CRP-1 IIS DEPARTMENT OF				D 7		
(10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & C LOCAT	CO CODE & ADMIN	l. 2. Si	Page 1 of 2  2. SIGN-UP NUMBER		
CONORDAN		19 131		40		
CONSERVATION RESERVE PROGRAM CONTRACT				48		
	3. CONTR	RACT NUMBER	40AC	RES FOR ENROLLMENT		
7A. COUNTY OFFICE ADDRESS (Include Zip Code)		Pirzello	WAD	17.61		
TITICITED COUNTY FARM SERVICE ACENCY	5. FARM	NUMBER /		ACT NUMBER(S)		
1323 EAST MAIN STREET		0002082	721116	116 0008165		
OSAGE, IA 50461	8. OFFER	(Select one)	0.00			
	GENERAL	[	FROM:	NTRACT PERIOD   TO:		
7B. TELEPHONE NUMBER (Include Area Code): (641) 732-3735	ENI/IBONIME			·YYYY) (MM-DD-YYYY)		
THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as Participant".) The Participant agrees to place the designated acreage into the Conservation	"CCC") and the understand			1/2010 9/30/202		
such acreage and approved by the CCC and the Participant. Additionally, the Participant and Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Participant acknowledges that a copy of the Appendix for the applicable sign-up period has becomtained in this Form CRP-1 and in the Appendix if the Participant withdraws prior to CCC accordained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto.	nplement on such ad CCC agree to Reserve Progra been provided to coeptance or reju BY SIGNING T RP-2: CRP-2C:	the Control of the comply with the ten of comply with the ten of control of the c	use set by Cy ge the Conser ns and condit I to as "Apper person also nd condition RODUCERS A	What he stipped to the value Plan developed to the value Plan developed to the part of the		
OR Applied 9 284.29 11 Identification of	CRP Land (S	See Page 2 for a	dditional so:	300)		
A. Tract No.   R	. Field No.	C. Practice No.	D. Acres	F =		
OC. First Year Payment \$ 1945 10008165	0001	CP42		Cost-Share		
tem 10C applicable only to continuous signup when 1/23/1, 0008165	0004		3.80	2,014		
o hist year payment is prorated.)		CP42	1.15	609		
2. PARTICIPANTS (If more than three individuals are signing, see F  1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE	0005	CP42	3.21	587		
1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE  RECEIVE  1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE	(3) <b>Ø</b> IGNATUF	RE	<i>C</i> .	(4) DATE (MM-DD-YYYY)		
JAN 2 8 2016	(3) SIGNATUR	RE		(4) DATE (MM-DD-YYYY)		
A. SIGNATURE OF COOREPRESENTATIVE	FSA_					
				3. DATE (MM-DD-YYYY)		
DTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq. of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate information collected on this form may be disclosed to other Federal, State, Local governor authorized access to the information by statute or regulation and/or as described in application and/or as described in application formation is voluntary. However, ineligibility to participate in and receive benefits under the Conservation Reserve Program.  This information collection is exempted from the Paperwork Reduction Act as specified in the provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicated and country for the program of Agriculture (USDA) prohibits discrimination against its customers, employees ability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, inhibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or 100 or	e in and receive to the temperature of the Agricultural Acade to the information and applicants of the Agricultural Acade to the information of the Agricultural Acade to the information of the Agricultural Acade to the information wish to file a program compla	penefits under the Coribal agencies, and not sidentified in the Systish the requested information provided. RETUTOR employment on the al status, sexual orientm or activity conducter or TARGET Centrict, please contact US	Iservation Resingovernmental amount of Records amation will resident of Records are sold amount of Records are sold or funded by the to the addresser at (202) 70 DA through the	eq.), and the Agricultural Act erve Program. The entities that have been Notice for USDA/FSA-2, ult in a determination of white F, Administration). The MPLETED FORM TO YOUR color, national origin, age, part of an individual's the Denatment (Not all		
is/www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-999, is the form. Send your completed complaint form or letter by mail to U.S. Department of Agrichington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA	crimination Comp	laint Form, found onlir	ne at			
Original – County Office Copy Owner's				perator's Copy		

This form is available electronically.				Page 1 of 1	
CRP-1 U.S. DEPARTMENT OF AGRICULTURE		1. ST. & CO CODE & ADMIN.		2. SIGN-UP NUMBER	
(10-22-15) Commodity Credit Corporation	LCCATI	ON	4	)  -  -	
		19 131		48	
CONSEDVATION DESCRIVE DOCCDAM CONTRACT					
CONSERVATION RESERVE PROGRAM CONTRACT	3. CONTR	ACT NUMBER	1.4. RES	OR ENROLLMENT	
			WK YU	36.84	
7A. COUNTY OFFICE ADDRESS (Include Zip Code)	5. FARM N	IUMBER .	TRACT	NUMBER(S)	
MITCHELL COUNTY FÄRM SÉRVICE AGENCY		0002082	4	0008163	
1525 EAST MAIN STREET		pm	1/28/16		
OSAGE, IA 50461	8. OFFER (Select one)		-	ACT PERIOD	
			FROM:	FROM: TO: (MM-DD-YYYY)	
7B. TELEPHONE NUMBER (Include Area Code): (641) 732-3735	FNVIRONM	ENTAL PRIORITY 🗸	7/1/1	ALL 9 170/700	
THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as	i		of athre or far	DIO 1.56/202	
Participant".) The Participant agrees to place the designated acreage into the Conservation	Reserve Progra	am ("CRP") or other us	e set by CCC fol	the stowered thunder	
period from the date the Contract is executed by the CCC. The Participant also agrees to im	plement on su	ch designated acreage	the Conservation	Pilan developed for	
such acreage and approved by the CCC and the Participant. Additionally, the Participant an Contract, including the Appendix to this Contract, entitled Appendix to CRP-1. Conservation	a CCC agree to Reserve Progr	o comply with the terms am Contract (referred to	s and conditions ( as "Annendix")	contained in this / Le	
Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Participant acknowledges that a copy of the Appendix for the applicable sign-up period has to	een provided t	o such person. Such p	erson also agree	s to pay such liquidated	
damages in an amount specified in the Appendix if the Participant withdraws prior to CCC accontained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto.	ceptance or re	iection. The terms and	d conditions of	this contract are	
OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; Cl	RP-2; CRP-2C;	or CRP-2G.	DOCENS ACKI	VOWLEDGE RECEIF I	
10A. Rental Rate Per Acre \$ 273,29 11. Identification of	f CRP Land (	See Page 2 for add	ditional space)		
10B. Annual Contract Payment \$10,068	. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	
10C. First Year Payment \$ 114 7 126 (6008163	0002	CP42	31.09		
		****	***************************************	16,478	
(Item 10C applicable only to continuous signup when the first year payment is prorated.)	0003	CP42	5.75	3,048	
the first year payment is prorated.)					
12. PARTICIPANTS (If more than three individuals are signing, see	Page 3.)				
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE F E DUNKEL CO	(3) SIGNATI	JRE .	(4)	DATE (MM-DD-YYYY)	
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**AGRICARE FARM MGT PO BOX 885 MASON CITY, IA 50402-0885  B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):  (2) SHARE  (2) SHARE  (3) CCC USE ONLY  (4) A. SIGNATURE OF CCC REPRESENTATIVE  (5) If a following statement is made in accordance with the Privacy Act of 1974 (5 USC 55 is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S. C. 714 et s of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participinformation collected on this form may be disclosed to other Federal, State, Local gove authorized access to the information by statute or regulation and/or as described in app. Farm Records File (Automated). Providing the requested information is voluntary. How ineligibility to participate in and receive benefits under the Conservation Reserve Progr.  This information collection is exempted from the Paperwork Reduction Act as specified provisions of appropriate criminal and civil fraud, privacy, and other statutes may be ap COUNTY FSA OFFICE.  The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employ disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, martial stating income is derived from any public assistance program, or protected genetic information in employing the country of the provision of appropriate of the properties of the provision of appropriate of the properties of the provision of appropriate of the provis	(3) SIGNATI  (4) Food Solution in and receive in and application in the Agriculture plicable to the interest or in any one and application places.	d). The authority for requescrity Act of 1985 (16 Leve benefits under the Co. Tribel agencies, and no. Uses identified in the Systurnish the requested information provided. RE'	lesting the information. J.S.C. 3801 et segniservation Reservation Reservation will result 13-79, Title I, Substant TURN THIS COMMINE basis of race, conted on funded by the last of runded by the las	DATE (MM-DD-YYYY)  DATE (MM-DD-YYYY)  ation identified on this form .), and the Agricultural Act we Program. The ntities that have been lotice for USDA/FSA-2, t in a determination of  title F, Administration). The PLETED FORM TO YOUR  olor, national origin, age, ant of an individual's	
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This form is available electronically.					Page 1 of 1			
(10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & C LOCAT	O CODE & ADMIN. ION	2. SIGI	2. SIGN-UP NUMBER			
CONSERVATION RESERVE PROGRAM CONTRACT			19 131		50			
		3. CONTR	3. CONTRACT NUMBER		4. ACRES FOR ENROLLMENT 4.23			
A. COUNTY OFFICE ADDRESS (Include Zip Code) MITCHELL COUNTY FARM SERVICE AGENCY L525 MAIN ST		5. FARM	5. FARM NUMBER 0002082		6. TRACT NUMBER(S) 0008165			
OSAGE, IA 50461-1824		8. OFFER	(Select one)	9. CON	9. CONTRACT PERIOD			
		GENERAL			FROM: MAD TO: MAD (MM-DO-)			
7B. TELEPHONE NUMBER (include Area Code): (641) 732-	3735	ENVIRONM	ENVIRONMENTAL PRIORITY 🗸		-2017 9-30-202			
THIS CONTRACT is entered into between the Commodity Credit C Parlicipant".) The Parlicipant agrees to place the designated acree period from the date the Contract is executed by the CCC. The Pa such acreage and approved by the CCC and the Parlicipant. Addit Contract, including the Appendix to this Contract, entitled Appendix Parlicipant ecknowledges that a copy of the Appendix for the applic damages in an amount specified in the Appendix if the Parlicipant ocontained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and an	age into the Consenticipant also agrees tionally, the Participa to CRP-1, Conserv cable sign-up period withdraws prior to Cany addendum the	vation Reserve Progi s to implement on su ant and CCC agree to vation Reserve Progi i has been provided i CC acceptance or re creto. BY SIGNING	ram ("CRP") or other ich designated acreag to comply with the ten ram Contract (referred to such person. Such ejection. The terms a THIS CONTRACT P!	use set by CC pe the Consen ns and conditi I to as "Appen person also a and condition	C for the stipulated contract vation Plan developed for ions contained in this dist"). By signing below, the agrees to pay such liquidated sof this contract are			
10A. Rental Rate Per Acre \$ 293.00			(See Page 2 for a	dditional sp	ace)			
10B. Annual Contract Payment \$1,239	A. Tract No.	B. Field No.	C. Practice No.	D. Acre	s E. Total Estimated Cost-Share			
10C. First Year Payment \$ //4>	0008165	0002	CP42	1.27				
(Item 10C applicable only to continuous signup when the first year payment is prorated.)	0008165	0003	CP42	2.96	1,569			
12. PARTICIPANTS (If more than three individual	<u> </u>	L	1	<u> </u>				
	100.0 (2) SHARE	(3) STENAT	Day 16/6, gifted Fayer 1 Models URE	nody True	(4) DATE (MM-DD-YYYY)  4 / / /2017  (4) DATE (MM-DD-YYYY)			
`	(2) SHARE	(3) SIGNAT	UHE		(4) DATE (MM-DD-YYYY)			
13. CCC USE ONLY  A. SIGNATURE OF CCC	ash	(6)	D		B. DATE (MM-DD-YYYY) 4-14-2017			
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 7 CFR Part 1410, 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.), and the Agricultural Act of 2014 (Pub. L. 113-79). 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.  This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). 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.								
The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require allemative means of communication for program information (e.g., Brallie, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 845-6136 (in Spanish).  If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W.								
Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at progr	ram.intake@usda.go	ov. USDA is an equal Owner's Copy	l opportunity provider a	nd employer.	Operator's Copy			