DOC # 014963

06/16/2016

02:17 PM

THIS

Official Record
Recording requested By
LINCOLN COUNTY ASSESSOR

Lincoln County - NV Leslie Boucher - Recorder

Fee: RPTT: Page 1 of 3 Recorded By: AE

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Return this application to:

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 record or his representative:
Owner: C4 holding LLC Owner: Address: 3345 Carnon Ruch Rd. Address:
Address: 3345 Camon Ruch Rd. Address:
City/State/Zip: Hib, NV 890/7 City/State/Zip:
2.) What is the size of the subject parcel? 70 Acres
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).
3.) APN (Assessor's Parcel Number): 6/1-690-13
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 Produces
if yes, attach proof of income. I have not proof year selfer, proof of
\$5,000 or more? Yes No If yes, attach proof of income. I have no Ploof from Seller. Pladvies 400 for of Hay each lar 6.) Date the property was originally placed in service by the owners listed above for agricultural
purposes
puiposes
7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.) Hay I Gazing.
8.) Was this property previously assessed as agricultural? Less. If yes, when was it assessed as agricultural?

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.

kn	E NAME UNDER EA	Full	6-13-
Signature of Applicant or Agent Wie 490/ Canad	Capacity	Authority	Date
Print Name of Applicant or Agent Address	nowh Hels	775-72. Phone Number	<u> </u>
Signature of Applicant or Agent	Capacity	Authority	Date
Print Name of Applicant or Agent			
Address		Phone Number	
Signature of Applicant or Agent Print Name of Applicant or Agent	Capacity	Authority	Date
Address		Phone Number	

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

Ą	Application Received	<u>6 -/6 -/6</u> Date	MH Initial
Æ	Property Inspected	<u>6-/6-/6</u> Date	MA
Q	Income Records Inspected:	6-16-16 Date	MA
A	Written Notice of Approval or Denial Sent to Applica		nitial
	Application forwarded to Department of Taxation	Date	Initial
Ü	Department of Taxation returned application	Date	Initial
Reasons	for Approval or Denial and Other Pertinent Comment	ts:	

Signature of Official Processing Application

ASSESSON 6-16-16

Title Date