



Abbreviated 156 Farm Record

Operator Name : ROBERT G SHAFFER  
 Farms Associated with Operator : 19-087-5913  
 CRP Contract Number(s) : 11199B, 11545A, 11546A, 2596B, 2597B, 2760B, 4223D  
 Recon ID : 19-087-2016-17  
 ARCPLC G//F Eligibility : Eligible

Farm Land Data

Farmland	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane	Farm Status	Number Of Tracts
179.92	110.93	110.93	0.00	0.00	110.93	0.00	0.00	Active	3
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped		MPL	Acre Election	EWP	DCP Ag.Rel. Activity	Broken From Native Sod
0.00	0.00	0.00	0.00		0.00		0.00	0.00	0.00

Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage
None	None	None

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP

NOTES

Tract Number : 2042

Description : Sec 27 Center Twp  
 FSA Physical Location : IOWA/HENRY  
 ANSI Physical Location : IOWA/HENRY  
 BIA Unit Range Number :  
 HEL Status : NHEL: No agricultural commodity planted on undetermined fields  
 Wetland Status : Tract does not contain a wetland  
 WL Violations : None  
 Owners : ROBERT G SHAFFER, ESTHER J SHAFFER RVOC TR AGREEMENT  
 Other Producers : ROBERT G SHAFFER REVOCABLE TRUST  
 Recon ID : None

Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane
27.86	10.05	10.05	0.00	0.00	10.05	0.00	0.00
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL	EWP	DCP Ag. Rel. Activity	Broken From Native Sod
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield

NOTES

**Abbreviated 156 Farm Record**

**Tract Number : 9739**

**Description :** SEC 28 Center 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 :** Wetland determinations not complete  
**WL Violations :** None  
**Owners :** ROBERT G SHAFFER, ESTHER J SHAFFER RVOC TR AGREEMENT  
**Other Producers :** ROBERT G SHAFFER REVOCABLE TRUST  
**Recon ID :** None

**Tract Land Data**

Farm Land	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane
27.77	13.78	13.78	0.00	0.00	13.78	0.00	0.00
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL	EWP	DCP Ag. Rel Activity	Broken From Native Sod
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**DCP Crop Data**

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield

**NOTES**

**Tract Number : 10107**

**Description :** SEC 28 Center 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 :** ROBERT G SHAFFER, ESTHER J SHAFFER RVOC TR AGREEMENT  
**Other Producers :** ROBERT G SHAFFER REVOCABLE TRUST  
**Recon ID :** None

**Tract Land Data**

Farm Land	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane
124.29	87.10	87.10	0.00	0.00	87.10	0.00	0.00
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL	EWP	DCP Ag. Rel Activity	Broken From Native Sod
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**DCP Crop Data**

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield

**NOTES**

IOWA  
HENRY

Form: FSA-156EZ



United States Department of Agriculture  
Farm Service Agency

**FARM : 5913**

**Prepared : Dec 30, 2019**

**Crop Year : 2020**

## 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.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

CRP-1F Addendum  
(05-31-19)

U.S. DEPARTMENT OF AGRICULTURE  
Commodity Credit Corporation

1A. State Code  
19

1B. County Code  
087

**CRP-1 MODIFICATION TO EXTEND THE CONTRACT  
EXPIRATION DATE FOR 1 YEAR**

2. Contract Number  
**4223D**

3. Farm Number  
**5913**

**4. TERMS TO EXTEND EXPIRATION DATE OF THE CRP-1 CONTRACT**

This contract modification is entered into by the Commodity Credit Corporation (CCC) and the undersigned participant(s) of the Conservation Reserve Program (CRP) under the contract in Item 2 above.

By signing this contract modification, the participant(s) and CCC agree:

- to extend the expiration date of the CRP contract identified in Item 2 above to September 30, 2020.
- to continue to comply with the terms and conditions of the cited contract as contained in the corresponding CRP-1, CRP-1 Appendix, and any addendum thereto.
- to extend the lifespan of all CRP practices established for the contract identified in Item 2 above for 1 year longer than indicated on AD-245, page 2, or the FSA-848A as applicable or for 1 year longer than was agreed to under other extension provisions, whichever results in the later date.

**It is so agreed and understood.**

4A. Participant's Name (Printed) <b>Robert G Shaffer Irrev Trust</b>	4B. Participant's Signature (By) <i>Carolyn Prattzman</i>	4C. Title/Relationship of the Individual Signing in the representative capacity <b>Co-trustee</b>	4D. Date (MM-DD-YYYY) <b>8-13-19</b>
4E. Participant's Name (Printed) <b>Esther J Shaffer Revoc Tr Agreement</b>	4F. Participant's Signature (By) <i>Carolyn Prattzman</i>	4G. Title/Relationship of the Individual Signing in the representative capacity <b>Co-trustee</b>	4H. Date (MM-DD-YYYY) <b>8-13-19</b>
4I. Participant's Name (Printed) <b>Robert G Shaffer Irrev Trust</b>	4J. Participant's Signature (By) <i>Pilot Grove Savings Bank</i>	4K. Title/Relationship of the Individual Signing in the representative capacity <b>Co-trustee</b>	4L. Date (MM-DD-YYYY) <b>8/18/19</b>
4M. Participant's Name (Printed) <b>Esther J Shaffer Revoc Trust Agreement</b>	4N. Participant's Signature (By) <i>Pilot Grove Savings Bank</i>	4O. Title/Relationship of the Individual Signing in the representative capacity <b>Co-trustee</b>	4P. Date (MM-DD-YYYY) <b>8/18/19</b>
5A. Signature of CCC Representative <i>John Fraire, CEO</i>	5B. Date (MM-DD-YYYY) <b>9-23-19</b>	5A. County FSA Office Name and Address (Including ZIP Code) <b>HENRY COUNTY FARM SERVICE AGENCY 709 SOUTH IRIS ST, STE 102 MT. PLEASANT, IA 52641</b>	
		5B. Telephone No. (Including Area Code): <b>319-385-2037</b>	

**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.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility for a modification to extend an existing CRP contract. 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 for a modification to extend an existing CRP contract.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title II, Subtitle G, Funding and Administration). The provisions of 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.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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](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) email: [program\\_intake@usda.gov](mailto:program_intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

<b>CRP-1</b> (10-22-15) <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 32
	3. CONTRACT NUMBER 4223D	4. ACRES FOR ENROLLMENT 11.30

7A. COUNTY OFFICE ADDRESS (Include Zip Code) HENRY COUNTY FARM SERVICE AGENCY 709 S IRIS ST SUITE #102 MT PLEASANT, IA 52641-1967	5. FARM NUMBER 5913	6. TRACT NUMBER(S) 10107
	8. OFFER (Select one) GENERAL <input checked="" type="checkbox"/> ENVIRONMENTAL PRIORITY <input type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2009 TO: (MM-DD-YYYY) 09-30-2019

7B. TELEPHONE NUMBER (Include Area Code): (319) 385-2037

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 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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 132.00	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 1,492	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	10107	1	CP1	0.84	\$ 0
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		10107	2	CP1	3.21	\$ 0
		10107	3	CP2	1.00	\$ 0

**12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)**

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ROBERT G SHAFER IRRV TRUST C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE Robert G. Shaffer Irv Trust By: [Signature]	(4) DATE (MM-DD-YYYY) 3/20/19
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ESTHER J SHAFER RVOC TR AGREEMENT C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE Esther J. Shaffer RVOC Tr Agreement By: [Signature]	(4) DATE (MM-DD-YYYY) 3/20/19
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE [Signature]	B. DATE (MM-DD-YYYY) 3-26-19
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**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.**

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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](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 [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.

Original - County Office Copy
  Owner's Copy
  Operator's Copy

CONTINUATION OF ITEM 11 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S	F. CONTRACT PERIOD (MM-DD-YYYY)	
					(1) FROM	(2) TO
10107	4	CP3	1.01	\$ 0	10-01-2009	09-30-2019
10107	5	CP10	5.24	\$ 0	10-01-2009	09-30-2019

Original – County Office Copy

Owner's Copy

Operator's Copy



<b>CRP-1</b> (10-22-15) <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  42
	3. CONTRACT NUMBER 2760B	4. ACRES FOR ENROLLMENT 22.30

7A. COUNTY OFFICE ADDRESS (Include Zip Code) HENRY COUNTY FARM SERVICE AGENCY 709 S IRIS ST SUITE #102 MT PLEASANT, IA 52641-1967	5. FARM NUMBER 5913	6. TRACT NUMBER(S) 10107
	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2012 TO: (MM-DD-YYYY) 09-30-2022

7B. TELEPHONE NUMBER (Include Area Code): (319) 385-2037

*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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.*

10A. Rental Rate Per Acre	\$ 219.29	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 4,890	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	10107	29	CP22	2.03	\$ 0
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		10107	31	CP21	10.36	\$ 0
		10107	32	CP21	5.08	\$ 0

**12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)**

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ROBERT G SHAFFER IRRV TRUST C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE <i>Robert G Shaffer IRRV Trust Plus Grace Savings Bank Co Trustee By: Michael G... TO Carolyn C Prottsman Co Trustee</i>	(4) DATE (MM-DD-YYYY) 3/20/19
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ESTHER J SHAFFER RVOC TR AGREEMENT C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE <i>Esther J Shaffer RVOC TR Agreement Plus Grace Savings Bank Co Trustee By: Michael G... TO Carolyn C Prottsman Co Trustee</i>	(4) DATE (MM-DD-YYYY) 3/20/19
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

**13. CCC USE ONLY**

A. SIGNATURE OF CCC REPRESENTATIVE <i>Shirley Ann... CCO</i>	B. DATE (MM-DD-YYYY) 3-26-19
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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](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 [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.

Original - County Office Copy
  Owner's Copy
  Operator's Copy

**CONTINUATION OF ITEM 11 – Identification of CRP Land**

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S	F. CONTRACT PERIOD (MM-DD-YYYY)	
					(1) FROM	(2) TO
10107	33	CP21	4.22	\$ 0	10-01-2012	09-30-2022
10107	34	CP21	0.61	\$ 0	10-01-2012	09-30-2022

Original – County Office Copy
  Owner's Copy
  Operator's Copy



<b>CRP-1</b> (10-22-15)  <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  50
	3. CONTRACT NUMBER 11546A	4. ACRES FOR ENROLLMENT 53.50
7A. COUNTY OFFICE ADDRESS (Include Zip Code) HENRY COUNTY FARM SERVICE AGENCY 709 S IRIS ST SUITE #102 MT PLEASANT, IA 52641-1967	5. FARM NUMBER 5913	6. TRACT NUMBER(S) 10107
7B. TELEPHONE NUMBER (Include Area Code): (319) 385-2037	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2017 TO: (MM-DD-YYYY) 09-30-2027

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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 206.75	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 11,061	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	10107	0006	CP38E-4D	40.12	\$ 5,456
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		10107	0030	CP38E-4D	8.52	\$ 1,159
		10107	0035	CP38E-4D	4.86	\$ 661

**12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)**

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ROBERT G SHAFFER IRRV TRUST C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE <i>Robert G. Shaffer IRRV Trust</i> <i>Plot Grove Swamp Bank, Co. Insler</i> <i>By: Michael J. Agell, TO</i> <i>Case by C. G. Johnson, Co. Quaker</i>	(4) DATE (MM-DD-YYYY) 3/20/19
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ESTHER J SHAFFER RVOC TR AGREEMENT C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE <i>Esther J. Shaffer RVOC TR Agreement</i> <i>Plot Grove Swamp Bank, Co. Insler</i> <i>By: Michael J. Agell, TO</i> <i>Case by C. G. Johnson, Co. Quaker</i>	(4) DATE (MM-DD-YYYY) 3/20/19
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>Shu Haise, CD</i>	B. DATE (MM-DD-YYYY) 3-26-19
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**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.

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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](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 [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.

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CRP-1 (10-22-15)  <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO CODE & ADMIN. LOCATION  19 087	2. SIGN-UP NUMBER  50
			3. CONTRACT NUMBER 11545A

7A. COUNTY OFFICE ADDRESS (Include Zip Code) HENRY COUNTY FARM SERVICE AGENCY 709 S IRIS ST SUITE #102 MT PLEASANT, IA 52641-1967	5. FARM NUMBER 5913	6. TRACT NUMBER(S) 9739
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7B. TELEPHONE NUMBER (Include Area Code): (319) 385-2037	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2017 TO: (MM-DD-YYYY) 09-30-2027
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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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 192.15	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 1,860	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	9739	0001	CP38E-4D	2.23	\$ 303
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		9739	0002	CP38E-4D	5.03	\$ 684
		9739	0003	CP38E-4D	2.42	\$ 329

<b>12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)</b>			
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ROBERT G SHAFFER IRRV TRUST C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE <i>Robert G. Shaffer IRRV Trust Ellet Grace Savings Bank Trustee By: Y. Lichob (Y. Lichob, TO Coach C. Prottsman Co-Trustee</i>	(4) DATE (MM-DD-YYYY) 3/26/19
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ESTHER J SHAFFER RVOC TR AGREEMENT C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE <i>Esther J Shaffer RVOC TR Agreement Ellet Grace Savings Bank Co-Trustee By: Y. Lichob (Y. Lichob, TO Coach C. Prottsman Co-Trustee</i>	(4) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE <i>Shane Trause CCF</i>	B. DATE (MM-DD-YYYY) 3-26-19
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**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.

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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](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 [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.

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<b>CRP-1</b> (10-22-15)  <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 40
	3. CONTRACT NUMBER 2596B	4. ACRES FOR ENROLLMENT 4.10
7A. COUNTY OFFICE ADDRESS (Include Zip Code) HENRY COUNTY FARM SERVICE AGENCY 709 S IRIS ST SUITE #102 MT PLEASANT, IA 52641-1967	5. FARM NUMBER 5913	6. TRACT NUMBER(S) 9739
7B. TELEPHONE NUMBER (Include Area Code): (319) 385-2037	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2011 TO: (MM-DD-YYYY) 09-30-2021

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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.**

10A. Rental Rate Per Acre	\$ 222.44	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 912	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	9739	13	CP21	1.52	\$ 0
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		9739	4	CP21	2.58	\$ 0

**12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)**

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ROBERT G SHAFFER IRRV TRUST C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE Robert G Shaffer IRRV Trust Plot Grove Saving Bank, Co Trustee By: y nichol L y Pajel, T.O. Carolyn C. Prottzman Co Trustee	(4) DATE (MM-DD-YYYY) 3/20/19
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ESTHER J SHAFFER RVOC TR AGREEMENT C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE Esther J. Shaffer Revoc Tr Agreement Plot Grove Saving Bank, Co Trustee By: y nichol L y Pajel, T.O. Carolyn C. Prottzman Co Trustee	(4) DATE (MM-DD-YYYY) 3/20/19
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

**13. CCC USE ONLY**

A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY) 3-26-19
--	---------------------------------

**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.

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<b>CRP-1</b> (10-22-15)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	1. ST. & CO CODE & ADMIN. LOCATION 19 087	2. SIGN-UP NUMBER 40
		3. CONTRACT NUMBER 2597B	4. ACRES FOR ENROLLMENT 7.67

**CONSERVATION RESERVE PROGRAM CONTRACT**

7A. COUNTY OFFICE ADDRESS (Include Zip Code) HENRY COUNTY FARM SERVICE AGENCY 709 S IRIS ST SUITE #102 MT PLEASANT, IA 52641-1967	5. FARM NUMBER 5913	6. TRACT NUMBER(S) 2042
7B. TELEPHONE NUMBER (Include Area Code): (319) 385-2037	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2011 TO: (MM-DD-YYYY) 09-30-2021

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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 222.73	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 1,708	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	2042	10	CP9	3.02	\$ 0
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		2042	11	CP9	4.15	\$ 0
		2042	9	CP9	0.50	\$ 0

**12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)**

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ROBERT G SHAFFER IRRV TRUST C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE <i>Robert G. Shaffer IRRV Trust Pilot Grove Savings Bank, Co-Trustee By: J. Nichol L. Lagel, TO Cowan C. Hudson &amp; Justice</i>	(4) DATE (MM-DD-YYYY) 3/20/19
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ESTHER J SHAFFER RVOC TR AGREEMENT C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE <i>Esther J. Shaffer RVOC Tr Agreement Pilot Grove Savings Bank, Co-Trustee By: J. Nichol L. Lagel, TO Cowan C. Hudson &amp; Justice</i>	(4) DATE (MM-DD-YYYY) 3/20/19
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY) 3-26-19
--	---------------------------------

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<b>CRP-1</b> (10-22-15)  <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
	3. CONTRACT NUMBER 11199B	4. ACRES FOR ENROLLMENT 2.38

7A. COUNTY OFFICE ADDRESS (Include Zip Code) HENRY COUNTY FARM SERVICE AGENCY 709 S IRIS ST SUITE #102 MT PLEASANT, IA 52641-1967	5. FARM NUMBER 5913	6. TRACT NUMBER(S) 2042
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7B. TELEPHONE NUMBER (Include Area Code): (319) 385-2037	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2015 TO: (MM-DD-YYYY) 09-30-2025
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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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 289.20	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 688	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	2042	12	CP21	0.11	\$ 15
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		2042	6	CP21	1.11	\$ 154
		2042	8	CP21	1.16	\$ 161

<b>12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)</b>			
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ROBERT G SHAFFER IRRV TRUST C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE <i>Robert G Shaffer Irv Trust</i> Pilot Grove Savings Bank, Co. Trustee By: <i>Nicholas L. Boyd, TD</i> Carolyn C. Prottzman Co. Trustee	(4) DATE (MM-DD-YYYY) 3/20/19
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ESTHER J SHAFFER RVOC TR AGREEMENT C/O CAROLYN PROTTSMAN TTEE 1117 205TH ST MOUNT PLEASANT, IA 52641-8358	(2) SHARE 50.00%	(3) SIGNATURE <i>Esther J. Shaffer RVOC TR Agreement</i> Pilot Grove Savings Bank, Co. Trustee By: <i>Nicholas L. Boyd, TD</i> Carolyn C. Prottzman Co. Trustee	(4) DATE (MM-DD-YYYY) 3/20/19
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE <i>Shun Hare, CTD</i>	B. DATE (MM-DD-YYYY) 3/2/19
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**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.

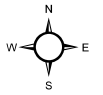
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Original - County Office Copy
  Owner's Copy
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**National\_Wetland.SDE.wetlands**

**Wetland Determination Identifiers**

- Restricted Use
- ▼ Limited Restrictions
- Exempt from Conservation Compliance Provisions

plss\_a\_ia111

2019 Program Year

Map Created November 20, 2019

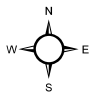
Farm 5913

Tract 2042

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2019 Program Year

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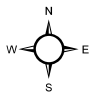
Farm 5913

Tract 9739

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**Wetland Determination Identifiers**

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- ▼ Limited Restrictions
- Exempt from Conservation Compliance Provisions

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2019 Program Year

Map Created November 20, 2019

Farm 5913

Tract 10107

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