

RETURN TO:
ARIZONA STATE LAND DEPARTMENT
PUBLIC COUNTER
1616 WEST ADAMS
PHOENIX, ARIZONA 85007

SUBMIT NON-REFUNDABLE
\$200 FILING FEE

DEPARTMENTAL USE ONLY	
ACCOUNTING	T & C
Filing Fee: \$200	Exam: <u>Down</u>
S(32)	P(32) App. entry: <u>10.12.16</u>

ROLODEX # 6666

LEASE NO. 05-23462-00-007

PAID
SEP 13 2016

ARIZONA STATE LAND DEPARTMENT
**SUBLEASE FOR PASTURE AGREEMENT
REQUEST AND PERMISSION**

THIS FORM MUST BE COMPLETED, SIGNED BY ALL PARTIES AND SUBMITTED WITH A NON-REFUNDABLE \$200 FILING FEE.

Check one: SUBLEASE PASTURE AGREEMENT

#53

1A. APPLICANT(S):

Arizona Game and Fish Commission
State Lessee aka Sub-Lessor

State Lessee aka Sub-Lessor

5000 W. Carefree Hwy
Mailing Address
Phoenix AZ 85086
City State Zip
Angie Lohse 623-236-7611
Contact Person Phone No.

Email Address (optional) # 21878

1B. APPLICANT(S):

ACC: ✓
GREGG + HELEN VINSON DBA
G & H Land and Cattle Co.
Sub-Lessee

Sub-Lessee

1812 W. American Ave.
Mailing Address
Oracle AZ 85623
City State Zip
Gregg Vinson 520-400-7710
Contact Person Phone No.

Email Address (optional) # 1577

By submitting this request and permission, the above Sub-Lessor and Sub-Lessee agree that the land described in this Sublease/Pasture Agreement shall be used for the purpose described in the State Lease referenced and for no other use. Further, Sub-Lessor and Sub-Lessee agree to abide by all of the terms and conditions of the State Lease and to conform and perform in accordance with A.R.S. Title 37, the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5.

2. **REQUEST TO SUBLEASE STATE TRUST LANDS:**

The State lessee requests permission to allow the sub-leasing or pasturing of those lands described in State Lease No. 05 - 23462 which expires on 01/15/2026.

Check One: All of the lands in the State Lease number described above.
 Only that portion of the above referenced State Lease as described below.

TWN.	RNG.	SEC.	LEGAL DESCRIPTION	ACRES	COUNTY
---	---	---	See Attached	---	---
---	---	---	---	---	---
---	---	---	---	---	---

SLD USE ONLY		
CTY	GRT	PARCEL
---	---	---
---	---	---
---	---	---

3. PURPOSE OF SUBLEASE:

Check one: Livestock Grazing Agricultural Use Commercial Use

A. LIVESTOCK GRAZING:

Does SUB-LESSEE have an Arizona Registered Brand? Yes No

NOTE: Sublessee must attach a certificate indicating proof of an Arizona Registered Brand or this request for permission to sublease will be returned.

B. AGRICULTURAL USE:

If the purpose of the sublease is irrigation, and the land under the lease is located within an Active Management Area or Irrigation Non-Expansion Area, have you reviewed the annual allotment of water regulated by the Arizona Department of Water Resources (ADWR) with which to irrigate eligible acres? Yes No

Have you reviewed the status of the flexibility account for the Irrigation Grandfathered Right (IGR)? Yes No

NOTE: The annual allotment of water may be reduced pursuant to management plan requirements developed and enforced by ADWR. If the flexibility account has a debit balance that exceeds 50% of the allotment during a calendar year, a transfer of credits to the IGR would be required to avoid enforcement by ADWR and the Department. Please contact either ADWR or the Department's Water Right Management Section for assistance.

C. COMMERCIAL USE:

If this sublease is for telecommunication purposes, Sublessee must obtain a Special Land Use Permit. Have you applied for a Special Land Use Permit? Yes No

4. TERM: (In the event of an assignment, this sublease/pasture agreement will automatically terminate)

Requested term of this sublease/pasture agreement is: From 08/09/16 to 1/15/26

NOTE: The term of the sublease/pasture agreement cannot exceed the term of the State Lease.

5. CONSIDERATION: Specify the *monetary compensation being paid by the Sublessee:

(*Lessee is obligated to pay the Department annual rent, regardless of the rental value reached between the Lessee and Sublessee) No Compensation other than payment of sublease fee

\$ PER AUM \$ ANNUALLY \$ OTHER

6. SUB-LESSOR(S) - COMPLETE AND SIGN PAGE 3. (Sub-lessor(s) must be the same as on the State lease.)

7. SUB-LESSEE(S) - COMPLETE AND SIGN PAGE 4.

FOR DEPARTMENT USE ONLY

The State Land Commissioner hereby grants permission to sublease or pasture the State Lands herein described from

AUGUST 9, 2016 to JANUARY 15, 2026

This permission is granted subject to all terms and conditions herein stated or attached and made a part hereof.

If this box is checked, additional terms and conditions are attached to this document and are made a part hereof.



STATE OF ARIZONA
ARIZONA STATE LAND COMMISSIONER

Fred Blen

By 10/18/16

Date

TO BE COMPLETED BY SUB-LESSOR(S) (STATE LESSEE) "1A"

CERTIFICATION: Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and/or the organization you represent and sign the certification or your application will not be processed. NOTE: Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) _____ Individual(s) _____ Husband & Wife
 _____ Corporation _____ Partnership _____ Limited Partnership _____ Limited Liability Company _____ Estate
 _____ Trust _____ Joint Venture _____ Municipality _____ Political Subdivision _____ Other (specify) State Agency

2. INDIVIDUAL(S) OR HUSBAND & WIFE: Complete the following for each applicant:

NAME	AGE	MARITAL STATUS
N/A		

3. CORPORATION: Complete the following: N/A

- (A) Do you have authority from the Arizona Corporation Commission to do business in the State of Arizona? Yes ___ No ___
 (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes ___ No ___
 (C) In what state are you incorporated? _____
 (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes ___ No ___

If no, state the Legal Corporate Name: _____

Address: _____
 (Street or Box Number) (City) (State) (Zip)

4. LIMITED LIABILITY COMPANY: Complete the following: N/A

- (A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission?
 Yes ___ No ___
 (B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission?
 Yes ___ No ___
 (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? Yes ___ No ___

5. PARTNERSHIP OR JOINT VENTURE: Complete the following for each authorized partner or principal in the partnership or joint venture:

NAME	BUSINESS ADDRESS	AGE	MARITAL STATUS
N/A			

6. LIMITED PARTNERSHIP: Is this Limited Partnership on file with the Arizona Secretary of State? Yes No
 Complete the following for the authorized general partner(s) only:

GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
N/A	

7. ESTATE: Complete the following and attach a copy of the court or estate document(s):
 Name of the court appointed administrator or personal representative: N/A

List the type and date of issuance of the court or Estate document:
 (Type of Document) (Date issued)

8. TRUST: (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:

NAME	ADDRESS	AGE	MARITAL STATUS
N/A			

or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

9. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.

SIGNATURE(S)

<u>Arizona Game Fish Commission</u> (Name of Corporation, Partnership, etc.)	<u>8/31/16</u> Date	<u>[Signature]</u> Signature of Sub-Lessor (Individual)	<u>8/18/16</u> Date
<u>[Signature]</u> Signature	<u>Deputy Director</u> Title	<u>[Signature]</u> Signature of Sub-Lessor (Individual)	<u>8/18/16</u> Date

TO BE COMPLETED BY SUB-LESSEE(S) "1B"

CERTIFICATION: Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and/or the organization you represent and sign the certification or your application will not be processed. NOTE: Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) _____ Individual(s) _____ Husband & Wife
 Corporation _____ Partnership _____ Limited Partnership _____ Limited Liability Company _____ Estate
 _____ Trust _____ Joint Venture _____ Municipality _____ Political Subdivision _____ Other (specify) _____

2. INDIVIDUAL(S) OR HUSBAND & WIFE: Complete the following for each applicant:

NAME	AGE	MARITAL STATUS
_____	_____	_____
_____	_____	_____

3. CORPORATION: Complete the following:

- (A) Do you have authority from the Arizona Corporation Commission to do business in the State of Arizona? Yes No _____
 (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes No _____
 (C) In what state are you incorporated? AZ
 (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes No _____
 If no, state the Legal Corporate Name: G & H LAND AND CATTLE CO
 Address: SAME
 (Street or Box Number) (City) (State) (Zip)

4. LIMITED LIABILITY COMPANY: Complete the following:

- (A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission?
 Yes _____ No _____
 (B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission?
 Yes _____ No _____
 (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? Yes _____ No _____

5. PARTNERSHIP OR JOINT VENTURE: Complete the following for each authorized partner or principal in the partnership or joint venture:

NAME	BUSINESS ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

6. LIMITED PARTNERSHIP: Is this Limited Partnership on file with the Arizona Secretary of State? Yes No
 Complete the following for the authorized general partner(s) only:

GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
_____	_____
_____	_____

7. ESTATE: Complete the following and attach a copy of the court or estate document(s):

Name of the court appointed administrator or personal representative: _____
 List the type and date of issuance of the court or Estate document: _____
 (Type of Document) (Date Issued)

8. TRUST: (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

9. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.

_____	SIGNATURE(S)	<u>[Signature]</u>	<u>8/18/16</u>
(Name of Corporation, Partnership, etc.)	Date	Signature of Sub-Lessee (Individual)	Date
_____	_____	<u>[Signature]</u>	<u>8/18/16</u>
Signature	Title	Signature of Sub-Lessee (Individual)	Date