel Number): Official Record Recording requested By EUREKA COUNTY ASSESSOR 007-200-12 Eureka County - NV Mike Rebaleati - Recorder Page 1 Page 1 of 2 Recorded By: FES Return this application to: Book - 550 Page-Cureka 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: Lavan Miller Representative: Address: HCGLBAX 62093 Address: City/State/Zip: Euroba NV 89316 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.) agricultural, Residential, Rasing crops 3.) What is the size of the land devoted to agricultural use? 240 acres

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? (15+ 2013	in service by the owners listed above for
6.) Was this property previously assessed as agricultur assessed as agricultural?	al? VCS If yes, when was it
7.) Was the gross income from agricultural use of the \$5,000 or more? Yes NoNo	
 Please attach a statement of revenues and expenses and include a copy of IRS Form F. Additional docume assessor. 	
The undersigned hereby certify the foregoing informat best of (my) (our) knowledge. (I) (We) understand if this appl liens for undetermined amounts. (I) (We) understand that if any our responsibility to notify the assessor in writing within 30 day	ication is approved, this property may be subject to portion of this land is converted to a higher use, it is
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRIBY A REPRESENTATIVE, THE REPRESENTATIVE MUST CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TO	T INDICATE FOR WHOM HE IS SIGNING, HIS
Signature of Applicant or Agent	Owner
Signature of Applicant or Agent (Capacity (Owner, Representative, or Lessee)
	ry (i.e. Power of Attorney) Date
Type or Print Name Authori	ty (i.e. Power of Attorney) Date
HCG7 Box 62 093 Eureher NU897/1 Address/City/State/Zip	7753180072
Address/City/State/Žip	Phone Number FAX Number
FOR USE BY THE COUNTY ASSESSOR	OR DEPARTMENT OF TAXATION
Application Received	Date Initial
G Property Inspected	Date Initial
a Income Records Inspected;	/
☐ Written Notice of Approval or Denial Sent to Appl	Date Initial
	Date Initial
Application forwarded to Department of Taxation	Date Initial
Department of Taxation returned application	
Reasons for Approval or Denial and Other Pertinent Comm	Date Initial ents:
Haine Kanele	Deputy assess 7/2/13
1 Stodature of Official Processing Application	Title / Date /