3.) What is the size of the land devoted to agricultural use? 40 acres

4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes_____ No ___X

0615630 BK 0604 PG 4868

JUN 0 1 2004
ASSESSOR'S OFFICE DOUGLAS COUNTY

RECEIVED

NTC Approved 11/02

5.) What is the date the property was originally placed in agricultural purposes? March 1, 2004	service by the ov	vners listed above for
6.) Was this property previously assessed as agricultural? Through March 1, 2004	Yes If y	ves, when was it
7.) Was the gross income from agricultural use of the land \$5,000 or more? Yes No	d during the prece	eding calendar year
Flying Eagle Ranch (Nate Leising) leased in 8.) Please attach a statement of revenues and expenses reland include a copy of IRS Form F. Additional documental assessor.	lated to the agricu	The state of the s
The undersigned hereby certify the foregoing information s best of (my) (our) knowledge. (I) (We) understand if this application liens for undetermined amounts. (I) (We) understand that if any portiour responsibility to notify the assessor in writing within 30 days of the EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE AREPRESENTATIVE, THE REPRESENTATIVE MUST INITIAL PROPERTY.	on is approved, this point of this land is corbe conversion. WIATIVE MUST SIGNICATE FOR WHO	property may be subject to everted to a higher use, it is GN BELOW. IF SIGNED OM HE IS SIGNING, HIS
CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE OUL KNOWLED PLEASE TYPE Signature of Applicant or Agent Capacitation Capacitation of Applicant or Agent Capacitation Out of the Capacitation of Agent Capacitation of Applicant or Agent Capacitation Out of the Capacitation of Agent Ca	sident, Sie	er Each SIGNATURE. Eva Letheraut resentative, or Lessee)
Type or Print Name Authority (i.e.	2. Power of Attor	ney) Date 782-0454
Address/City/State/Zip	Phone Number	-
FOR USE BY THE COUNTY ASSESSOR OR DE Application Received	Date	ATION Initial
□ Property Inspected □ Income Records Inspected:	Date	Initial
□ Written Notice of Approval or Denial Sent to Applicant	Date Date	Initial Initial
☐ Application forwarded to Department of Taxation ☐ Department of Taxation returned application	Date	Initial
Department of Taxation returned application Reasons for Approval or Denial and Other Pertinent Comments:	Date	Initial
Signature of Official Processing Application Title		Date

0615630 BK0604PG04869