7:\$92 4 2 Bay ST OF NV DEPT TAXATION Fax: 7756842020 Sep 1 2004 FILED FOR RECORDING Page 1 of 3 AT THE REQUEST OF APN (Assessor's Parcel Number): EIRCOLN COUNTY REJORDER Return this application to: XXXXXXXX County Assessor LESTIE BOUGHER Address City, Nevada 89700 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: Representative: Address: City/State/Zip: City/State/Zip: AS 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, pience decembe the agricultural operation. (For instance, raising crops, livestock, poultry, fur-bearing animals. bees, aquatic agriculture, hydrononic gardens.) 3.) What is the size of the land devoted to agricultural use? 4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes

## Page 2 of 3

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? Ou clustiff purchase 3/4/08.
6.) Was this property previously assessed as agricultural? If yes, when was it assessed as agricultural? If yes, when was it
7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes No No
8.) Please attach a statement of revenues and expenses related to the agricultural use of the land and include a copy of IRS Form F. Additional documentation may be requested by the county
The undersigned hereby certify the toregoing altormation 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 convened 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.
Eignature of Applicant or Agent Capacity (Owner, Representative, or Lessee)
Joun H. Duston
MENAGRA PAINBOW LAND of LIVE Stock Company UC 8075 Penulis Destrus Rd 702270 9790
Address/City/State/Zip Company Way 18 19123 Phone Number
FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION  Application Received  Date  Training
Property inspected  Date  Date  Oct 07/05  Unitial  Oct 07/05  Unitial
Written Notice of Approval or Denial Sem to Applicant Office Initial Initial
Application forwarded to Department of Taxation     Date Initial
Department of Taxation returned application     Date Initial
Reasons for Approval or Denial and Other Pertinent Comments:  This was pait of a hange kanche Canaday Lanh will d'Heasily probles 5000 borns  It still in The Hold
Signature of Official Processing Application Title Date