

APN (Assessor's Parcel Number):

1319-12-000-004

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 0.00
BK-0305 PG- 5549 RPTT: 0.00

Return this application to:
Douglas County Assessor
1616 8th St
P O Box 218
Minden, NV 89423



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:

Owner: Frank Settelmeyer North LLC
Address: P.O. Box 523
City/State/Zip: Glenbrook, NV 89413

Representative: Robert B. Coker, Jr.
Address: P.O. Box 523
City/State/Zip: Glenbrook, NV 89413

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, please describe the agricultural operation. (For instance, raising crops, livestock, poultry, fur-bearing animals, bees, aquatic agriculture, hydroponic gardens.)

Agricultural: Livestock

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ASSESSOR'S OFFICE
DOUGLAS COUNTY

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 02/17/05

6.) Was this property previously assessed as agricultural? Yes If yes, when was it assessed as agricultural? 1952

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes _____ 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 assessor.

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.

[Signature] Manager
Signature of Applicant or Agent Capacity (Owner, Representative, or Lessee)

Robert B. Coker, Jr.
Type or Print Name Authority (i.e. Power of Attorney) Date
P.O. Box 523 - Glenbrook, NV 89413 775-749-1800 775-749-5105
Address/City/State/Zip Phone Number FAX Number

| FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION | | |
|--|--------------------------|------------------------|
| <input checked="" type="checkbox"/> Application Received | <u>3/14/05</u> Date | <u>DS</u> Initial |
| <input checked="" type="checkbox"/> Property Inspected | <u>3/14/05</u> Date | <u>DS</u> Initial |
| <input checked="" type="checkbox"/> Income Records Inspected: | <u>3/14/05</u> Date | <u>DS</u> Initial |
| <input checked="" type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant | <u>3/14/05</u> Date | <u>DS</u> Initial |
| <input type="checkbox"/> Application forwarded to Department of Taxation | _____ Date | _____ Initial |
| <input type="checkbox"/> Department of Taxation returned application | _____ Date | _____ Initial |
| Reasons for Approval or Denial and Other Pertinent Comments: <u>Proper lease in place</u> | | |
| <u>[Signature]</u> Signature of Official Processing Application | <u>Assessor</u> Title | <u>3/14/05</u> Date |

DOUGLAS W. SONNEMANN-ASSESSOR