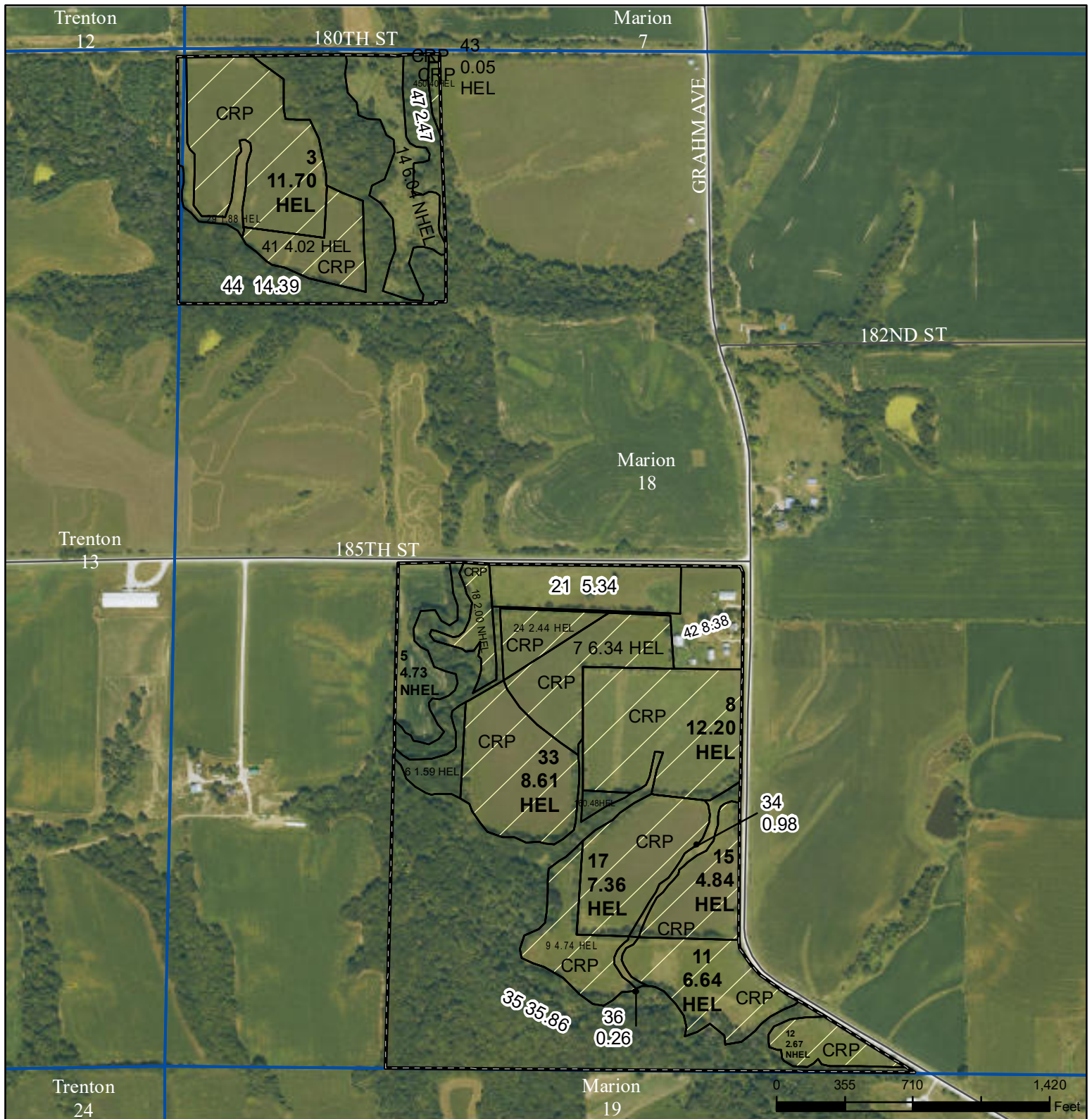




United States  
Department of  
Agriculture

## Henry County, Iowa



### Legend

- Non-Cropland
- Cropland
- CRP
- Tract Boundary
- Iowa PLSS
- 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).

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2025 Program Year

Map Created March 06, 2025

Farm **6081**  
Tract **11849**

Tract Cropland Total: 88.73 acres

IOWA

HENRY

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.

United States Department of Agriculture  
Farm Service Agency

## Abbreviated 156 Farm Record

FARM : 6081

Prepared : 4/3/25 2:26 PM CST

Crop Year : 2025

Operator Name : STEVE ZIHLMAN  
CRP Contract Number(s) : 11227D, 11228D, 11439C  
Recon ID : 19-087-2017-29  
Transferred From : None  
ARCPLC G//F Eligibility : Eligible

## Farm Land Data

Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
156.41	88.73	88.73	0.00	0.00	0.00	0.00	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped			CRP	MPL	DCP Ag.Rel. Activity	SOD
0.00	0.00	14.72	0.00			74.01	0.00	0.00	0.00

## Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage
None	None	WHEAT, CORN

## DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
Wheat	8.72	0.00	30	
Corn	6.00	54.30	130	
Soybeans	0.00	6.56	0	
<b>TOTAL</b>	<b>14.72</b>	<b>60.86</b>		

## NOTES

Tract Number : 11849

Description : Section 18 Marion Twp  
FSA Physical Location : IOWA/HENRY  
ANSI Physical Location : IOWA/HENRY  
BIA Unit Range Number :  
HEL Status : HEL field on tract.Conservation system being actively applied  
Wetland Status : Tract does not contain a wetland  
WL Violations : None  
Owners : STEVE ZIHLMAN  
Other Producers : JOHN ZIHLMAN  
Recon ID : 19-087-2017-28

## Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
156.41	88.73	88.73	0.00	0.00	0.00	0.00	0.0



Abbreviated 156 Farm Record

Tract 11849 Continued ...

State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	14.72	0.00	74.01	0.00	0.00	0.00

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield
Wheat	8.72	0.00	30
Corn	6.00	54.30	130
Soybeans	0.00	6.56	0
<b>TOTAL</b>	<b>14.72</b>	<b>60.86</b>	

NOTES

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<b>CRP-1</b> (01-08-24)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	
<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>		1. ST. & CO. CODE & ADMIN. LOCATION 19 087	
		2. SIGN-UP NUMBER 47	
5A. COUNTY FSA OFFICE ADDRESS <i>(Include Zip Code)</i> HENRY COUNTY FARM SERVICE AGENCY 709 S IRIS ST SUITE #102 MT PLEASANT, IA52641-1967		3. CONTRACT NUMBER 11227D	
		4. ACRES FOR ENROLLMENT 33.92	
5B. COUNTY FSA OFFICE PHONE NUMBER <i>(Include Area Code):</i> (319) 385-2037		6. TRACT NUMBER 11849	
		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2015 TO: (MM-DD-YYYY) 09-30-2025	
8. SIGNUP TYPE: SAFE - Iowa Gaining Ground			
<b>THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (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. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.</b>			
9A. Rental Rate Per Acre \$ 241.00		10. Identification of CRP Land <i>(See Page 2 for additional space)</i>	
9B. Annual Contract Payment \$ 8,175.00		A. Tract No.	B. Field No.
9C. First Year Payment \$		C. Practice No.	D. Acres
<i>(Item 9C is applicable only when the first year payment is prorated.)</i>		E. Total Estimated Cost-Share	F. Total Estimated Cost-Share
		11849	15
		11849	17
		CP38E-2	6.64
		CP38E-2	4.84
		CP38E-2	7.36
<b>11. PARTICIPANTS</b> <i>(If more than three individuals are signing, see Page 3.)</i>			
A(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i> STEVE ZIHLMAN 1771 GRAHAM AVE MOUNT PLEASANT, IA52641-9272		(2) SHARE 100.00 %	
B(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>		(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 <i>(Include Zip Code)</i>		(2) SHARE %	
(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
(5) DATE (MM-DD-YYYY)		(5) DATE (MM-DD-YYYY)	
<b>12. CCC USE ONLY</b>		A. SIGNATURE OF CCC REPRESENTATIVE	
B. DATE (MM-DD-YYYY)		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. 3831 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 will 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 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.**

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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### CONTINUATION OF ITEM 10 – Identification of CRP Land

[illegible]



<b>CRP-1</b> (01-08-24) <div style="text-align: center; margin-top: 10px;"> <b>U.S. DEPARTMENT OF AGRICULTURE</b>            Commodity Credit Corporation         </div>		<div style="border-bottom: 1px solid black; padding-bottom: 5px;">           1. ST. &amp; CO. CODE &amp; ADMIN. LOCATION  <div style="text-align: center;">19 087</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">           3. CONTRACT NUMBER  <div style="text-align: center;">11439C</div> </div>		<div style="border-bottom: 1px solid black; padding-bottom: 5px;">           2. SIGN-UP NUMBER  <div style="text-align: center;">48</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">           4. ACRES FOR ENROLLMENT  <div style="text-align: center;">37.65</div> </div>		
<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>		<div style="border-bottom: 1px solid black; padding-bottom: 5px;">           6. TRACT NUMBER  <div style="text-align: center;">11849</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">           7. CONTRACT PERIOD  <div style="display: flex; justify-content: space-between;"> <span>FROM: (MM-DD-YYYY) 11-01-2016</span> <span>TO: (MM-DD-YYYY) 09-30-2027</span> </div> </div>		<div style="border-bottom: 1px solid black; padding-bottom: 5px;">           8. SIGNUP TYPE:            Continuous         </div>		
5A. COUNTY FSA OFFICE ADDRESS <i>(Include Zip Code)</i> HENRY COUNTY FARM SERVICE AGENCY 709 S IRIS ST SUITE #102 MT PLEASANT, IA52641-1967		<p><b>THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (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. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.</b></p>				
5B. COUNTY FSA OFFICE PHONE NUMBER <i>(Include Area Code):</i> (319) 385-2037						
9A. Rental Rate Per Acre      \$ 247.94		10. Identification of CRP Land <i>(See Page 2 for additional space)</i>				
9B. Annual Contract Payment      \$ 9,335.00		A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment      \$		11849	3	CP42	11.70	\$ 6,201.00
<i>(Item 9C is applicable only when the first year payment is prorated.)</i>		11849	7	CP42	6.34	\$ 3,360.00
		11849	8	CP42	12.20	\$ 6,466.00
<b>11. PARTICIPANTS</b> <i>(If more than three individuals are signing, see Page 3.)</i>						
A(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i> STEVE ZIHLMAN 1771 GRAHAM AVE MOUNT PLEASANT, IA52641-9272		(2) SHARE <div style="text-align: center;">100.00 %</div>	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
B(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>		(2) SHARE <div style="text-align: center;">%</div>	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
C(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>		(2) SHARE <div style="text-align: center;">%</div>	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
<b>12. CCC USE ONLY</b>		A. SIGNATURE OF CCC REPRESENTATIVE				B. DATE (MM-DD-YYYY)
<p><b>NOTE:</b> 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. 3831 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 will 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 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.</p> <p><b>Paperwork Reduction Act (PRA) Statement:</b> 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. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>						

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### CONTINUATION OF ITEM 10 – Identification of CRP Land

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