IOWA WASHINGTON

Form: FSA-156EZ

See Page 3 for non-discriminatory Statements.

Operator Name	
CRP Contract Number(s)	: 11284, 12966
Recon ID	: 19-183-2015-36
Transferred From	: None
ARCPLC G/I/F Eligibility	: Eligible

	Farm Land Data								
Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
148.88	143.64	143.64	0.00	0.00	0.00	0.00	0.0	Active	2
State Conservation	Other Conservation	Effective DCP Cropland		ropland Double Cropped		CRP	MPL	DCP Ag.Rel. Activity	SOD
0.00	0.00	139.3	7 0.00		4.27	0.00	0.00	0.00	

Crop Election Choice					
ARC Individual	ARC County	Price Loss Coverage			
None	WHEAT, SOYBN	CORN			

DCP Crop Data						
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP		
Wheat	10.30	0.00	43			
Corn	85.70	0.00	171			
Soybeans	42.10	0.00	48			
TOTAL	138.10	0.00				

NOTES

Tract Number	: 2114
Description	Marion Twp, Sec 1 & Wash Twp, Sec 36
FSA Physical Location	: IOWA/WASHINGTON
ANSI Physical Location	: IOWA/WASHINGTON
BIA Unit Range Number	:
HEL Status	NHEL: No agricultural commodity planted on undetermined fields
Wetland Status	: Wetland determinations not complete
WL Violations	: None
Owners	: SANDRA L KOEHLER
Other Producers	: None
Recon ID	: None

Tract Land Data							
Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
111.97	107.89	107.89	0.00	0.00	0.00	0.00	0.0

FARM : 6286 Prepared : 11/27/24 3:56 PM CST Crop Year : 2025

Abbreviated 156 Farm Record

United States Department of Agriculture Farm Service Agency



Form: FSA-156EZ



United States Department of Agriculture Farm Service Agency FARM: 6286

Prepared: 11/27/24 3:56 PM CST **Crop Year**: 2025

Abbreviated 156 Farm Record

Tract 2114 Continued .

State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	107.89	0.00	0.00	0.00	0.00	0.00

DCP Crop Data						
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield			
Wheat	10.30	0.00	43			
Corn	55.49	0.00	171			
Soybeans	42.10	0.00	48			
TOTAL	107.89	0.00				

NOTES

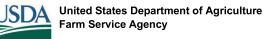
	rawford Twp, Sec 5
: 10	
	WA/WASHINGTON
: 10	WA/WASHINGTON
:	
: Nł	HEL: No agricultural commodity planted on undetermined fields
: W	etland determinations not complete
: No	one
: SA	ANDRA L KOEHLER
: No	one
: No	one
	: : Nł : W : No : Sł : No

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
36.91	35.75	35.75	0.00	0.00	0.00	0.00	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	31.48	0.00	4.27	0.00	0.00	0.00

DCP Crop Data					
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield		
Corn	30.21	0.00	171		
TOTAL	30.21	0.00			

NOTES

Form: FSA-156EZ



FARM : 6286

Prepared : 11/27/24 3:56 PM CST

Crop Year: 2025

Abbreviated 156 Farm Record

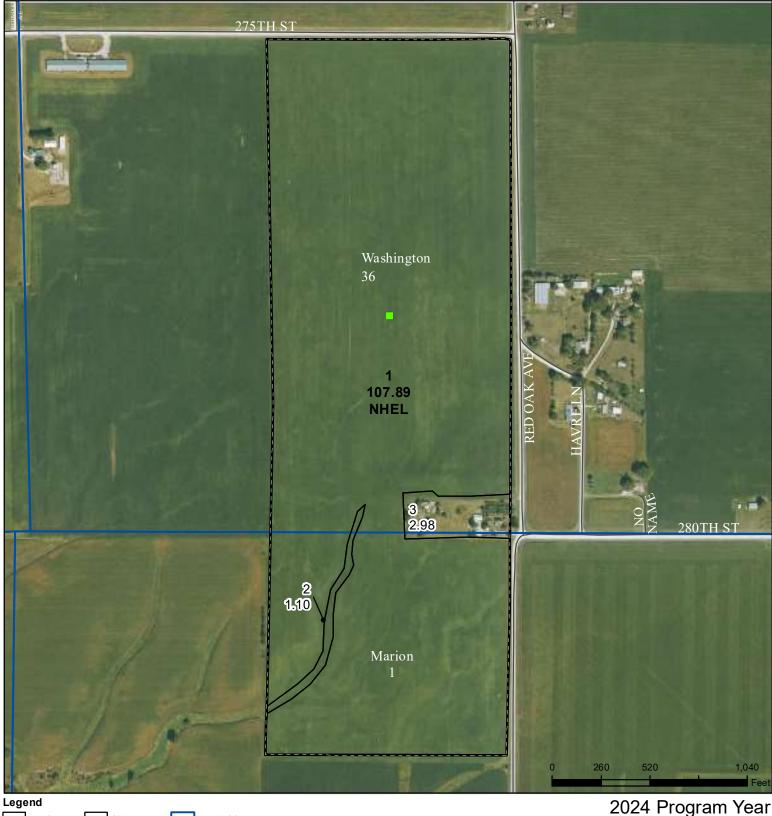
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) e-mail: program.intake@usda.gov.



United States Department of Washington County, Iowa Agriculture



Non-Cropland CRP Cropland

lowa PLSS Tract Boundary - Iowa Roads

Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions ∇ Exempt from Conservation
- **Compliance Provisions**

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).

Tract Cropland Total: 107.89 acres

Map Created April 01, 2024

Farm 6286

Tract 2114

ISDA **United States** Department of Washington County, Iowa Agriculture



Limited Restrictions

- ∇ Exempt from Conservation
- **Compliance Provisions**

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Tract Cropland Total: 35.75 acres

USDA is an equal opportunity provider, employer, and lender.

CRP-1U.S. DEPARTMENT OF AGRICULTURE01-08-24)Commodity Credit Corporation				1. ST. & CO. CODE & ADMIN. LOCATION 19 183			2. SIGN-UP NUMBER 47
			3 COM	3. CONTRACT NUMBER			4 / 4. ACRES FOR
CONSERVATION RESER	/E PROGRAM	I CONTRACT		11284A ENROLLME 3.77			
5A. COUNTY FSA OFFICE ADDRESS (II	nclude Zip Code)		6. TRA	CT NUMBER	7. CON	TRACT PERIOD)
WASHINGTON COUNTY FARM SERVICE 2 1621 E. WASHINGTON ST. SUITE 2 WASHINGTON, IA52353-2157			9432		(MM-DD-YYYY) -01-2015	TO: (MM-DD-YYYY) 09-30-2025	
				NUP TYPE:	•		
5B. COUNTY FSA OFFICE PHONE NUN (Include Area Code): (319) 653-2138	1BER			inuous			
THIS CONTRACT is entered into between (referred to as "the Participant".) The Part CCC for the stipulated contract period from acreage the Conservation Plan developed comply with the terms and conditions com Program Contract (referred to as "Append applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PA addendum thereto; and, CRP-2, CRP-2C, (icipant agrees to pl n the date the Contr for such acreage ar tained in this Contra ix"). By signing bel conditions of this of RTICIPANTS ACKN RP-2G, or CRP-2C3	ace the designated ract is executed by nd approved by the act, including the A ow, the Participant contract are contain IOWLEDGE RECEIF 80, as applicable.	acreage into th the CCC. The F CCC and the P ppendix to this acknowledges ned in this Form PT OF THE FOL	e Conservation Participant also a articipant. Addii Contract, entitle receipt of a copy CRP-1 and in ti LOWING FORMS	Reserve F agrees to tionally, th ed Appence y of the Ap ne CRP-1 ; CRP-1;	Program ("CRP", implement on s he Participant ar dix to CRP-1, Co ppendix/Appenc Appendix and a CRP-1 Appendix) or other use set by uch designated nd CCC agree to nservation Reserve lices for the ny addendum
9A. Rental Rate Per Acre\$ 302	. 40	10. Identification	on of CRP La	nd (See Page	2 for add	litional space)	
9B. Annual Contract Payment \$1,1	10.00	A. Tract No.	B. Field No.	C. Practice	e No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$	9432	3	CP21	L	1.75	\$ 320.00	
(Item 9C is applicable only when the first y prorated.)	9432	4	CP21		2.02	\$ 370.00	
11. PARTICIPANTS (If more that	three individua	ls are signing, s	see Page 3.)				
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SANDRA L KOEHLER 58 GLENFIELD DR DUNN, NC28334-2863	ADDRESS (Include Zip Code) SANDRA L KOEHLER 58 GLENFIELD DR 100.00%		(By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		G IN THE	(5) DATE <i>(MM-DD-YYYY)</i>
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)			(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)
12. CCC USE ONLY A. SIGNATU							B. DATE (MM-DD-YYYY)
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3801 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 7 CFR Part 1410. The information vill be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information Reserve Program. Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.							
In accordance with Federal civil rights law and U							

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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Page 1 of 1

							Faye I UI I	
CRP-1 U.S. DEPARTMENT OF	1. ST. & CO. CODE & ADMIN. LOCATION				2. SIGN-UP			
(01-08-24) Commodity Credit Corporation				19	NUMBER			
					57			
				3. CONTRACT NUMBER			4. ACRES FOR	
CONSERVATION RESERVE	CONTRACT		12966A			ENROLLMENT		
						0.50		
5A. COUNTY FSA OFFICE ADDRESS (Inclu		6. TRA	CT NUMBER	7. CON	TRACT PERIOD			
WASHINGTON COUNTY FARM SERVICE AGE			9432	FROM:	(MM-DD-YYYY)	TO: (MM-DD-YYYY)		
1621 E. WASHINGTON ST. SUITE 2			9432	10	-01-2022	09-30-2032		
WASHINGTON, IA52353-2157								
			NUP TYPE:					
5B. COUNTY FSA OFFICE PHONE NUMBE		Cont	inuous					
(Include Area Code): (319)653-2138								
THIS CONTRACT is entered into between the Commodity Credit Corporation (referred								
(referred to as "the Participant".) The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.								
9A. Rental Rate Per Acre \$ 260.76	\$ 260.76 10. Identification of CRP Land (See Page 2 for additional space)							
9B. Annual Contract Payment \$130.00		A. Tract No.	B. Field No.	C. Practice		D. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment \$		9432	0005	CP87	A	0.50	\$ 63.00	
(Item 9C is applicable only when the first year payment is prorated.)								
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)								
	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE (5) DATE					
A(1) PARTICIPANT'S NAME AND (2) SHARE ADDRESS (Include Zip Code)				INDIVIDUAL SIGNING IN THE			(MM-DD-YYYY)	
SANDRA L KOEHLER				REPRESEN				
58 GLENFIELD DR 100. DUNN, NC28334-2863								
							(5) DATE	
ADDRESS (Include Zip Code)		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE			(MM-DD-YYYY)	
, , ,				REPRESENTATIVE CAPACITY				
	%							
C(1) PARTICIPANT'S NAME AND (2) SHARE		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE			(5) DATE	
ADDRESS (Include Zip Code)				INDIVIDUAL SIGNING IN THE			(MM-DD-YYYY)	
%				REPRESENTATIVE CAPACITY				
	70							
12. CCC USE ONLY A. SIGNATURE	OF CCC REP	RESENTATIVE					B. DATE	
							(MM-DD-YYYY)	
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entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result								
in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.								
Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.								

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