APN (Assessor's Parcel Number): 17-250-27	This is a no fee document NO FEE EUREKA COUNTY ASSESSOR 2018-234639 01/10/2018 03:16 PM Pgs=2
Return this application to:	00000943201802346390020020 LISA HOEHNE, RECORDER
Eureka County Assessor 20 South Main Street P.O. Box 88 Eureka, Nevada 89316 Phone (775)237-5270	
Agricultural Use Assessi	This space for Recorder's Use Only
Return this application to the County Assess no later than June 1st. If this application is approved,	or's Office at the address shown above
1) Please type in the following information for each Attach additional sheets if necessary. Owner. David Goth Address P.o. Sox 12.6 City/State/Zip: Fugged NV 89319 2.) Describe all the uses of the land for which you ar such as agricultural, residential, commercial, or indu on this parcel, the use would be both agricultural and the agricultural operation (For instance, raising crobees, aquatic agriculture, hydroponic gardens)	owner of record or his representative. Representative
All land used for Ra	ising Alfalfa Hay
 3.) What is the size of the land devoted to agricultu 4.) Is this parcel contiguous to other lands controll agricultural? YesNo	

5) What is the date the property was originally placed to agricultural purposes? <u>HIVaX</u> S	- n service by the owners	insted above for
6) Was this property previously assessed as agricultura assessed as agricultural? A/ways	11? KES If yes, w	rhen was it
7.) Was the gross income from agricultural use of the li \$5.000 or more? YesNo	and during the preceding	g calendar year
8) Please attach a statement of revenues and expenses and include a copy of IRS Form F. Additional docume assessor.	related to the agriculture requeste	al use of the land d by the county
The undersigned hereby certify the foregoing informat best of (my) (our) knowledge (I) (We) understand if this appliants for undetermined amounts. (I) (We) understand that if any our responsibility to notify the assessor in writing within 30 day	reation is approved, this pro- reportion of this land is conve	perty may be subject to
EACH OWNER OF RECORD OR HIS AUTHORIZED REPREBY A REPRESENTATIVE, THE REPRESENTATIVE MUST CAPACITY, AND UNDER WHAT AUTHORITY PLEASE TO THE REPRESENTATIVE MUST CAPACITY, AND UNDER WHAT AUTHORITY PLEASE TO THE REPRESENTATIVE MUST CAPACITY, AND UNDER WHAT AUTHORITY PLEASE TO THE REPRESENTATIVE MUST CAPACITY.	T INDICATE FOR WHON TYPE THE NAME UNDER	EACH SIGNATURE.
David Groth	Capacity (Owner, Repre ty (i.e. Power of Attom	
P.C. box 26 Euroka NV 89316 Address/City/State/Zip		\
FOR USE BY THE COUNTY ASSESSOR Application Received Property Inspected	1/0/18 1/10/18	910-1
☐ Income Records Inspected: ☐ Written Notice of Approval or Denial Sent to App	Date Date Date	Initial
Application forwarded to Department of Taxation Department of Taxation returned application	Date Date	Initial Initial
Reasons for Approval or Denial and Other Pertinent Comm Approved - Historic As PARCEL Millia I A Mean		1/10/18
Signature of Official Processing Application	Title	Date