

Dear Mr. Epstein,

I am writing you this letter in hopes you would take into consideration allowing my father (Joe M. Chavez) and I (Steve Chavez employee of Zorro Ranch) to sub lease property at Zorro Ranch located in Stanley N.M. For grazing 30 Black Mother Cows and 1 Black Bull. The Mother Cows will calf in March 2012 through April 2012. At that time there would be 30 Black Mother Cows, 30 Black Calf's and 1 Black Bull. The cattle would stay at Zorro Ranch through October. In October the 30 Calf's would be taken to the sale at this point only 30 Black Mother Cows and 1 Black Bull would remain on Zorro Ranch Property. Also when it is time to vaccinate our cattle we would also vaccinate your 4 Longhorns and 1 Mother Cow.

My father (Joe M. Chavez) would be responsible for checking the cattle that way this does not interfere with my responsibilities as an Employee of Zorro Ranch. In the event of having guests at Zorro Ranch or for any reason my father (Joe M. Chavez) is unable to check the cattle I would step in and check them.

If this proposal is something you would be interested in you could inform [REDACTED] [REDACTED] or if you would like to discuss details further you may contact me @ [REDACTED]

I would like to Thank You in advance for your consideration.

Sincerely,

Steve Chavez



State Farm Fire and Casualty Company

2700 South Sunland Drive
Tempe, AZ 85282-3387

AT1

001515

A F

CHAVEZ, MARY JANE & JOSE

Location:

See schedule page(s) for location of premises

Forms, Options, and Endorsements

Property/Liability Form	FP-8102
Amendatory Endorsement	FE-8659
Fungus (Including Mold) Excl	FE-8727
Fungus (Including Mold) Excl	FE-1309
Policy Endorsement	FE-8733
Mandatory Reporting Endorsement	FE-5801
Loss Payable Endorsement	FE-6309

RENEWAL CERTIFICATE

POLICY NUMBER

Farm/ Ranch Policy
OCT 23 2011 to OCT 23 2012

DATE DUE

SEE BALANCE DUE NOTICE

OCT 23 2011

\$645.00

Coverages and Limits

Section I

D Scheduled Farm Personal Prop

**

Deductibles - Section I

All Losses

500

Section II

L Farm Liability

(each occurrence)

1,000,000

(annual aggregate)

2,000,000

M Medical Payments (each person)

1,000

**Annual Premium
Amount Due**

**\$645.1
\$645.1**

**See schedule pages(s) for the limits of insurance and the loss settlement provisions

Thanks for letting us serve you. We appreciate our long term customers.
Agent BOB STRILICH INS AGCY INC

Telephone

Moving? See your State Farm agent.
See reverse for important information.

Prepared

SEP 08 2011

REB