

Need TO MAP



OFFICIAL RECORD  
AMY ELMER, RECORDER

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: BLUE MOUNTAIN RANCHES OF NEVADA LLC Owner: \_\_\_\_\_  
Address: 4021 PORT CHICAGO HWY Address: \_\_\_\_\_  
City/State/Zip: CONCORD CA 94520 City/State/Zip: \_\_\_\_\_

2.) What is the size of the subject parcel? FORTY (40) ACRES  
(Parcels less than 20 acres will be referred to the Department of Taxation for approval).

3.) APN (Assessor's Parcel Number): NONE ASSIGNED YET

4.) Legal Description:  
SEE ATTACHED RECORDED LAND PATENT FROM BLM  
PATENT # 27-2019-0008 013-020-31

5.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes \_\_\_\_\_ No IT WILL BE ATTACHED TO AN EXISTING LEASE AND WILL SATISFY THIS PROVISION GOING FORWARD.  
If yes, attach proof of income. **\*\*WE ONLY RECEIVED POSSESSION OF IT THIS WEEK**

6.) Date the property was originally placed in service by the owners listed above for agricultural purposes MAY 30, 2019 IS DATE OF PATENT; PATENT RECORDED JUNE 10, 2019

7.) The agricultural use of the land is (i.e., grazing, pasture, cultivated, dairy, etc.)  
GRAZING

8.) Was this property previously assessed as agricultural? UNKNOWN. If yes, when was it assessed as agricultural? \_\_\_\_\_

9  
6.11.19

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.

Emilia K. Cargill COO, SR. VP, GEN. COUNSEL JUNE 11, 2019  
Signature of Applicant or Agent Capacity Authority Date

EMILIA K. CARGILL  
Print Name of Applicant or Agent  
4021 Port Chicago Highway, Concord, CA 94520 702-422-1433  
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 signatures as necessary.

BLUE MOUNTAIN RANCHES OF NEVADA LLC \* PATENT 27-2019-0008  
CALIENTE COVE

Patent (recorded) attached.

②  
6.11.19

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION

- Application Received 6-11-19 MAA
- Property Inspected Date Initial
- Income Records Inspected: 6-11-19 MAA
- Written Notice of Approval or Denial Sent to Applicant Date 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:  
Ad lease to Meadows by The Corp  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mark R. Hatt  
Signature of Official Processing Application

ASSESSOR 6-11-2019  
Title Date

② 6.11.19