	= 1 1 0 0 0
Page 1 of 3	FILED COR DECORDANCE
	FILED FOR RECORDING AT THE REQUEST OF
APN (Assessor's Parcel Number):	Λ
905 021 06	Lincoln County Assessor
	2005 MAY 20 AM 10 55
Return this application to:	\\0
XXXXXXXX County Assessor	FEE No Fee DEP au
Address City, Nevada 89700	LESLIE BOUCHER
	
	This space for Recorder's Use Only
Agricultural Use As	sessment Application
Return this application to the Country	Assessor's Office at the address shown above
	roved, it will be recorded and become a public record.
on this parcel, the use would be both agricultura the agricultural operation. (For instance, raising bees, aquatic agriculture, hydroponic gardens.) COULTAGE OF RAT	Representative: Address: 43 City/State/Zip: ou are requesting an agricultural designation, industrial use (For instance, if you farm and live I and residential). In addition, please describe crops, livestock, poultry, fur-bearing animals,
DO NOT LIVE ON	SAME
3.) What is the size of the land devoted to agric	ultural use? 40 AC
4.) Is this parcel contiguous to other lands contra	
agricultural? Yes No	olled by the owner and designated as
agricumiral? Yes No	olled by the owner and designated as

Page	2	of	3
Lake	~	U	J

5.) What is the date the property was originally placed in serving agricultural purposes? 3-20-0 \[\]	ce by the owners listed above for
6.) Was this property previously assessed as agricultural?	/ O If yes, when was it
7.) Was the gross income from agricultural use of the land dur. \$5,000 or more? Yes No	ing the preceding calendar year
3.) Please attach a statement of revenues and expenses related and include a copy of IRS Form F. Additional documentation assessor.	
The undersigned hereby certify the foregoing information submit best of (my) (our) knowledge. (I) (We) understand if this application is a tiens for undetermined amounts. (I) (We) understand that if any portion of our responsibility to notify the assessor in writing within 30 days of the con-	pproved, this property may be subject to this land is converted to a higher use, it is
EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATION A REPRESENTATIVE, THE REPRESENTATIVE MUST INDICATE APACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE	TE FOR WHOM HE IS SIGNING, HIS
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)
WILLAM E MULL Type or Print Name Authority (i.e. Por	wer of Attorney) Date
POBOX 749 Proche NU-89043 Address/City/State/Zip	1-775-962-117 Phone Number
	5/04/05 -7411
Property Inspected Income Records Inspected:	Pate 10 Initial Init
Written Notice of Approval or Denial Sent to Applicant	Pane Initial Vate Initial
Department of Taxation returned application	Onte Initial
Reasons for Approval or Denial and Other Pertinent Comments: This property with the BLim Aums attended to the State of	Take Initial white 5000 (Leady Select 05/19/05
Signature of Official Processing Application Title	Dafe Dafe

grammatic transfer and trail and experiments on the latest	purportation of action and the conte	ing tax year.	> = = = = = = = = = = = = = = = = = = =	112111
ef Cattle			D Employer ID number	
	X Cash (2	Accrual	*.	
The second secon	of this business during 20042 If 'No.'	see instructions for limit on passive losses		X Yes No
of Part I.) Do not include sal	es of livestock held for draft,	breeding, sport, or dairy purposes	, report blese sales	on Form 4797.
Sales of livestock and other items y	you bought for resale			\
 Cost or other basis of livestock and 	dother items reported on line	1 <u>Z</u>		
Continue time O from line 1			3	00 170
Sales of livestock, produce, grains,	and other products you raise	eded.	· · · · · · · · · · · · · · · · · · ·	89,172.
a Total cooperative distributions (Form(s) 1099	9-PATR) 5a	30 Taxable allion		10.000
a Agricultural program payments (se	e instructions) 6a	19,890. 6b Taxable amor	unt 6b	19,890.
Commodity Credit Corporation (CC	C) loans (see instructions):			\ \
a CCC loans reported under election.			7a	
h CCC loans forfeited	<u>. 7b</u>	7c Taxable amo	unt7c	
Crop insurance proceeds and certa	ain disaster payments (see in:	structions):	unt 8b	\
a Amount received in 2004		80 Taxable amu		
c if election to defer to 2005 is attac	hed, check here	8d Amount deferred from	2003 80	
Oustom hire (machine work) incom	ne			
Other income including Federal as	nd state gasoline or fuel	/ / \	10	9,500.
tax credit or retund (see instruction	113)			2,000.
I Gross income. Add amounts in the enter the amount from page 2, line	ne right column for lines 3 thro	ough 10. If accrual method taxpayer	<u>/</u> ► 11	118,562.
art II Farm Expenses — Cas	h and Accrual Method.	Do not include personal or living ex	penses such as tax	es, insurance,
repairs, etc, on your home.	······································		/	
2 Car and truck expenses (see instructions		as a single sharing pi	ans 25	
— also attach Form 4562)	12	25 Pension and profit-sharing place 26 Rent or lease (see instruction	1113	
3 Chemicals	13	1 \ \ \ \	3).	
4 Conservation expenses		a Vehicles, machinery, and equipment	26 a	
(see instructions)	14	b Other (land, animals, etc)		3,221.
15 Custom hire (machine work)	15	27 Repairs and maintenance	27	6,521.
16 Depreciation and section 179	/1 1/	28 Seeds and plants purchased.		10,410.
expense deduction not claimed	19,680.	1 1		
elsewhere (see instructions)	16 19,680.	30 Supplies purchased		735.
17 Employee benefit programs	\\ \\	31 Taxes		5,543.
other than on line 25	17 35,252.	-	32	
18 Feed purchased		33 Veterinary, breeding, and me	edicine 33	2,088.
19 Fertilizers and lime	19 3,142.			
20 Freight and trucking	0.002		34a	15,404.
21 Gasoline, fuel, and oil	21 9,892	b	34b	
22 Insurance (other than health)		C	34c	
23 Interest:	- Fallen -	d	34 d	
a Mortgage (paid to banks, etc)	23b	e	34e	
b Other	24	f	34f	
Labor hired (less employment credits)Total expenses. Add lines 12 thr			35	115,770.
35 Total expenses. Add lines 12 un	ough on the sales on Fr	no agic bnc 12 and also no	1 1	. 500
36 Net farm profit or (loss). Subtract line 3 Schedule SE, line 1. If a loss, you must				2,792
		restment in this activity (see instruction	5).	All investment
37 If you have a loss, you must check	loss on Form 1040, line 18.	and also on Schedule SE, line 1.		13 Ø(/ 13/C
 If you checked 3/a, enter the If you checked 37b, you must 	t attach Form 6198.		37 b	10 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /
BAA For Repenyork Reduction Act N	lotice, see Form 1040 instruc	tions. FDIZ0212L 11/02/04	Schedu	le F (Form 1040) 2004
AA For Paperwork Reduction Act N	lotice, see Form 1040 instruc	tions. FDIZ0212L 11/02/04	Scieda	(J. (J. (J.))