## Application For Special Assessment Of Unzoned Farm Land And Additional Tax Deferral as Provided by ORS 308.370 to 308.395 An application must be filed On or Before April 1 of EACH Year Filed with the Harrath County Assessor for the 10-71 Assessment Year CODE AND -> THIS SPACE FOR ASSESSOR'S USE ONLY Enter Applicant's Name and Address Below M.J.M. Inc. STATE OF OREGON Klamath Salls, Oxogon I certify that this application was received at August 11 L:09 o'clock P. M. on Applicant's Phone No. Complete Only if Account Number Does Not Describe Property Code Number Rge. Deed or Inst. No. 6.42 36 Name the owners of record if different than applicant: A. What is the ownership interest of the applicant(s) in the above-described property? | Fee Owner | Life Estate | Contract Purchaser | Other (explain). B. Are there any outstanding leases or options to buy the surface rights of the above-described land for non-☐ Yes ☐ No C. What was the gross farm income from the above-described land for each of the 5 calendar years immediately preceding the year of this application? (See General Information, Item 7, over.) D. Is all or part of the above-described land farmed by someone other than the undersigned? Yes No. (If yes, see General Information, Item 2, over.) E. Is the above-described land being used and has it been used during the preceding two years as a bona fide farm; that is, for the raising, harvesting and selling of crops to produce a profit in money or for the feeding, breeding, management and sale of livestock to produce a profit in money? 1. Show the farm use of the land by completing the schedules below: LIVESTOCK OR POULTRY (List by Type) LAND USE 盂 72 Othe Total Acres 2. List the major crops grown during the last crop year and the acres of each WARNING: Unzoned farm land, when specially assessed at farm-use value and later disqualified, becomes liable for additional taxes during the last 5 or lesser number of years in which the farm-use assessment was in effect, together with interest at 6%. (See General Information, Item 8, over.) DECLARATION I declare under the penalties for false swearing as contained in ORS 305.990(5) that this document, including any attached schedules and statements, has been examined by me and to the best of my knowledge is a true, correct APPLICANT (S) ASSESSOR'S COPY

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