Refurn this application to:

FAX NO.

No. RECORDS, PAGE COUNTY, NEVADA

Agricultural Use Assessment Application

REVIEW THE ATTACHED INSTRUCTION SHEET FOR DIRECTIONS ON HOW TO FILL OUT THIS FORM. IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS-APPLICATION.

1.) Please type in the name and address of each owner of fecold of his representative.
Owner: Roupld V. CANNON Owner:
Address: 281 So. 300 W. Address:
City/State/Zip: 5t. George, 4t-84770 City/State/Zip:
2.) What is the size of the subject parcel? 3/2 Aeres (Parcels less than 20 acres will be referred to the Department of Taxation for approval).
3.) APN (Assessor's Parcel Number):
4.) Legal Description:
5.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes No No No This property when Added To If yes, attach proof of income. My fam Will Make 5,000.
6.) Date the property was originally placed in service by the owners listed above for agricultural purposes Rockt ~ 1970
7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.) PASTURE
8.) Was this property previously assessed as agricultural? Yes. If yes, when was it assessed as agricultural? in The 1960 5

The undersigned hereby certify the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand if this application is approved, this property may be subject to liens for undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher use, it is our responsibility to notify the assessor in writing within 30 days of the conversion.

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.

		-	\ \ \
Konald V. Came	on Duner		1-7-0
Signature of Applicant or Agent		Authority	Date
Renald V. Cana Print Name of Applicant or Agent	10N		
Address		Phone Number	
Signature of Applicant or Agent	Capacity	Authority	Date
Print Name of Applicant or Agent		///	
Address		Phone Number	
Signature of Applicant or Agent	Capacity	Authority	Date
Print Name of Applicant or Agent	\ \		
Address		Phone Number	
Attach additional singulares as new	*CC3FU		

FOR USE BY THE COUNTY ASSESSOR OR	DEPARTMENT	OF TAXATION
Application Received	01/09/04	201h
Of Property Inspected	Day 04/20/04	Initial
	Date	Initial
Income Records Inspected:	Date	Initial /
Written Notice of Approval or Denial Sent to Ap	plicant <u>04/2794</u> Date	Initial
 Application forwarded to Department of Taxation 	n	- Principal and Control of the Contr
Department of Taxation returned application	Date	Initial
Reasons for Approval or Denial and Other Pertinent Com-	Date	Initial
This 31/2 acres when Added	TO MR.CO	unous Farm Will
easily brosy 5,000 in one y	real.	
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Millian May		/ /
Signature of Official Processing Application		///
Assessa 4/22/04		
Title Date	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· /
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