This form is available electronically.								Page 1 of 1	
RP-1 U.S. DEPARTMENT OF AGRICULTURE			1. ST. & CO CODE & ADMIN.				2. SIGN-UP NUMBER		
(10-22-15) Commodity Credit Corporation				LOCAT	TION				
					38 017		8	44	
CONSERVATION RESERVE PROGRA	M CON	TRACT	г						
	0011		•	3. CONTE	RACT NUMBER 10068A			R ENROLLMENT 18.59	
7A. COUNTY OFFICE ADDRESS (Include Zip Code)		P	*	5. FARM	NUMBER		6. TRACT NU	MBER(S)	
CASS COUNTY FARM SERVICE AGENCY 1665 43RD ST SW STE 103				9525			12420		
FARGO, ND 58103-3319				0. OFFER #				1	
•				8. OFFER (Select one) GENERAL			9. CONTRACT PERIOD FROM: TO: (MM-DD-YYYY)		
7B. TELEPHONE NUMBER (Include Area Code): (701) 282-2157				ENVIRONMENTAL PRIORITY			10-01-2013	09-30-2023	
THIS CONTRACT is entered into between the Commodity Credit Participant".) The Participant agrees to place the designated acrepriod from the date the Contract is executed by the CCC. The Function such acreage and approved by the CCC and the Participant. Add Contract, including the Appendix to this Contract, entitled Appendix Participant acknowledges that a copy of the Appendix for the appendix and amages in an amount specified in the Appendix if the Participant contained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and a	eage into the Participant a ditionally, the ditionally, the ditionally the ditionally the ditional to the ditional ditio	ne Conser also agree ne Participa 1, Conserv -up perioc prior to C	vation I s to imp ant and vation I d has be CCC acc	Reserve Programment on sur CCC agree to Reserve Programment Reserve Programment Reptance or re	ram ("CRP") or other ich designated acrea to comply with the ter ram Contract (referre to such person. Suc ejection. CONTRACT F	r use se age the arms and ad to as and se	t by CCC for the Conservation Pl I conditions con "Appendix"). B In also agrees to	e stipulated contract an developed for tained in this y signing below, the p pay such liquidated	
10A. Rental Rate Per Acre \$105.41					(See Page 2 for a	additio	nal space)		
10B. Annual Contract Payment \$5,122		act No.		Field No.	C. Practice No.		D. Acres	E. Total Estimated Cost-Share	
10C. First Year Payment \$	12	420	1	0004	CP18C		48.59	\$ 2,187	
(Item 10C applicable only to continuous signup when the first year payment is prorated.)								e ye waxaanaan	
12 DARTICIDANTS (If more than there in divide			L					•	
<b>12. PARTICIPANTS</b> (If more than three individual A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHAR				UDE		140 54		
LEAH GEHRIG	(2) 011/11	_	1	(3) SIGNAT	URE -		(4) DA	TE (MM-DD-YYYY)	
PO BOX 9923		50.0	00%		AND THE PARTY OF T	CYT	11	2/11/	
FARGO, ND 58106-9923	3 S			$\rightarrow$	The state of the s	) 30	1TB 03 6		
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): JASON GEHRIG	(2) SHARI	E		(3) SICNATI	<u> </u>		(4) DA	MM-DD-YYYY)	
PO BOX 9923		50.0	0 %			JUL	2 0 0	ä_ (/	
FARGO, ND 58106-9923			(			JOL	2 9 20167 -	¥ 1-16	
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHA		ARE (3)		3) SIGNATURE			(4) DA	(MM-DD-YYYY)	
				CASS			COUNTY FSA		
					Company to the Company of the Compan		JULY I I I I I	15043000	
13. CCC USE ONLY  A. SIGNATURE OF CCC	REPRES	SENTAT	IVE	110.00			l I	TE (MM-DD-YYYY) 5-2016	
NOTE: The following statement is practice in accordance with the Pris 7 CFR Part 1410, the Commodity Credit Corporation Charles of 2014 (Pub. L. 113-79). The information will be used to dinformation collected on this form may be disclosed to other authorized access to the information by statute or regulation Farm Records File (Automated). Providing the requested in ineligibility to participate in and receive benefits under the Co	arter Act (15 etermine elig r Federal, St n and/or as c nformation is	U.S.C. 714 gibility to pa ate, Local described in voluntary	4 et seq articipat governr in applic Howe	.), the Food Se e in and receiv nent agencies, able Routine U ver failure to f	ecurity Act of 1985 (16 re benefits under the C . Tribal agencies, and Ises identified in the S	U.S.C. Conserva nongove	g the information 3801 et seq.), an ation Reserve Pro ernmental entities	identified on this form d the Agricultural Act ogram. The s that have been	
This information collection is exempted from the Paperwork provisions of appropriate criminal and civil fraud, privacy, as COUNTY FSA OFFICE.	Reduction A	Act as spec utes may b	cified in be applic	the Agricultura cable to the inf	al Act of 2014 (Pub. L. formation provided. <b>R</b> i	113-79, <b>ETURN</b>	Title I, Subtitle F THIS COMPLET	, Administration). The ED FORM TO YOUR	
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If you wish to file a Civil Rights program complaint of discrimination, co. http://www.ascr.usda.gov/complaint_filing_cust.html, or at any US requested in the form. Send your completed complaint form or letter by Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at prog	DA office, or mail to U.S.	call (866) Departme	632-999	92 to request ti priculture. Direc	he form. You may also	o write a	letter containing	all of the information Avenue, S.W.,	
Original – County Office Copy	Owner's			-			Operator's Copy		

Tills form is available electronically.					Page 1 of 2		
CRP-1 U.S. DEPARTMENT OF AGRICULTU (10-22-15) Commodity Credit Corporation		CO CODE & ADMIN.	2. SIGI	2. SIGN-UP NUMBER			
(10-22-15) Commodity Credit Corporation		LOCAT	HON	* ***	***		
			38 017		47		
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTE	RACT NUMBER	4. ACR	4. ACRES FOR ENROLLMENT		
. "			11081A	8.4	258.27		
7A. COUNTY OFFICE ADDRESS (Include Zip Code)	7A. COUNTY OFFICE ADDRESS (Include Zip Code)			6. TRA	6. TRACT NUMBER(S)		
CASS COUNTY FARM SERVICE AGENCY 1665 43RD ST SW STE 103			9525		12420		
FARGO, ND 58103-3319			R (Select one)	9 CON	NTRACT PERIOD		
			(Genetic time)	FROM:	Contract of the contract of th		
7B. TELEPHONE NUMBER (Include Area Code): (701) 282-2157			IENTAL PRIORITY		L-2015 (MM-DD-7777)		
THIS CONTRACT is entered into between the Commodity Credit Participant".) The Participant agrees to place the designated acr period from the date the Contract is executed by the CCC. The F such acreage and approved by the CCC and the Participant. Add Contract, including the Appendix to this Contract, entitled Appendix participant acknowledges that a copy of the Appendix for the app damages in an amount specified in the Appendix if the Participan contained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and CRP-1 and In the CRP-1 Appendix and CRP-1 appendix and CRP-1 and In the CRP-1 Appendix and CRP-1 appendix appendix and CRP-1 appendix appendix appendix and CRP-1 appendix appendix and CRP-1 appendix ap	eage into the Consen Participant also agree: ditionally, the Participa ditionally, the Participa ditionally sign-up period t withdraws prior to C d any addendum the	vation Reserve Progress to implement on suant and CCC agree of vation Reserve Progress been provided in the Scaceptance or reserve RY SIGNING	ram ("CRP") or other to uch designated acreage to comply with the terror ram Contract (referred to such person. Such ejection. The terms and THIS CONTRACT PRO-	use set by CC re the Conserv ns and condition to as "Append person also a	C for the stipulated contract vation Plan developed for ons contained in this dix"). By signing below, the agrees to pay such liquidated as of this contract are		
10A. Rental Rate Per Acre \$152.40			(See Page 2 for ac	dditional spa	ice)		
10B. Annual Contract Payment \$39,360	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share		
10C. First Year Payment \$	12420	1	CP27	8.38			
(Item 10C applicable only to continuous signup when	12420	1	CP28	53.44	\$ 2,405		
the first year payment is prorated.)	12420	10	CP28	0.35	\$ 16		
12. PARTICIPANTS (If more than three individual				, 10.11.11.11.11.11.11.11.11.11.11.11.11.1			
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): LEAH GEHRIG	(2) SHARE	(3) SIGNAT	URE -		(4) DATE (MM-DD-YYYY)		
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FARGO, ND 58106-9923		1	The second secon	The last section and delivered the second	عي ال وا		
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): JASON GEHRIG	(2) SHARE	(3) SIGNAT	URE	and the same of th	(4) DATE (MM-DD-YYYY)		
PO BOX 9923	50.0	0.0%	SUITE 10	- BUTTON I			
FARGO, ND 58106-9923	50.0			FAR	7-77-16		
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNATI	S PRE	<u> </u>	(4) DATE (MM-DD-YYYY)		
			E JUL 2 9 2	016 3			
		%	65 43rd	016 <b>3</b>			
13. CCC USE ONLY			99				
La Company	REPRESENTAT		CASS COUN	I V F S/A	X-5-2016		
NOTE: The following statement is nade in accordance with the Pris 7 CFR Part 1410, the Commodity Credit Corporation Cha of 2014 (Pub. L. 113-79). The information will be used to d information collected on this form may be disclosed to other authorized access to the information by statute or regulation Farm Records File (Automated). Providing the requested in ineligibility to participate in and receive benefits under the Commonwealth.	etermine eligibility to par r Federal, State, Local y n and/or as described in progration is voluntary	at seq.), the Food Searticipate in and receiv government agencies, n applicable Routine U However, failure to f	ecurity Act of 1985 (16 to we benefits under the Co of Tribal agencies, and n the systematified in the System	J.S.C. 3801 et a onservation Res ongovernmenta	ormation identified on this form seq.), and the Agricultural Act serve Program. The al entities that have been		
This information collection is exempted from the Paperwork provisions of appropriate criminal and civil fraud, privacy, au COUNTY FSA OFFICE.	nd other statutes may b	e applicable to the inf	formation provided. <b>RE</b>	TURN THIS CO	OMPLETED FORM TO YOUR		
The U.S. Department of Agriculture (USDA) prohibits discrimination ag disability, sex, gender identity, religion, reprisal, and where applicable, income is derived from any public assistance program, or protected ge prohibited bases will apply to all programs and/or employment activities alternative means of communication for program information (e.g., Braindividuals who are deaf, hard of hearing, or have speech disabilities a (800) 877-8339 or (800) 845-6136 (in Spanish).	political beliefs, marital netic information in emp s.) Persons with disabi ille large print audiotal	status, familial or par ployment or in any pro ilities, who wish to file pe etc.) please contar	ental status, sexual orie ogram or activity conduc a program complaint, w ct USDA's TARGET Co	entation, or all o sted or funded b write to the addre ntor at (202), 72	or part of an individual's by the Department. (Not all less below or if you require		
If you wish to file a Civil Rights program complaint of discrimination, con http://www.ascr.usda.gov/complaint_filing_cust.html, or at any US requested in the form. Send your completed complaint form or letter by Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at prog	DA office, or call (866) mail to U.S. Departme	632-9992 to request to	the form. You may also	write a letter co	ontaining all of the information pendence Avenue, S.W.,		
Original – County Office Copy	<u> </u>	wner's Copy	, ,y providor diru		Operator's Copy		