IOWA JEFFERSON

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.



FARM: 977

Prepared : Jan 16, 2020 **Crop Year :** 2020

Abbreviated 156 Farm Record

	Farm Land Data								
Farmland	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane	Farm Status	Number Of Tracts
115.38	96.11	96.11	0.00	0.00	31.03	0.00	0.00	Active	2
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	65.08	0.	00	0.00		0.00	0.00	0.00

	Crop Election Choice	
ARC Individual	ARC County	Price Loss Coverage
None	None	None
ARC Individual - Default	ARC County - Default	Price Loss Coverage - Default
None	SOYBN	CORN

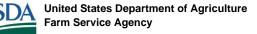
DCP Crop Data						
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP		
Corn	57.10	0.00	137			
Soybeans	7.90	0.70	46			
TOTAL	65.00	0.70				

NOTES

Tract Number	:	714
Description	:	L1 SEC 12N PENN
FSA Physical Location	:	IOWA/JEFFERSON
ANSI Physical Location	:	IOWA/JEFFERSON
BIA Unit Range Number	:	
HEL Status	:	NHEL: No agricultural commodity planted on undetermined fields
Wetland Status	:	Wetland determinations not complete
WL Violations	:	None
Owners	:	LATHOL GUY ESTATE
Other Producers	:	None
Recon ID	:	None

	Tract Land Data							
Farm Land	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane	
75.96	71.32	71.32	0.00	0.00	15.27	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	56.05	0.00	0.00	0.00	0.00	0.00	





Abbreviated 156 Farm Record

Crop Year : 2020

DCP Crop Data						
Tract 714 Continued						
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield			
Corn	48.16	0.00	137			
Soybeans	7.89	0.00	46			
TOTAL	56.05	0.00				

NOTES

Tract Number	:	715
Description	:	L2 SE 1/4 SEC 12 WALNUT
FSA Physical Location	:	IOWA/JEFFERSON
ANSI Physical Location	:	IOWA/JEFFERSON
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	:	LATHOL GUY ESTATE
Other Producers	:	None
Recon ID	:	None

	I ract Land Data								
Farm Land	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane		
39.42	24.79	24.79	0.00	0.00	15.76	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	9.03	0.00	0.00	0.00	0.00	0.00		

DCP Crop Data							
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield				
Corn	8.94	0.00	137				
Soybeans	0.01	0.70	46				
TOTAL	8.95	0.70					
NOTES							

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 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.

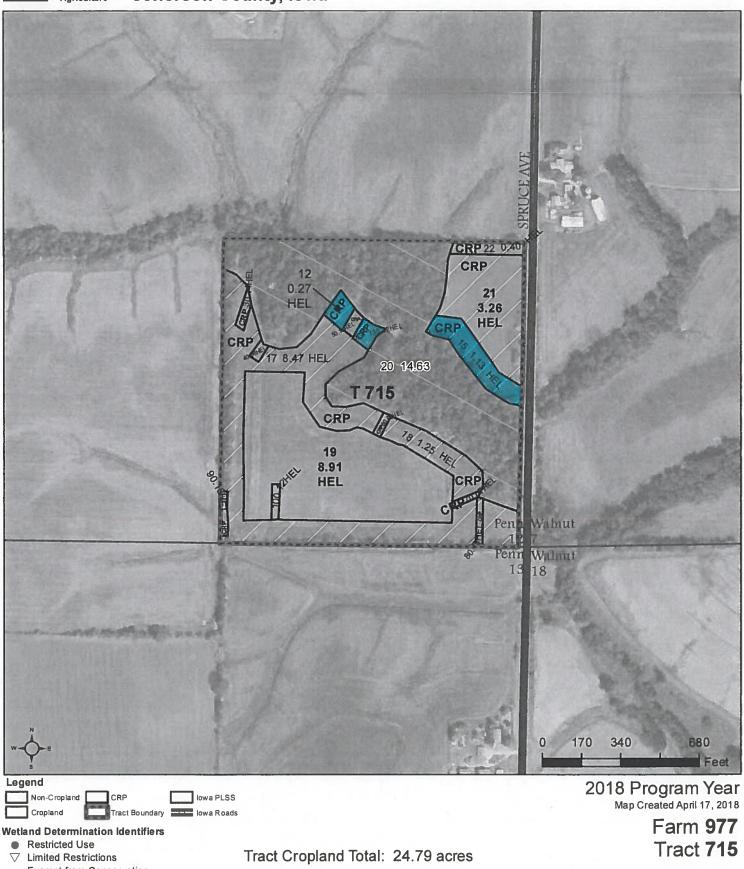
This form is available electronically.					Page 1 of 1
CRP-1 U.S. DEPARTMENT OF AGRICU (10-22-15) Commodity Credit Corporat		1. ST. & C LOCAT	CO CODE & ADMIN.	2. SIGN-UP	NUMBER
(10-22-13) Commonly Credit Corporat	on	LUCAT			
			19 101		51
CONSERVATION RESERVE PROG	RAM CONTRACT	- 3 CONTE	ACT NUMBER		OR ENROLLMENT
			11594A	4. AUREUT	1.62
7A. COUNTY OFFICE ADDRESS (Include Zip Code)		5. FARM		6. TRACT N	
JEFFERSON COUNTY FARM SERVIO	CE AGENCY		977	0. 11010111	715
605 SOUTH 23RD ST					
FAIRFIELD, IA 52556-0000		8. OFFER	(Select one)	9. CONTRA	
	480.0550	GENERAL		FROM: (MM-DD-YYYY)	TO: (<i>MM-DD-YYYY</i>)
7B. TELEPHONE NUMBER (Include Area Code): (641)				10-01-201	
THIS CONTRACT is entered into between the Commodity O Participant".) The Participant agrees to place the designate period from the date the Contract is executed by the CCC. such acreage and approved by the CCC and the Participan Contract, including the Appendix to this Contract, entitled Af Participant acknowledges that a copy of the Appendix for th damages in an amount specified in the Appendix if the Parti contained in this Form CRP-1 and in the CRP-1 Appendix OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix	d acreage into the Conserv The Participant also agrees t. Additionally, the Participa opendix to CRP-1, Conserv e applicable sign-up period icipant withdraws prior to Cl ix and any addendum theret	vation Reserve Progra s to implement on su ant and CCC agree t vation Reserve Progr has been provided i CC acceptance or re reto. BY SIGNING to; CRP-2; CRP-2C,	am ("CRP") or other L ch designated acreage o comply with the term am Contract (referred to such person. Such jection. The terms au THIS CONTRACT PR or CRP-2G.	ise set by CCC for t e the Conservation is and conditions cc to as "Appendix"). person also agrees ad conditions of th ODUCERS ACKNO	the stipulated contract Plan developed for ontained in this By signing below, the to pay such liquidated bis contract are
10A. Rental Rate Per Acre \$196.00 PG	5 11. Identification	on of CRP Land	See Page 2 for ac	lditional space)	
10B. Annual Contract Payment \$318	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment \$	715	0012	CP21	0.27	\$ 49
(Item 10C applicable only to continuous signup when	715	0013	CP21	0.22	\$ 40
the first year payment is prorated.)	715	0015	CP21	1.13	\$ 207
12. PARTICIPANTS (If more than three indi	viduals are signing, s	see Page 3.)			
LATHOL GUY ESTATE PO BOX 264 BRIGHTON, IA 52540-0264 B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code	100.0): (2) SHARE	0% DRC	p22	sec c	ате (<i>MM-DD-YYYY</i>) 5724-19 Ате (<i>MM-DD-YYYY</i>)
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE	%	105		
). ((2) SHARE	(3) SIGNATI	JKE	(4) D	ΑΤΕ (ΜΜ-DD-ΥΥΥΥ)
13. CCC USE ONLY A. SIGNATURE OF	CCC REPRESENTAT	IVE		B. D	ATE (MM-DD-YYYY)
 NOTE: The following statement is made in accordance with I is 7 CFR Part 1410, the Commodity Credit Corporatio of 2014 (Pub. L. 113-79). The information will be use information collected on this form may be disclosed to authorized access to the information by statute or reg Farm Records File (Automated). Providing the reque ineligibility to participate in and receive benefits under This information collection is exempted from the Pape provisions of appropriate criminal and civil fraud, prive COUNTY FSA OFFICE. The U.S. Department of Agriculture (USDA) prohibits discriminat disability, sex, gender identity, religion, reprisal, and where applie income is derived from any public assistance program, or protect prohibited bases will apply to all programs and/or employment at alternative means of communication for program information (e.g. Individuals who are deaf, hard of hearing, or have speech disabili (800) 877-8339 or (800) 845-6136 (in Spanish). If you wish to file a Civil Rights program complaint of discriminati http://www.ascr.usda.gov/complaint_filing_cust.html, or at an requested in the form. Send your completed complaint form or le Washington, D.C. 20250-9410, by fax (202) 690-7442 or email and sender of and and sender of any part and and the sender of a sender of a sender of the another of a sender of a sender of the another of the another of a sender of any public assistence program information (e.g. Individuals who are deaf, hard of hearing, or have speech disabili (800) 87-8339 or (800) 845-6136 (in Spanish). 	on Charter Act (15 U.S.C. 714 d to determine eligibility to pa- o other Federal, State, Local (ulation and/or as described in sted information is voluntary. r the Conservation Reserve P enwork Reduction Act as spec- acy, and other statutes may b ion against its customers, em- cable, political beliefs, marital ed genetic information in em- stivities.) Persons with disabili- , Braille, large print, audiotapi ities and wish to file either an phy USDA office, or call (866) of ther by mail to U.S. Departme	t et seq.), the Food Se articipate in and receiv government agencies, n applicable Routine L However, failure to fa rogram. stified in the Agricultura te applicable to the inf ployees, and applicar status, familial or par oloyment or in any pro lities, who wish to file pe, etc.) please contact EEO or program com ram Discrimination Co 632-9992 to request th nt of Agriculture. Direct	acurity Act of 1985 (16 L te benefits under the CC Tribal agencies, and m Ises identified in the Sy- urnish the requested infi- ent of 2014 (Pub. L. 1 formation provided. RE: the for employment on the ental status, sexual orie agram or activity conduc a program complaint, with USDA's TARGET Cen- applaint, please contact L poplaint, please contact L poplaint Form, found on the form. You may also for Office of Adjudicati	J.S.C. 3801 et seq.), inservation Reserve i ongovernmental entit stem of Records Nobi pormation will result in 13-79, Title I, Subtitle TURN THIS COMPLI te basis of race, colo intation, or all or part ted or funded by the rite to the address be inter at (202) 720-260 ISDA through the Fee line at write a letter containin on, 1400 Independen	and the Agricultural Act Program. The ises that have been ice for USDA/FSA-2, a determination of PF, Administration). The ETED FORM TO YOUR r, national origin, age, of an individual's Department. (Not all plow or if you require 0 (voice and TDD). deral Relay Service at Inc. all of the information

Owner's Copy

Operator's Copy

United States Department of Agriculture Jefferson County, Iowa

USDA



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 reflance 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).

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

CRP-1 U.S. DEPARTMENT OF AGRICULTU	JRE		CO CODE & ADMIN,	2. SIGN-UP	Page 1 of 1 NUMBER
0-22-15) Commodity Credit Corporation		LOCAT	ION		
			19 101		39
CONSERVATION RESERVE PROGRA					
CONSERVATION RESERVE PROGRA		3. CONTR	2868B	4. ACRES F	DR ENROLLMENT 10.24
A. COUNTY OFFICE ADDRESS (Include Zip Code)		5. FARM	NUMBER	6. TRACT N	JMBER(S)
EFFERSON COUNTY FARM SERVICE 05 SOUTH 23RD ST	AGENCY		977		714
AIRFIELD, IA 52556-0000			(Select one)	9. CONTRAC	
		GENERAL		FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
B. TELEPHONE NUMBER (Include Area Code): (641) 47	2-2558	ENVIRONM	ENTAL PRIORITY	10-01-201	0 09-30-2025
articipant".) The Participant agrees to place the designated at eriod from the date the Contract is executed by the CCC. The uch acreage and approved by the CCC and the Participant. A contract, including the Appendix to this Contract, entitled Apper articipant acknowledges that a copy of the Appendix for the ap amages in an amount specified in the Appendix if the Participan ontained in this Form CRP-1 and in the CRP-1 Appendix and FTHE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and	Participant also agrees to dditionally, the Participant ndix to CRP-1, Conservatio oplicable sign-up period ha ant withdraws prior to CCC nd any addendum thereto;	implement on su and CCC agree on Reserve Progra been provided acceptance or re o. BY SIGNING CRP-2; CRP-2C	Ich designated acreag to comply with the term ram Contract (referred to such person. Such ejection. The terms a THIS CONTRACT PF ; or CRP-2G.	e the Conservation ns and conditions co to as "Appendix"). person also agrees nd conditions of th CODUCERS ACKNO	Plan developed for ntained in this By signing below, the to pay such liquidate is contract are
0A. Rental Rate Per Acre \$175.41	11. Identification	of CRP Land	(See Page 2 for ad	ditional space)	Provide the second second
0B. Annual Contract Payment \$1,796	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
0C. First Year Payment \$	714	15	CP25	5.90	\$ 987
Item 10C applicable only to continuous signup when	714	16	CP25	2.02	\$ 338
he first year payment is prorated.)	714	17	CP25	2.32	\$ 388
2. PARTICIPANTS (If more than three individ	uals are signing, see	e Page 3.)			
(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): LATHOL GUY ESTATE	(2) SHARE	(3) SIGNAT	URE EVA	(4) D	ATE (MM-DD-YYYY)
PO BOX 264		1000	Exec		
BRIGHTON, IA 52540-0264	100.009		1 KUNA A		-24-19
(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE (3) SIGNAT			5 (4)0	ATE (MM-DD-YYYY)
()		(0) 0.0	v		
	9	%			
		1		- 61	1. 1. 202
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNAT	URE	(4) D	ATE (MM-DD-YYYY)
		%			
3. CCC USE ONLY A. SIGNATURE OF CC				BD	ATE (MM-DD-YYYY)
A. SIGNATORE OF CC	C REPRESENTATIV	E		9.0	
IOTE: The following statement is made in accordance with the I is 7 CFR Part 1410, the Commodity Credit Corporation C of 2014 (Pub. L. 113-79). The information will be used to information collected on this form may be disclosed to oll authorized access to the information by statute or regulal Farm Records File (Automated). Providing the requested ineligibility to participate in and receive benefits under the This information collection is exempted from the Paperwo provisions of appropriate criminal and civil fraud, privacy, COUNTY FSA OFFICE. he U.S. Department of Agriculture (USDA) prohibits discrimination isability, sex, gender identity, religion, reprisal, and where applicabil corme is derived from any public assistance program, or protected rohibited bases will apply to all programs and/or employment activit	Charter Act (15 U.S.C. 714 et o determine eligibility to parti her Federal, State, Local gov tion and/or as described in a d information is voluntary. H e Conservation Reserve Prog ork Reduction Act as specific and other statutes may be a against its customers, emplo (e, political beliefs, marital sta genetic information in emplo ties.) Persons with disabilitie traille, large print, audiotape.	t seq.), the Food S cipate in and recei- vernment agencies pplicable Routine owever, failure to gram. ad in the Agricultur applicable to the in pyees, and applica atus, familial or pa yment or in any pr as, who wish to fille etc.) please conta	ecurity Act of 1985 (16 ive benefits under the C s, Tribal agencies, and r Uses identified in the Sy furnish the requested in ral Act of 2014 (Pub. L. formation provided. Re ints for employment on t rental status, sexual oric ogram or activity condu e a program complaint, v ct USDA's TARGET Ce	U.S.C. 3801 et seq.), onservation Reserve i longovernmental entil stem of Records Noti formation will result in 113-79, Title I, Subtitle TURN THIS COMPL the basis of race, colo entation, or all or part cled or funded by the write to the address be inter at (202) 720-260	and the Agricultural Act Program. The ies that have been ice for USDA/FSA-2, a determination of a F, Administration). The ETED FORM TO YOUF r, national origin, age, of an individual's Department. (Not all plow or if you require 0 (voice and TDD).
Iternative means of communication for program information (e.g., B ndividuals who are deaf, hard of hearing, or have speech disabilities 800) 877-8339 or (800) 845-6136 (in Spanish).	s and wish to file either an El	Le of program ou.			
lternative means of communication for program information (e.g., B idividuals who are deaf, hard of hearing, or have speech disabilities	s and wish to file either an El complete the USDA Progran JSDA office, or call (866) 63. by mail to U.S. Department	n Discrimination C 2-9992 to request of Agriculture, Dire	the form. You may also ector, Office of Adjudical	write a letter contain tion, 1400 Independer	ing all of the information nce Avenue, S.W.,



Section: 12 **Township: Penn**



Jefferson County FSA Map Printed:

1 inch equals 337.92 feet

August 26, 2010

Legend Wetland Determination Wetland Determination Identifiers Restricted Use

Limited Restrictions

ation Compliance Provisions Exempt from Conser Field Boundary

Disclaimer: 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 wetland boundaries and determinations or contact NRCS.

This form is available electronically.						Page 1 of 2
CRP-1 U.S. DEPARTMENT OF AGRICULTUR	RE		CO CODE & ADMIN.	2. SIG	N-UP NU	JMBER
(10-22-15) Commodity Credit Corporation		LOCA	HON			
			19 101			46
CONSERVATION RESERVE PROGRAM	M CONTRACT		RACT NUMBER			
		3. 0011	11059A	4. 70		L.48
7A. COUNTY OFFICE ADDRESS (Include Zip Code)	ACENCY	5. FARM	NUMBER	6. TRA		ABER(S)
JEFFERSON COUNTY FARM SERVICE . 605 SOUTH 23RD ST	AGENCI		977		ł.	714
FAIRFIELD, IA 52556-0000		8. OFFE GENERAL	R (Select one)	9. COI FROM: (MM-DD-		PERIOD TO: (MM-DD-YYYY)
7B. TELEPHONE NUMBER (Include Area Code): (641) 472-	-2558	ENVIRON			1-2014	09-30-2024
THIS CONTRACT is entered into between the Commodity Credit Participant".) The Participant agrees to place the designated acre period from the date the Contract is executed by the CCC. The P such acreage and approved by the CCC and the Participant. Add Contract, including the Appendix to this Contract, entitled Append Participant acknowledges that a copy of the Appendix for the app damages 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	Page into the Conserv articipant also agree litionally, the Particip ix to CRP-1, Conserv licable sign-up period t withdraws prior to C any addendum the ny addendum the	vation Reserve Pro s to implement on s ant and CCC agree vation Reserve Pro 1 has been provided CC acceptance or ereto. BY SIGNING to; CRP-2; CRP-20	gram ("CRP") or other (such designated acreag to comply with the terr gram Contract (referred to such person. Such rejection. The terms a THIS CONTRACT PF C; or CRP-2G.	ise set by CC e the Conser ns and condit to as "Apper person also nd condition RODUCERS J	C for the vation Pla ions cont ndix"). By agrees to s of this ACKNOM	stipulated contract an developed for ained in this / signing below, the pay such liquidated contract are
10A. Rental Rate Per Acre \$ 252.28 PGG	11. Identificati	ion of CRP Land	(See Page 2 for a	dditional sp	ace)	
10B. Annual Contract Payment \$373	A. Tract No.	B. Field No.	C. Practice No.	D. Acre	s	E. Total Estimated Cost-Share
10C. First Year Payment \$	714	2	CP8A	0.32	2	\$ 40
(Item 10C applicable only to continuous signup when	714	3	CP8A	0.39	9	\$ 49
the first year payment is prorated.)	714	4	CP8A	0.50	0	\$ 63
12. PARTICIPANTS (If more than three individua				el le		
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNA	TURE EX	ec	(4) DA ⁻	TE (MM-DD-YYYY)
PO BOX 264 BRIGHTON, IA 52540-0264	100.0	00% Phil	2224	~	5	24-19
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNA %	TŮŘE		(4) DA	TE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNA %	TURE		(4) DA ⁻	TE (MM-DD-YYYY)
13. CCC USE ONLY A. SIGNATURE OF CCC	REPRESENTAT	TIVE			B. DA	TE (MM-DD-YYYY)
NOTE: The following statement is made in accordance with the Pris 7 CFR Part 1410, the Commodity Credit Corporation Chuof 2014 (Pub. L. 113-79). The information will be used to a information collected on this form may be disclosed to othe authorized access to the information by statute or regulation Farm Records File (Automated). Providing the requested i ineligibility to participate in and receive benefits under the Commoding to file criminal and civil fraud, privacy, a COUNTY FSA OFFICE.	arter Act (15 U.S.C. 71 letermine eligibility to p r Federal, State, Local n and/or as described nformation is voluntary Conservation Reserve k Reduction Act as spe	14 et seq.), the Food participate in and rec I government agenci in applicable Routine However, failure to Program. actified in the Agricultu	Security Act of 1985 (16 eive benefits under the C as, Tribal agencies, and i o Uses identified in the S o furnish the requested in ural Act of 2014 (Pub. L.	U.S.C. 3801 e onservation R nongovernmer ystem of Reco formation will 113-79, Title I,	t seq.), ar eserve Pr tal entities rds Notice result in a Subtitle F	nd the Agricultural Act ogram. The s that have been e for USDA/FSA-2, determination of =, Administration). The
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 activitie alternative means of communication for program information (e.g., Bra Individuals who are deaf, hard of hearing, or have speech disabilities a (800) 877-8339 or (800) 845-6136 (in Spanish). 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	political beliefs, marita netic information in en (s.) Persons with disat lile, large print, audiota and wish to file either a pomplete the USDA Pro SDA office, or call (866)	al status, familial or p nployment or in any j bilities, who wish to fi ape, etc.) please con in EEO or program c gram Discrimination) 632-9992 to reques	arental status, sexual ori orogram or activity condu le a program complaint, lact USDA's TARGET C omplaint, please contact Complaint Form, found o t the form. You may also	entation, or all cted or funded write to the add enter at (202) USDA through nline at o write a letter	or part of t by the D dress belo 720-2600 a the Fede containing	an individual's epartment. (Not all ow or if you require (voice and TDD). and Relay Service at g all of the information
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	gram.intake@usda.go	ov. USDA is an equa				
Original – County Office Copy		Owner's Copy			Operat	tor's Copy

A. Tract No. (1) FROM (2) TO Field No. Practice No. Acres C/S 714 5 \$ 34 10-01-2014 CP8A 0.27 09-30-2024

CONTINUATION OF ITEM 11 – Identification of CRP Land

D.

E.

Total Estimated

Original - County Office Copy

Operator's Copy

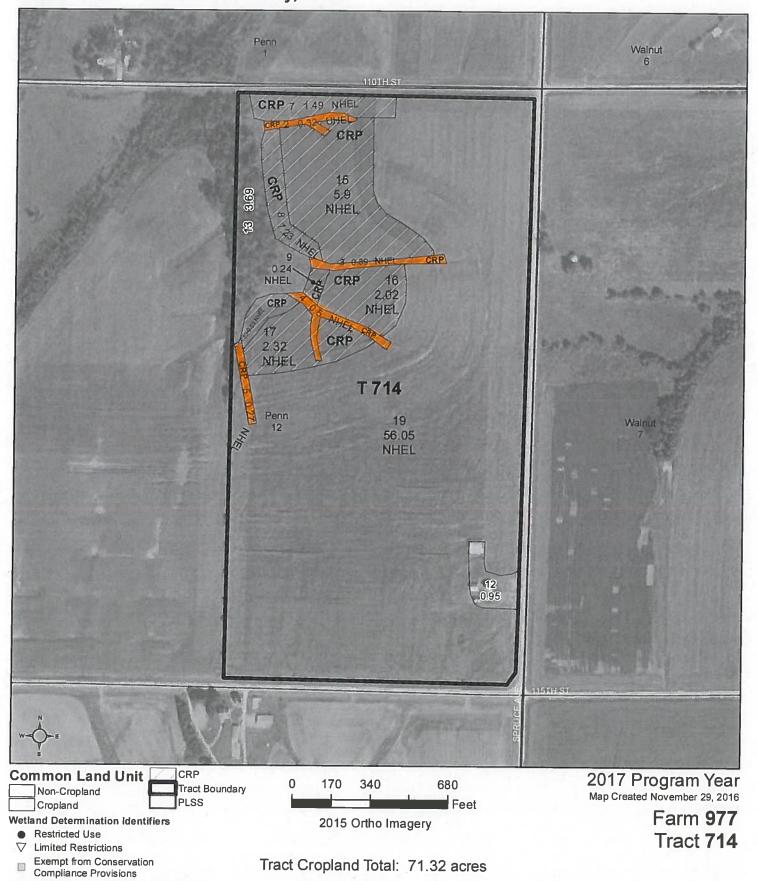
В.

C.

F. CONTRACT PERIOD (MM-DD-YYYY)

United States Department of Agriculture Jefferson County, Iowa

JSDA



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).

This form is available electronically.					Page 1 of 2
CRP-1 U.S. DEPARTMENT OF AGRICULTUR	E	1. ST. & C LOCAT	O CODE & ADMIN.	2. SIGN-UP	NUMBER
(10-22-15) Commodity Credit Corporation		LOCATI			
			19 101		47
CONSERVATION RESERVE PROGRAM	M CONTRACT	3. CONTR	ACT NUMBER	4. ACRES F	OR ENROLLMENT
			11151A		3.55
7A. COUNTY OFFICE ADDRESS (Include Zip Code)	-	5. FARM N	NUMBER	6. TRACT N	JMBER(S)
JEFFERSON COUNTY FARM SERVICE	AGENCY		977		714
605 SOUTH 23RD ST		0.05555			
FAIRFIELD, IA 52556-0000		8. OFFER GENERAL	(Select one)	9. CONTRAC	TO:
(641) 472-	-2558			(MM-DD-YYYY) 10-01-201	(<i>MM-DD-YYYY</i>) 5 09-30-2025
7B. TELEPHONE NUMBER (Include Area Code): (641) 472- THIS CONTRACT is entered into between the Commodity Credit					nto (referred to ap #bo
Participant".) The Participant agrees to place the designated acre period from the date the Contract is executed by the CCC. The P such acreage and approved by the CCC and the Participant. Add Contract, including the Appendix to this Contract, entitled Append Participant acknowledges that a copy of the Appendix for the app damages 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	eage into the Conserv articipant also agrees litionally, the Participa ix to CRP-1, Conserv licable sign-up period t withdraws prior to C d any addendum the	vation Reserve Progr s to implement on sur ant and CCC agree to ration Reserve Progr has been provided t CC acceptance or re reto. BY SIGNING	am ("CRP") or other u ch designated acreag o comply with the tern am Contract (referred o such person. Such jection. The terms a THIS CONTRACT PR	ise set by CCC for t e the Conservation ns and conditions co to as "Appendix"). person also agrees nd conditions of th	he stipulated contract Plan developed for Intained in this By signing below, the to pay such liquidated is contract are
10A. Rental Rate Per Acre \$230.28 PGG			See Page 2 for a	ditional space)	a destantes de la companya de la com
10B. Annual Contract Payment \$817	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment \$	714	10	CP1	0.59	\$ 24
(Item 10C applicable only to continuous signup when	714	7	CP1	1.49	\$ 60
the first year payment is prorated.)	714	8	CP1	1.23	\$ 49
12. PARTICIPANTS (If more than three individual	als are signing, s	see Page 3.)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): LATHOL GUY ESTATE PO BOX 264 BRIGHTON, IA 52540-0264 B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE 100.0 (2) SHARE	(3) SIGNATI	p22	ing 5	АТЕ (<i>MM-DD-YYYY</i>) -24-19 ДАТЕ (<i>MM-DD-YYYY</i>)
		%			
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNAT	URE	(4) [ATE (MM-DD-YYYY)
		%			
- A state browners and a state of the state					
13. CCC USE ONLY A. SIGNATURE OF CCC	C REPRESENTAT	IVE		B. C	ATE (MM-DD-YYYY)
				Station Party	
NOTE: The following statement is made in accordance with the Pr is 7 CFR Part 1410, the Commodity Credit Corporation Ch of 2014 (Pub. L. 113-79). The information will be used to c information collected on this form may be disclosed to othe authorized access to the information by statute or regulation Farm Records File (Automated). Providing the requested i ineligibility to participate in and receive benefits under the C This information collection is exempted from the Paperwork provisions of appropriate criminal and civil fraud, privacy, a COUNTY FSA OFFICE.	arter Act (15 U.S.C. 71 letermine eligibility to p rr Federal, State, Local n and/or as described information is voluntary Conservation Reserve i k Reduction Act as spe	4 et seq.), the Food Sa articipate in and recein government agenciess in applicable Routine to A However, failure to the Program. cified in the Agriculture	ecurity Act of 1985 (16 ve benefits under the C , Tribal agencies, and r Uses identified in the S furnish the requested in al Act of 2014 (Pub. L.	U.S.C. 3801 et seq.), onservation Reserve nongovernmental enti ystem of Records Noi formation will result in 113-79, Title I, Subtiti	and the Agricultural Act Program. The tiles that have been lice for USDA/FSA-2, n a determination of e F, Administration). The
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 activitie alternative means of communication for program information (e.g., Bra Individuals who are deaf, hard of hearing, or have speech disabilities a (800) 877-8339 or (800) 845-6136 (in Spanish). If you wish to file a Civil Rights program complaint of discrimination, cc http://www.ascr.usda.gov/complaint_filing_cust.html, or at any US requested in the form. Send your completed complaint form or letter b; Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at prog	political beliefs, marita anetic information in en es.) Persons with disab- ille, large print, audiota and wish to file either a complete the USDA Prog SDA office, or call (866) y mail to U.S. Departm	I status, familial or pai ployment or in any pro- ployment or in any pro- please conta n EEO or program cor gram Discrimination Cr 632-9992 to request ent of Agriculture, Dire	rental status, sexual ori ogram or activity condu a program complaint, v ct USDA's TARGET C mplaint, please contact omplaint Form, found o the form. You may also actor, Office of Adjudica	entation, or all or part cled or funded by the write to the address b anter at (202) 720-26 USDA through the Fe Dinne at p write a letter contain tion, 1400 Independe	of an individual's Department. (Not all elow or if you require 00 (voice and TDD). aderal Relay Service at ning all of the information

Owner's Copy

Operator's Copy

CRP-1 (10-22-15)

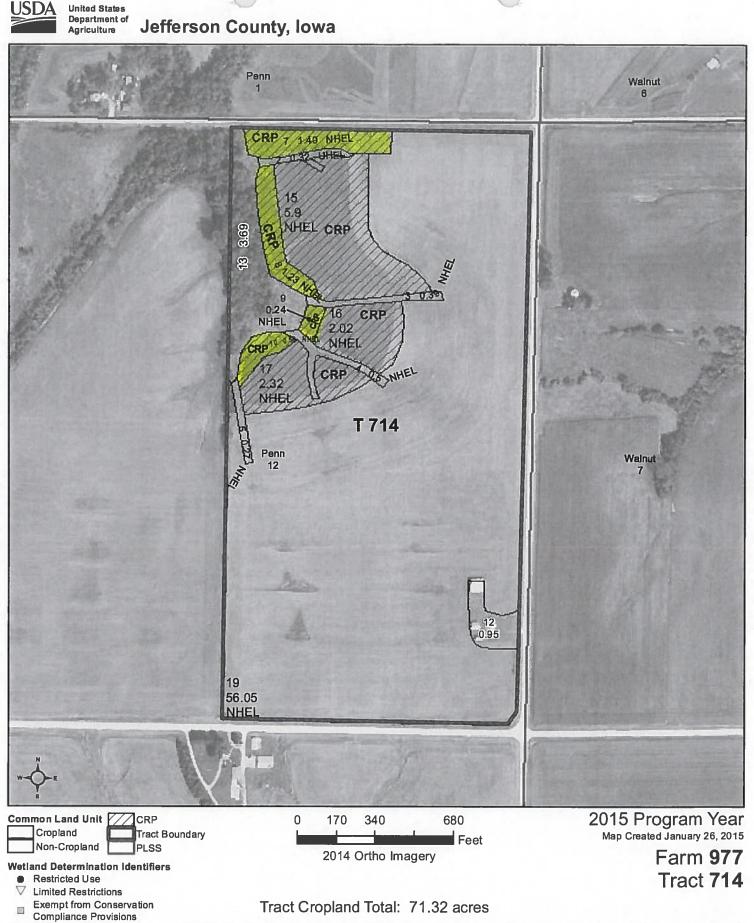
CONTINUATION OF ITEM 11 – Identification of CRP Land

A. B.		C.	D.	E. Total Estimated	F. CONTRACT PER	
A. Tract No.	B. Field No.	C. Practice No.	Acres	C/S	(1) FROM	(2) TO
714	9	CP1	0.24	\$ 10	10-01-2015	09-30-2025
_						
						1. A. A.
		No. of Concession, Name				
						·



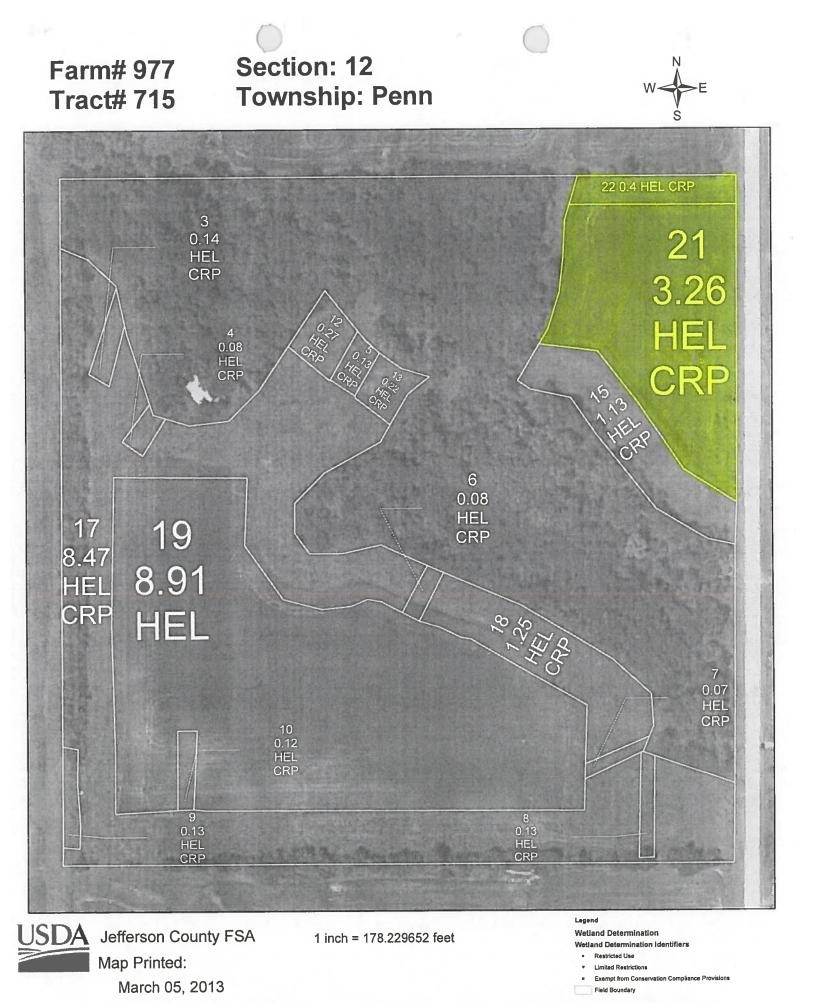
Original - County Office Copy

Operator's Copy



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).

This form is available electronically.						Page 1 of 1
CRP-1 U.S. DEPARTMENT OF AGRICULTUR	E	1. ST. & C LOCAT	CO CODE & ADMIN.	2. 5	SIGN-UP NU	JMBER
(10-22-15) Commodity Credit Corporation		LUCA				
			19 101			41
CONSERVATION RESERVE PROGRAM	I CONTRACT	3. CONTI	RACT NUMBER	4. A	ACRES FOR	RENROLLMENT
			10005B		3	3.66
7A. COUNTY OFFICE ADDRESS (Include Zip Code)		5. FARM	NUMBER	6. 1	FRACT NUM	
JEFFERSON COUNTY FARM SERVICE 2 605 SOUTH 23RD ST	AGENCY		977			715
FAIRFIELD, IA 52556-0000		8 OFFE	R (Select one)	9.0	CONTRACT	PERIOD
		GENERAL		/ FRO		TO:
7B. TELEPHONE NUMBER (Include Area Code): (641) 472-	2558	ENVIRONN			-01-2011	09-30-2021
THIS CONTRACT is entered into between the Commodity Credit	Corporation (referred	to as "CCC") and ti	he undersigned owner			
Participant".) The Participant agrees to place the designated acre period from the date the Contract is executed by the CCC. The P						
such acreage and approved by the CCC and the Participant. Add Contract, including the Appendix to this Contract, entitled Append.	litionally, the Participa	ant and CCC agree	to comply with the ten	ms and col	nditions cont	ained in this
Participant acknowledges that a copy of the Appendix for the appl	icable sign-up period	has been provided	to such person. Such	person al	lso agrees to	pay such liquidated
damages in an amount specified in the Appendix if the Participant contained in this Form CRP-1 and in the CRP-1 Appendix and	withdraws prior to C I any addendum the	CC acceptance or n reto. BY SIGNING	ejection. The terms a THIS CONTRACT Pl	nd condit	tions of this RS ACKNOV	contract are VLEDGE RECEIPT
OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and a	ny addendum there	to; CRP-2; CRP-2C	; or CRP-2G.			
10A. Rental Rate Per Acre \$172.73			(See Page 2 for a		<u> </u>	E. Total Estimated
10B. Annual Contract Payment \$632	A. Tract No.	B. Field No.	C. Practice No.		Acres	Cost-Share
10C. First Year Payment \$	715	21	CP25		.26	\$ 554
(Item 10C applicable only to continuous signup when the first year payment is prorated.)	715	22	CP12	. 0.	.40	\$ 0
				<u> </u>		
12. PARTICIPANTS (If more than three individual		/		_		TE (101 DD 10000
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): LATHOL GUY ESTATE	(2) SHARE	(3) SIGNAT	Exe	C	(4) DA	TE (MM-DD-YYYY)
PO BOX 264	100.0	0% 00.1	L. U. U		15	24-19
BRIGHTON, IA 52540-0264		Phil	40211	×		_//(
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNAT	TURE	~	(4) DA	TE (MM-DD-YYYY)
					\rightarrow	
		%				
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNAT	TURE		(4) DA	TE (MM-DD-YYYY)
		%				
				_		
13. CCC USE ONLY A. SIGNATURE OF CCC	REPRESENTAT	TIVE			B. DA	TE (MM-DD-YYYY)
NOTE: The following statement is made in accordance with the Pri is 7 CFR Part 1410, the Commodity Credit Corporation Cha						
of 2014 (Pub. L. 113-79). The information will be used to a information collected on this form may be disclosed to othe						
authorized access to the information by statute or regulatio Farm Records File (Automated). Providing the requested i						
ineligibility to participate in and receive benefits under the 0						
This information collection is exempted from the Paperwork						
provisions of appropriate criminal and civil fraud, privacy, a COUNTY FSA OFFICE.		Cold Direct True				
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 activitie						
alternative means of communication for program information (e.g., Bra Individuals who are deaf, hard of hearing, or have speech disabilities a	ille, large print, audiota	ape, etc.) please cont	act USDA's TARGET C	enter at (20	02) 720-2600	(voice and TDD).
(800) 877-8339 or (800) 845-6136 (in Spanish).	ing when to me clind d		mpiant, prease contact	JUDA UNC	agn the Fede	nai naiay oorvice at
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	mail to U.S. Departm	ent of Agriculture, Dir	ector, Office of Adjudica	ation, 1400	Independenc	
Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at prog						
Original – County Office Copy		Owner's Copy			Opera	tor's Copy



Disclaimer: 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 wetland boundaries and determinations or contact NRCS.

CRP-1 U.S. DEPARTMENT OF AGRICULTURE Commodity Genil Composition 1: St. A.CO CODE & ADDMN. 2: SIGN-UP NUMBER CONSERVATION RESERVE PROGRAM CONTRACT 1: DIS1A 46 CONSERVATION RESERVE PROGRAM CONTRACT 3: CONTRACT NUMBER 4. ACRES FOR ENROLLMENT 0.76 TA. COUNTY OFFICE ADDRESS (Include 20 Code) 5: FARIN NUMBER 4. ACRES FOR ENROLLMENT 0.75 JEFFERSION 8: OFFICE Inselect on PARCINETY 23RD ST FAIRPILLD, I.A 52556 - 0000 5: FARIN NUMBER 4. ACRES FOR ENROLLMENT 0.76 TB. TELEPICAE NUMBER (Include 20 Code) 5: FARIN NUMBER (Include 20 CONTRACT FERIDO TELESCONTRACT ENROL 8: OFFICE Inselect on PARCINETY 23RD TELEDION (Include 20 Code) 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	This form is available electronically.								Page 1 of 2
CONSERVATION RESERVE PROGRAM CONTRACT 3. CONTRACT NUMBER 4. ADRES FOR ENROLLMENT 7.6. COUNTY OFFICE ADDRESS (Include ZIP Code) 3. CONTRACT NUMBER 4. ADRES FOR ENROLLMENT JEF FERSON COUNTY FRAM SERVICE AGENCY 60. FRAM NUMBER 9. TRACT NUMBER 60.5 SOUTH 23RD ST 6. FRAN NUMBER 9. CONTRACT NUMBER 7.8. DEFENSION COUNTY FRAM SERVICE AGENCY 60. FRAN MUMBER 9. CONTRACT NUMBER 60.5 SOUTH AGE START AGE START AGENCY 0. FRAN MUMBER 9. CONTRACT NUMBER 78. TELEPHONE NUMBER (Include Area Code) 6411472-2558 9. CONTRACT NUMBER FUNCTORIALT I BERRED AGENCY 0.00 TAGE START AGENCY 0.00 TAGE START AGENCY 70. CONTRACT I BERRED AGENCY 0.00 TAGE START AGENCY 0.00 TAGE START AGENCY 70. CONTRACT I BERRED AGENCY 0.00 TAGE START AGENCY 0.00 TAGE START AGENCY 70. CONTRACT I BERRED AGENCY 0.00 TAGE START AGENCY 0.00 TAGE START AGENCY 70. CONTRACT I BERRED AGENCY 0.00 TAGE START AGENCY 0.00 TAGE START AGENCY 70. CONTRACT I BERRED TAGENCY 0.00 TAGE START AGENCY 0.00 TAGE START AGENCY 70. CONTRACT I BERRED TAGENCY 0.00 TAGE START AGENCY 0.00 TAGE START AGENCY 70		RE				1.	2. SIGN	I-UP NU	IMBER
S. CUN NO TOWARD. S. CUN NO TOWARD. S. CONTROL TO					19 101				46
JEFFERSON COUNTY TARM SERVICE AGENCY 977 715 605 SOUTH CTARD SERVICE AGENCY 977 715 FAIRFIELD, IA 52556-0000 B. OFFER (Sweet and L. S.	CONSERVATION RESERVE PROGRA	M CONTRAC	Т	3. CONTR		_			
605 SOUTH 23RD ST FAIRFIELD, IA 52556-0000 9. CONTRACT PERIOD 710 TELEPHONE NUMBER (notuce Area code): 16411472-2558 720 TELEPHONE NUMBER (notuce Area code): 16411472-2558 735 SOUTACTACT and the understand of the Contract lease code of the CPC At appendix to the tempolate code of the contract lease code of the CPC At appendix to the contract lease code of the contract lease code of the CPC At appendix to the contract lease code of the contract lease code of the CPC At appendix to the contract lease code of the contract lease code of the CPC At appendix to the code code of the contract lease code of the contract lease code of the CPC At appendix to the code code of the contract lease code of the code of the code of the CPC At appendix to the code code of the	7A. COUNTY OFFICE ADDRESS (Include Zip Code)	AGENCY	AGENCY 5. FAR				6. TRAC		
Check Process Control of the process of the proces of the proces of the process of the proces of the process of the								, 10	
THS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC] and the undersigned currences in the conservation Reserve Program (CRCP) or other use sets / CCC for the signated correct and characteria in the Conservation Reserve Program (CRCP) or other use sets / CCC for the signated correct corre					FROM:		FROM: (MM-DD-Y	m	TO:
Pericipant 2011. The Pericipant sugress to place the designated accesses into the Conservation Reserve Program (CRP7) or other uses a by CCC for the singulated contrade to acch accesses and approved by the OCC and the Pericipant Additionaly, the Pericipant and CCC agress to comply with the sum and conditions or other accesses and approved by the OCC and the Pericipant Additionaly, the Pericipant and CCC agress to comply with the sum and conditions or other accesses and approved by the OCC and the Pericipant accesses and approved by the OCC and the Pericipant Additionaly, the Pericipant and CCC agress to approved to access the Agreent of the Agreent of the approved by the OCC accesses to comply with the term of Peri-term (Pericipant Additional) and the CRP-1 Agreent accesses and approved to access the Agreent of the Agreent of the approved to access the Pericipant accesses and conditions of this contract are contained in this form (Peri-term) the CRP-1 Agreent access and access the CCC accesses to comply with the term of the Agreent access and access the CCC accesses and access the Agreent access access th	7B. TELEPHONE NUMBER (Include Area Code): (641) 472	-2558				1			
10B. Annual Contract Payment \$ 171 A. Tract No. B. Field No. C. Practoc No. D. Acres E. Total Estimated Cost-Share 10C. First Year Payment \$ 715 3 CPBA 0.14 \$ 18 (Ifen 10C applicable only to continuous signup when the first year payment is prorated.) 715 4 CPBA 0.08 \$ 10 715 5 CPBA 0.13 \$ 16 2. PARTICIPANTS (If more than three individuals are signing, see Page 3.) (4) DATE (MM-DD-YYYY) 0.0 0.00% [3) SIGNATURE (4) DATE (MM-DD-YYYY) 0.0 0.00% [3) SIGNATURE (4) DATE (MM-DD-YYYY) 0.0 0.00% [3) SIGNATURE (4) DATE (MM-DD-YYYY) 0.10 0.00% [4] DATE (MM-DD-YYYY) 5 -Z44-19 [10 0.00% [3) SIGNATURE (4) DATE (MM-DD-YYYY) [11] PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) [11] PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE [4] DATE (MM-DD-YYYY) [12] CFR Part H19 the Commodity Credit Corporation Charler AL (15 U.SC 552a - sa amended). The authority for requesting the information approximate on authoradity for instreaution approximate on authorize in antificost	Participant".) The Participant agrees to place the designated acr period from the date the Contract is executed by the CCC. The I such acreage and approved by the CCC and the Participant. Ad Contract, including the Appendix to this Contract, entitled Append Participant acknowledges that a copy of the Appendix for the app damages 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	eage into the Consel Participant also agree ditionally, the Particip dix to CRP-1, Consel dicable sign-up perio t withdraws prior to (d any addendum the any addendum the	rvation es to im pant and rvation I od has b CCC ac nereto. reto; CR	Reserve Progr plement on su d CCC agree t Reserve Progr een provided ceptance or re BY SIGNING P-2; CRP-2C	ram ("CRP") or other ich designated acrea o comply with the te ram Contract (referra to such person. Suc ejection. The terms THIS CONTRACT F ; or CRP-2G.	r use s age the rms al ed to a ch pers and c PROD	set by CCC e Conservand conditions nd conditions son also age conditions UCERS A	C for the ation Pla ons conta dix"). By grees to c of this CKNOW	stipulated contract in developed for ained in this signing below, the pay such liquidated contract are
IDB. Animal Contract Payment \$ International Contract Payment Coat-Share IDC. First Year Payment \$ 715 3 CPBA 0.14 \$ 18 Iden 10C capitoble only to continuous signup when the first year payment is prorated.) 715 4 CPBA 0.14 \$ 18 Iden 10C capitoble only to continuous signup when the first year payment is prorated.) 715 5 CPBA 0.13 \$ 16 12. PARTICIPANTS (If more than three individuals are signing, see Page 3.) (4) DATE (MM-DD-YYYY) 5 -Z44-19 PO BOX 264 100.00% (3) SIGNATURE (4) DATE (MM-DD-YYYY) 5 -Z44-19 B(1) PARTICIPANTS NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) % 5 -Z44-19	10A. Rental Rate Per Acre \$ 225.16	11. Identifica	tion of	CRP Land	(See Page 2 for a	additi	onal spa	ice)	E. Tatal Cating and
Item 10C applicable only to continuous signup when the first year payment is prorated.) 715 4 CPBA 0.08 \$10 Item 10C applicable only to continuous signup when the first year payment is prorated.) 715 5 CPBA 0.13 \$16 12. PARTICIPANTS NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) PO BOX 264 100.00% (4) DATE (MM-DD-YYYY) 5-244-19 B(1) PARTICIPANTS NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) PO BOX 264 100.00% (4) DATE (MM-DD-YYYY) 5-244-19 (4) DATE (MM-DD-YYYY) B(1) PARTICIPANTS NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) 13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE 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 7CFR Part 1410, the Commodity Cedit Corporation Charter Act (15 USC 552a - as amended). The authority for requesting the information identified on this form is 7CFR Part 1410, the Commodity Cedit Corporation Charter Act (15 USC 552a - as amended). The authority for requesting the information identified on this form is 7CFR Part 1410, the Commodity Cedit Corporation Charter Act (15 USC 552a - as amended). The authority			B						
Item To: Apprecised only to communical signing when 11.5 5 CP8A 0.13 \$ 16 12. PARTICIPANTS (// more than three individuals are signing, see Page 3.) A(1) PARTICIPANTS NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) PO BOX 264 100.00% JUNE JUNE (4) DATE (MM-DD-YYYY) PO BOX 264 100.00% JUNE (4) DATE (MM-DD-YYYY) PO BOX 264 100.00% JUNE (4) DATE (MM-DD-YYYY) PO BOX 264 (4) DATE (MM-DD-YYYY) 5 -244-19 B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) % % (4) DATE (MM-DD-YYYY) % 5 -244-19 (4) DATE (MM-DD-YYYY) 13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE B. DATE (MM-DD-YYYY) % 8 DATE (MM-DD-YYYY) (4) DATE (MM-DD-YYYY) NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as an ended). 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. 300 it seq.), and the Agricultural Act of 2014 (Pub. L. 113-7). The information alidentifies that have been a find method benefit	10C. First Year Payment \$					+			
115 5 CEBA 0.13 § 16 12. PARTICIPANTS (If more than three individuals are signing, see Page 3.) (1) PARTICIPANTS NAME AND ADDRESS (2p Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) DO BOX 264 100.00% JUNE CONSTRUCT (4) DATE (MM-DD-YYYY) B(1) PARTICIPANTS NAME AND ADDRESS (2p Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) B(1) PARTICIPANTS NAME AND ADDRESS (2p Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) B(1) PARTICIPANTS NAME AND ADDRESS (2p Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) C(1) PARTICIPANTS NAME AND ADDRESS (2p Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) 13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE 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 may be and authorized accordance of Corporation Chart Act (15) USC 552a - as amended). The authority for requesting the information identified on this form may be and authorized accordance on the privacy act actic corporation Chart Act (15) USC 552a - as amended). The authority for requesting the information identified on this form in formation accordance on the privacy act act (15) USC 552a - as amended). The authority for requesting the information identified on this form may beapy ac		-				-			
ATTO FARTICIPANTS NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) DO BOX 264 100.00% JUNE JUNE (4) DATE (MM-DD-YYYY) B(1) PARTICIPANTS NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) B(1) PARTICIPANTS NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) C(1) PARTICIPANTS NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) 13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE (3) SIGNATURE (4) DATE (MM-DD-YYYY) 13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE B. DATE (MM-DD-YYYY) 14. Decomodity Credit Corporation Charter Act (15 USC 552a - as amended). The authority for requesting the information identified on this form may backs and the Agricultural Act of 2014 (Pub. L. 113-79). The information With the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requestion from the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and reache benefits under the Conservation Reserve Program. The information collected to mite Forderal. State Code oversime and the Agricultural Act of 2014 (Pub. L. 113-79). The information determined information is statement effort and the Agricultural Act of 2014 (Pub. L. 113-76). The information will be used to determine eligibility to participate in and reache benefits under the Conservation Reserve Program. The information collected on the					CP8A		0.13		Ş 16
PO BOX 264 BRIGHTON, IA 52540-0264 100.00% JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ		• •	see r	~ /					
BRIGHTON, IA 52540-0264 INUMARY S-24-74 B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (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 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 suthority for requesting the information identified on this form is of CRP and 110, the Commodity Codit Corporation Charter Act (15 U.S.C. 714 et al.) (S.C. 3801 et al.), and the Adjucturul Act of 2014 (Pub. L. 113-79). The information charter Act (15 U.S.C. 714 et al.) (S.C. 3801 et al.), and the Adjucturul Act of 2014 (Pub. L. 113-79). The information only statute or regulation and/or as described in applicable final equicies, and engogermment and engogerement approximation collected on this form may be disclosed to ther Federa 1, State, Local government agencies, Thiel alignencies, and engogerement and engogerement approximation collected on the State access to the information by statute or regulation and/or as described in applicable for Minisher align in the requested information or youring the requested information species and and/or as described in applicable for Minisher align in the state and provide in the agencies, and angogerement and provide. RetUND AND ACCE ACCE ACCE ACCE ACCE ACCE ACCE ACC	LATHOL GUY ESTATE			(3) 3131441	Exec	11		(4) DA I	
% 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 B. DATE (MM-DD-YYYY) % % INOTE: 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 Charler Act (15 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410. the Commodity Credit Corporation Charler Act (15 USC 552a - as amended). The authority for requesting the information identified on this form may be disclosed to other Federal, State, Local government applicable banefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government applicable Routine USS information relearch Nolice for USDAFSA-2. Farm Records File (Automated). Providing the requested information is voluniary. However, failure to furnish the requested information of use adjusticity of participate in and receive benefits under the Conservation Reserve Program. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information reparts benefits under the Conservation Reserve Program. The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicable to the information, or all or part of an individual's increased from the Pagerwork Reduction Act as specified in the Agriculture Act of 2014 (Pub. L. 113-79. Thie 1, Subtilia F. Administration). The pro		100.	00%	Phil	P.C.a			5-	24-19
13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE 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 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. 301 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 banefits under the Conservation Reserve Program. The information detected on this form may be disclosed to other Federal, State, Local government agencies, Trible 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 findrmation 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. The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicable to funded by the Department. (Not all information is yould); religion, epide, politicab elistic, politicab elistic, who wish to file a program complain, write to the address below or if you require address below or if you require address below or if you require alternative means of communication for program information (e.g., Braille, large print, audicipae, etc.) please contact USDA/S TARGET Center 4(202) 720-2600 (voice and TDD). Individual's who are def, hard of hearing, or have speech disabilities and wish to file a program complaint, please contact USDA/S TARGET Center 4(202) 720-2600 (voice and T	B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	%	(3) SIGNAT	W RE	/	2	(4) DAT	E (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 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 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, Subtille 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, reprisel, and where applicable policial beliation in any program or activity conducted of the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program or activity conducted or funded by the Department. (Not all proking bases prices), engrapprint ecrimination completed degenetic information in employment or in any program or activity conducted or funded by the Department. (Not all programs and/or employment ac		(2) SHARE	%	(3) SIGNAT	URE				
 is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (16 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 neceive 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, Subitle 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 condicity conducted or funded by the Department. (Not all prohibits discrimination (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf,	13. CCC USE ONLY A. SIGNATURE OF CC	C REPRESENTA	TIVE					B. DAT	Έ (ΜΜ-DD-ΥΥΥΥ)
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) 877-8339 or (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 program.intake@usda.gov. USDA is an equal opportunity provider and employer.	 is 7 CFR Part 1410, the Commodity Credit Corporation Ch of 2014 (Pub. L. 113-79). The information will be used to information collected on this form may be disclosed to othe authorized access to the information by statute or regulatik Farm Records File (Automated). Providing the requested ineligibility to participate in and receive benefits under the This information collection is exempted from the Paperwor provisions of appropriate criminal and civil fraud, privacy, a <u>COUNTY FSA OFFICE.</u> The U.S. Department of Agriculture (USDA) prohibits discrimination a disability, sex, gender identity, religion, reprisal, and where applicable income is derived from any public assistance program, or protected g prohibited bases will apply to all programs and/or employment activitii 	Parter Act (15 U.S.C. 7 determine eligibility to er Federal, State, Loca on and/or as describec information is voluntar Conservation Reserve k Reduction Act as sp and other statutes may gainst its customers, e , political beliefs, mari enetic information in e ess.) Persons with disa	14 et se participa al govern d in appl ry. How Progra pecified i y be app employe ital statu. employm abilities,	q.), the Food S ate in and recei- imment agencies icable Routine ever, failure to m. In the Agricultur licable to the in es, and applica s, familial or pay who wish to file	ecurity Act of 1985 (1 ve benefits under the s, Tribal agencies, and Uses identified in the furnish the requested al Act of 2014 (Pub. L formation provided. I nts for employment o rental status, sexual c orgram or activity cont e a program complaint	6 U.S. Conse I nong System inform . 113- RETUR n the b riental lucted , write	C. 3801 et avenmente overnmente n of Record ation will re 79, Title I, S RN THIS CO masis of race ion, or all co or funded i to the addr	seq.), ani serve Pro al entities ds Notice ssult in a Subtitle F, OMPLET e, color, r pr part of by the De ress below	d the Agricultural Act gram. The that have been for USDA/FSA-2, determination of Administration). The ED FORM TO YOUR national origin, age, an individual's upartment. (Not all w or if you require
Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.	alternative means of communication for program information (e.g., Bru Individuals who are deaf, hard of hearing, or have speech disabilities (800) 877-8339 or (800) 845-6136 (in Spanish). If you wish to file a Civil Rights program complaint of discrimination, c http://www.ascr.usda.gov/complaint_filing_cust.html, or at any U	aille, large print, audio and wish to file either omplete the USDA Pro SDA office, or call (860	tape, etc an EEO ogram D 6) 632-9	:.) please conta or program con iscrimination C 992 to request	nct USDA's TARGET (mplaint, please contact omplaint Form, found the form. You may ai	Center at USD online so writ	at (202) 72 A through t at te a letter c	20-2600 (the Feder ontaining	voice and TDD). ral Relay Service at all of the information
	Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at pro		ov. US	DA is an equal			ployer.		

CRP-1 (10-22-15)

CONTINUATION OF ITEM 11 – Identification of CRP Land

A. B.		B. C. D.			F. CONTRACT PER	
Tract No.	Field No.	Practice No.	Acres	Total Estimated C/S	(1) FROM	(2) TO
715	6	CP8A	0.08	\$ 10	10-01-2014	09-30-2024
715	7	CP8A	0.07	\$ 9	10-01-2014	09-30-2024
715	8	CP8A	0.13	\$ 16	10-01-2014	09-30-2024
715	9	CP8A	0.13	\$ 16	10-01-2014	09-30-2024
		· · · · ·				
				· · · · · · · · · · · · · · · · · · ·		
				_	4	
				-		
10 A 10	i			1		

Original - County Office Copy

Owner's Copy

Operator's Copy



Common Land Unit Cropland // Non-cropland

Conservation Reserve Program

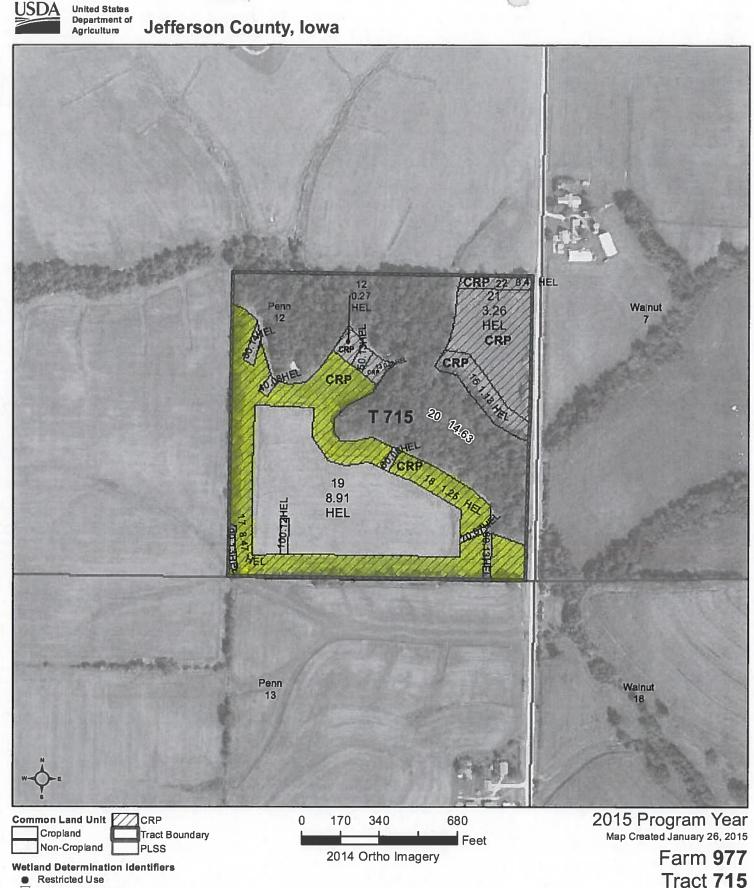
- Wetland Determination Identifiers
- **Restricted Use** 0
- Limited Restrictions Exempt from Conservation
- **Compliance** Provisions
- Tract Boundary Section Line

2014 Program Year Map Created December 16, 2013

Farm 977 Tract 715

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).

This form is available electronically.								Page 1 of 1
CRP-1 U.S. DEPARTMENT OF AGRICULTUR (10-22-15) Commodity Credit Corporation	E		1. ST. & C LOCAT	CO CODE & ADMIN.	8	2. SIG	V-UP N	UMBER
(10-22-15) Commodity Credit Corporation			LOOAI					
				19 101				47
CONSERVATION RESERVE PROGRAM	I CONTRAC	T	3. CONTR	RACT NUMBER		4. ACR	ES FOI	RENROLLMENT
				11152A			1	9.72
7A. COUNTY OFFICE ADDRESS (Include Zip Code)			5. FARM	NUMBER	_	6. TRA		MBER(S)
JEFFERSON COUNTY FARM SERVICE . 605 SOUTH 23RD ST	AGENCY			977				715
FAIRFIELD, IA 52556-0000			8 OFFER	(Select one)		0.00	ITDACT	PERIOD
			GENERAL			FROM:		TO:
7B. TELEPHONE NUMBER (Include Area Code): (641) 472-	2558				7	(MM-DD-) 10-01	-2015	(<i>MM-DD-YYYY</i>) 09-30-2025
THIS CONTRACT is entered into between the Commodity Credit		ed to as			'S. 00	erators, c	or tenant	s (referred to as "the
Participant".) The Participant agrees to place the designated acre	age into the Conse	ervation i	Reserve Progr	ram ("CRP") or other	use s	et by CC	C for the	stipulated contract
period from the date the Contract is executed by the CCC. The P such acreage and approved by the CCC and the Participant. Add	litionally, the Partici	ipant and	d CCC agree t	o comply with the terr	ns ar	nd conditi	ons coni	tained in this
Contract, including the Appendix to this Contract, entitled Append Participant acknowledges that a copy of the Appendix for the app	ix to CRP-1, Conse	ervation I	Reserve Progr	am Contract (referred	to a	s "Appen	dix"). By	y signing below, the
damages in an amount specified in the Appendix if the Participant	withdraws prior to	CCC ac	ceptance or re	ejection. The terms a	nd c	onditions	s of this	contract are
contained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and a					RODU	JCERS A	CKNOV	VLEDGE RECEIPT
10A. Rental Rate Per Acre \$ 248.89 PGG	11. Identifica	ation of	CRP Land	(See Page 2 for a	dditi	onal spa	ace)	
10B. Annual Contract Payment \$2,419	A. Tract No.	В.	Field No.	C. Practice No.		D. Acres	,	E. Total Estimated Cost-Share
10C. First Year Payment \$	715	101	17	CP1		8.47		\$ 339
(Item 10C applicable only to continuous signup when	715		18	CP1		1.25		\$ 50
the first year payment is prorated.)	1. State 1.			1				
12. PARTICIPANTS (If more than three individual	als are signing,	, see F						
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): LATHOL GUY ESTATE	(2) SHARE		(3) SIGNAT	URE EXEC			(4) DA	TE (MM-DD-YYYY)
PO BOX 264	100	.00%	20				_	
BRIGHTON, IA 52540-0264	100.	.00%	PK:($h \mathcal{N} \mathcal{N}$			5-	24-19
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	-	(3) SIGNAT				(4) DA	TE (MM-DD-YYYY)
					1		(.,	
		%	1.0					
C(4) DADTICIDANTIS NAME AND ADDRESS (7) OF (1)							(4) DA	
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE		(3) SIGNAT	URE			(4) DA	TE (MM-DD-YYYY)
		%						
13. CCC USE ONLY A. SIGNATURE OF CCC	REPRESENTA				-		B. DA	TE (MM-DD-YYYY)
NOTE: The following statement is made in accordance with the Pri	vacy Act of 1974 (5 l	USC 552	a - as amendeo	d). The authority for red	quest	ing the info	ormation	identified on this form
is 7 CFR Part 1410, the Commodity Credit Corporation Cha of 2014 (Pub. L. 113-79). The information will be used to d	etermine eligibility to	participa	te in and recei	ve benefits under the C	onsei	vation Re	serve Pr	ogram. The
information collected on this form may be disclosed to other authorized access to the information by statute or regulation	r Federal, State, Loca n and/or as described	al goverr d in appli	ment agencies	s, Tribal agencies, and i Uses identified in the S	nongo vsterr	vernment of Recor	al entitie ds Notice	s that have been a for USDA/FSA-2.
Farm Records File (Automated). Providing the requested in ineligibility to participate in and receive benefits under the C				furnish the requested in	forma	ation will re	əsult in a	determination of
				al Act of 2014 (Bub)	440 7	O THE	Cublida I	- Administration) The
This information collection is exempted from the Paperwork provisions of appropriate criminal and civil fraud, privacy, an COUNTY FSA OFFICE.								
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	netic information in e	employm	ent or in any pr	ogram or activity condu	icted i	or funded	by the D	epartment. (Not all
prohibited bases will apply to all programs and/or employment activitie alternative means of communication for program information (e.g., Bra	ille, large print, audio	otape, etc	.) please conta	ct USDA's TARGET C	enter	at (202) 7.	20-2600	(voice and TDD).
Individuals who are deaf, hard of hearing, or have speech disabilities a (800) 877-8339 or (800) 845-6136 (in Spanish).								
	malata the LISDA D-	ogram D	incrimination C	omoloint Form found -	nline	-		
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	DA office, or call (86	6) 632-9	992 to request i	the form. You may also	o write	a letter d		
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							pendenc	e Avenue, S.W.,
Original – County Office Copy		Owne	r's Copy		Г		Operat	tor's Copy
							- [- w. w.	



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

Tract Cropland Total: 24.79 acres

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).





Legend

Non-Cropland CRP

Cropland Tract Boundary ----- Iowa Roads
Wetland Determination Identifiers

lowa PLSS

boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).

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

Tract Cropland Total: 24.79 acres

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

2019 Program Year Map Created April 02, 2019

Farm **977** Tract **715**

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

		FARM: 5821
iowa	U.S. Department of Agriculture	Prepared: 1/21/20 9:52 AM
Washington	Farm Service Agency	Crop Year: 2020
Report ID: FSA-156EZ	Abbreviated 156 Farm Record	Page: 1 of 1

DISCLAIMER: This is data extracted from the web farm database. Because of potential messaging failures in MIDAS, this data is not guaranteed to be an accurate and complete representation of data contained in the MIDAS system, which is the system of record for Farm Records.

Operator Name					Farm Identifier Div Farm 42			con Number 11 19183 74
Farms Associat 6397, 6401	ted with Operato	r:						
ARC/PLC G/I/F	Eligibility: Eligibl	e						
CRP Contract N	lumber(s): None							
Farmland	Cropland	DCP Cropland	WBP	WRP/EWP	CRP Cropland	GRP	Farm Status	Number of Tracts
338.55	150.03	150.03	0.0	150.03	0.0	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP	Native Sod			
0.0	0.0	0.0	0.0	0.0	0.0			

Tract Number: 11034

FSA Physical Location : Washington, IA

Description Brighton Twp, Sec 17, 18, 19 & 20

ANSI Physical Location: Washington, IA

BIA Range Unit Number:

HEL Status: HEL Determinations not complete

Wetland Status: Wetland determinations not complete

WL Violations: None

Farmland	Cropland	DCP Cropland	WBP	WRP/EWP	CRP Cropland	GRP
338.55	150.03	150.03	0.0	150.03	0.0	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP	Native Sod	
0.0	0.0	0.0	0.0	0.0	0.0	

Owners: LATHOL GUY ESTATE Other Producers: GUY, LATHOL ALLEN **United States** Department of Washington County, Iowa Agriculture

USDA



Restricted Use • ∇ **Limited Restrictions**

Tract Cropland Total: 150.03 acres

Exempt from Conservation Compliance Provisions

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).

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

		FARM: 6397
Iowa	U.S. Department of Agriculture	Prepared: 1/21/20 9:51 AM
Washington	Farm Service Agency	Crop Year: 2020
Report ID: FSA-156EZ	Abbreviated 156 Farm Record	Page: 1 of 2

DISCLAIMER: This is data extracted from the web farm database. Because of potential messaging failures in MIDAS, this data is not guaranteed to be an accurate and complete representation of data contained in the MIDAS system, which is the system of record for Farm Records.

WHEAT,	CORN	NONE	NON	E	NONE	NONE		NONE	
PLO		ARC-CO	ARC-	IC	PLC-Default	ARC-CO-D	efault	ARC-IC-Defaul	
				ARC/PLC		1000			
0.0	0.0	394.51	0.0	1.44	0.0				
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP	Native Sod				
662.33	488.35	488.35	0.0	0.0	93.84	0.0	Active	2	
Farmland	Cropland	DCP Cropland	WBP	WRP/EWP	CRP Cropland	GRP	Farm Status	Number of Tracts	
RP Contract I	Number(s): 11372	2B, 11445B, 3455C	, 11068B, 1107	79B, 11267B, 10	175B, 10174B				
RC/PLC G/I/F	Eligibility: Eligib	le							
	ted with Operato 395, 6401, 6517, 6								
perator Name UY, PHILIP GENE			Farm Identifier				Recon Number		

Crop	Acreage	Yield	CRP Reduction
WHEAT	1.55	43	0.0
CORN	392.92	133	0.0
Total Base Acres:	394.47		

Tract Number: 651

Description Brighton Twp, Sec 8 & 9

FSA Physical Location : Washington, IA ANSI Physical Location: Washington, IA

BIA Range Unit Number:

HEL Status: HEL: conservation system is being actively applied

Wetland Status: Wetland determinations not complete

WL Violations: None

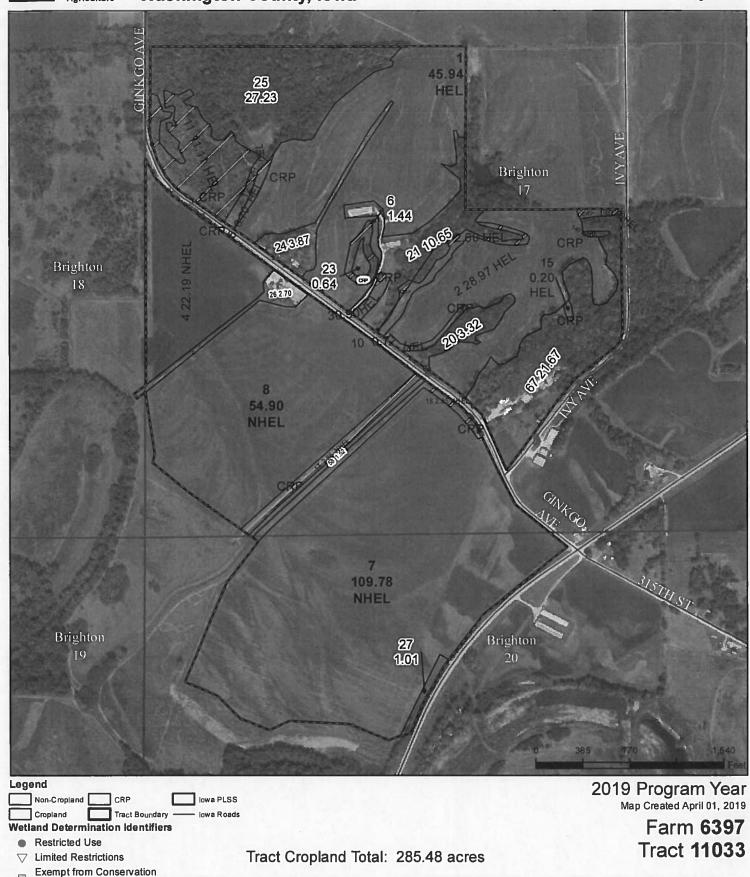
Farmland	Cropland	DCP Cropland	WBP	WRP/EWP	CRP Cropland	GRP
302.8	202.87	202.87	0.0	0.0	70.14	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP	Native Sod	
0.0	0.0	132.73	0.0	0.0	0.0	
	Base	PLC	CCC-505			

Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction	
WHEAT	1.11	43	0.0	
CORN	131.62	133	0.0	
Total Base Acres:	132.73			

					FARM:	6397
owa		U.S. Depa	Prepared:	1/21/20 9:51 AM		
Nashington		Farm	Service Agency		Crop Year:	2020
Report ID: FSA-156E	z	Abbreviate	ed 156 Farm Red	cord	Page:	2 of 2
		o farm database. Because the MIDAS system, which			is data is not guarant	teed to be an accurat
Other Producers: G	UY, BRUCE LATHOL			GUY, LATHOL ALL	_EN	
Fract Number: 11033	Description B	righton Twp, Sec 17, 18,	19 & 20			
FSA Physical Locatio	n: Washington, IA	ANSI Phy	vsical Location: Was	shington, IA		
BIA Range Unit Numb	per:					
HEL Status: HEL: co	onservation system is b	eing actively applied				
Wetland Status: W	etland determinations r	ot complete				
WL Violations: Non	ie					
Farmland	Cropland	DCP Cropland	WBP	WRP/EWP	CRP Cropland	GRP
359.53	285.48	285.48	0.0	0.0	23.7	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP	Native Sod	
0.0	0.0	261.78	0.0	1.44	0.0	
Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction			
WHEAT	0.44	43	0.0			
CORN	261.3	133	0.0			
Total Base	Acres: 261.74					
Owners: JOYCE GUY	TRUST		LATHOL	GUY ESTATE		
Other Producers: G	SUY, BRUCE LATHOL			GUY, LATHOL ALI	LEN	

United States Department of Washington County, Iowa Agriculture

USDA



EXempt from Conservation Compliance Provisions United States Department of Agriculture (USDA) Fam 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).

							Page 1 of 1
CRP-1	U.S. DEPARTMENT		E	1. ST.	& CO. CODE &	2. SIGN-UP	
(12-02-19)	Commodity Cro	edit Corporation			19	NUMBER 47	
				3. CO	3. CONTRACT NUMBER		4. ACRES FOR
CONSER	RVATION RESERV	E PROGRAM	I CONTRACT		11:	372B	ENROLLMENT 11.11
	A OFFICE ADDRESS (In			6. TRA	ACT NUMBER	7. CONTRACT PERIC	DD
	UNTY FARM SERVICE A NGTON ST. SUITE 2	GENCY			11033	FROM: (MM-DD-YYYY)	
WASHINGTON, IA52353-2157					11035	10-01-2015	09-30-2025
	100 C	8. SIG	8. SIGNUP TYPE: HEL Iowa				
	SA OFFICE PHONE NUM Code): (319)653-2138	BER					
(referred to as "ti CCC for the stipu acreage the Cons comply with the ti Program Contrac applicable contra thereto. BY SIGN	is entered into between the Participant".) The Parti- lated contract period from- sevation Plan developed for terms and conditions cont t (referred to as "Appendi- ict period. The terms and ING THIS CONTRACT PAR CRP-2C; or CRP-2G.	cipant agrees to pl the date the Contr or such acreage ar ained in this Contra x"). By signing bel conditions of this o	ace the designated ract is executed by nd approved by the act, including the A low, the Participant contract are contain	acreage into the the CCC. The CCC and the F oppendix to this acknowledges ned in this Form	he Conservation Participant also Participant. Addu Contract, entitl receipt of a cop n CRP-1 and in t	Reserve Program ("CRI agrees to implement on tionally, the Participant ed Appendix to CRP-1, to y of the Appendix/Appe he CRP-1 Appendix and	P") or other use set by such designated and CCC agree to Conservation Reserve ndices for the lanv addendum
9A. Rental Rate Per Acre \$188.47			10. Identification	10. Identification of CRP Land (See Page 2 for additional space			ə)
9B. Annual Contract Payment \$2,094.00			A. Tract No.	B. Field No.	C. Practic	e No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$			11033	11	CP3	A 11.11	\$ 3,333.00
(Item 9C is applic prorated.)	cable only when the first ye	ear payment is					
11. PARTICI	PANTS (If more than	three individua	ls are signing, s	see Page 3.)		
	NT'S NAME AND Include Zip Code)	(2) SHARE	(3) SIGNATURE (- /	(4) TITLE/REL INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LATHOL GUY ESTATE PO BOX 264 100.00%		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE <i>(MM-DD-YYYY)</i>	
BRIGHTON, IA52540-0264 (2) SHARE C(1) PARTICIPANT'S NAME AND (2) SHARE ADDRESS (Include Zip Code) %		(3) SIGNATURE ((By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (<i>MM-DD-YYYY</i>)	
12. CCC USE	ONLY A. SIGNATU	RE OF CCC REF	PRESENTATIVE				B. DATE (MM-DD-YYYY)
is the Cor 3831 et s receive bu Tribal age identified	ving statement is made in acc nmodity Credit Corporation Cl eq), the Agricultural Improvem enefits under the Conservation nncies, and nongovernmental in the System of Records Not sted information will result in a	harter Act (15 U.S.C.) ent Act of 2018 (Pub.) Reserve Program. entities that have been ce for USDA/FSA-2, I	714 et seq.), the Food L. 115-334) and 7 CF The information collect n authorized access to Farm Records File (AL	Security Act of 1 R Part 1410. Th ted on this form n o the information utomated). Provid	985 (16 U.S.C. 38 e information will b nay be disclosed to by statute or regula ding the requested	01 et seq.), the Agricultural e used to determine eligibil o other Federal, State, Loca ation and/or as described in information is voluntary. H	Act of 2014 (16 U.S.C. ity to participate in and I government agencies, applicable Routine Uses lowever, failure to furnish

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

3. CONT 6. TRAC 1: 8. SIGNL Continu d to as "CCC" reage into the CCC. The Pair CCC. The Pair CCC. The Pair CCC. The Pair Cont into CCC. The Pair CONT	.1033 UP TYPE: Juous ") and the undersign Conservation Reser articipant also agrees rticipant. Additional Contract, entitled App eccipt of a copy of th CRP-1 and in the CR	ONTRACT PERIOD M: (MM-DD-YYYY) 10-01-2015 ed owners, operato ve Program ("CRP" s to implement on s y, the Participant ar bendix to CRP-1, CO e Appendix/Append P-1 Appendix and a P-1; CRP-1 Appendix	TO: (MM-DD-YYYY) 09-30-2025 ors, or tenants ") or other use set by such designated nd CCC agree to onservation Reserve dices for the
6. TRAC 1: 8. SIGNL Continue dot to as "CCC" eage into the of CCC. The Part cand the Part endix to this Cor cont into the of CCC. The Part cand the Part endix to this Cor for CCP Land B. Field No.	TRACT NUMBER 11445B CT NUMBER 1033 UP TYPE: 1000 Conservation Reser articipant also agrees rticipant. Additionall Contract, entitled App eccipt of a copy of th CRP-1 and in the CRI OWING FORMS: CRF d (See Page 2 for C. Practice No.	M: (MM-DD-YYYY) 10-01-2015 ed owners, operato ve Program ("CRP", s to implement on s y, the Participant ar ve Appendix/Appender P-1 Appendix and a P-1; CRP-1 Appendix additional space) D. Acres	47 4. ACRES FOR ENROLLMENT 1.44 TO: (MM-DD-YYYY) 09-30-2025 ors, or tenants ") or other use set by such designated nd CCC agree to conservation Reserve dices for the may addendum ix and any addendum E. Total Estimated Cost-Share
6. TRAC 1: 8. SIGNL Continue dot to as "CCC" eage into the of CCC. The Part cand the Part endix to this Cor cont into the of CCC. The Part cand the Part endix to this Cor for CCP Land B. Field No.	11445B CT NUMBER TRC 1033 UP TYPE: uous ") and the undersign Conservation Reser articipant also agrees rticipant. Additionall Contract, entitled App eccipt of a copy of th CRP-1 and in the CR OWING FORMS: CRF d (See Page 2 for o C. Practice No.	M: (MM-DD-YYYY) 10-01-2015 ed owners, operato ve Program ("CRP", s to implement on s y, the Participant ar ve Appendix/Appender P-1 Appendix and a P-1; CRP-1 Appendix additional space) D. Acres	ENROLLMENT 1.44 TO: (MM-DD-YYYY) 09-30-2025 Drs, or tenants) or other use set by such designated nd CCC agree to onservation Reserve dices for the may addendum ix and any addendum E. Total Estimated Cost-Share
8. SIGNL Continue ed to as "CCC" eage into the CCC. The Para C and the Part modix to this C throwledges re- in this Form C DF THE FOLLC of CRP Land B. Field No.	CT NUMBER 7. Cf 1033 FRC 1033 FRC 1035 FRC	M: (MM-DD-YYYY) 10-01-2015 ed owners, operato ve Program ("CRP", s to implement on s y, the Participant ar y, the Participant ar ve Appendix/Appender P-1 Appendix and a P-1; CRP-1 Appendix additional space) D. Acres	1.44 TO: (MM-DD-YYYY) 09-30-2025 Drs, or tenants) or other use set by such designated nd CCC agree to onservation Reserve dices for the my addendum ix and any addendum E. Total Estimated Cost-Share
8. SIGNL Continue ed to as "CCC" eage into the CCC. The Para C and the Part modix to this C throwledges re- in this Form C DF THE FOLLC of CRP Land B. Field No.	I 0 3 3 UP TYPE: uous ") and the undersign Conservation Reser articipant. Additionall Contract, entitled App eccipt of a copy of th CRP-1 and in the CRI OWING FORMS: CRF d (See Page 2 for C. Practice No.	M: (MM-DD-YYYY) 10-01-2015 ed owners, operato ve Program ("CRP", s to implement on s y, the Participant ar y, the Participant ar ve Appendix/Appender P-1 Appendix and a P-1; CRP-1 Appendix additional space) D. Acres	TO: (MM-DD-YYYY) 09-30-2025 Drs, or tenants ") or other use set by such designated nd CCC agree to onservation Reserve dices for the any addendum ix and any addendum E. Total Estimated Cost-Share
8. SIGNL Continue and to as "CCC" eage into the CCC. The Part Cand the Part Cand the Part Cand the Part Cand the Part Cand the Sorr Cor THE FOLLC OF CRP Land B. Field No.	UP TYPE: nuous ") and the undersign conservation Reser articipant also agrees rticipant. Additionall Contract, entitled App eccipt of a copy of th CRP-1 and in the CRI OWING FORMS: CRF d (See Page 2 for C. Practice No.	10-01-2015 ed owners, operato ve Program ("CRP", s to implement on s bendix to CRP-1, Co e Appendix/Append P-1 Appendix and a P-1; CRP-1 Appendix additional space) D. Acres	09-30-2025 Drs, or tenants ") or other use set by such designated nd CCC agree to onservation Reserve dices for the any addendum ix and any addendum E. Total Estimated Cost-Share
8. SIGNL Continue and to as "CCC" eage into the CCC. The Part Cand the Part Cand the Part Cand the Part Cand the Part Cand the Sorr Cor THE FOLLC OF CRP Land B. Field No.	UP TYPE: Nuous ") and the undersign Conservation Reser articipant also agrees rticipant. Additional Contract, entitled Apy cecipt of a copy of th CRP-1 and in the CR OWING FORMS: CRF d (See Page 2 for C. Practice No.	ed owners, operato ve Program ("CRP", s to implement on s g, the Participant ar pendix to CRP-1, Co e Appendix/Append P-1 Appendix and a P-1; CRP-1 Appendix additional space) D. Acres	E. Total Estimated Cost-Share
d to as "CCC" eage into the CCC. The Parl endix to this C cand the Parl endix to this C canowledges re in this Form C DF THE FOLLC of CRP Land B. Field No.	") and the undersign Conservation Reser articipant also agrees tricipant. Additionall Contract, entitled App ecceipt of a copy of th CRP-1 and in the CRI OWING FORMS: CRF d (See Page 2 for C. Practice No.	ve Program ("CRP" s to implement on s bendix to CRP-1, Co e Appendix/Append P-1 Appendix and a P-1; CRP-1 Appendix additional space) D. Acres	") or other use set by such designated nd CCC agree to onservation Reserve dices for the any addendum ix and any addendum E. Total Estimated Cost-Share
d to as "CCC" eage into the CCC. The Pai C and the Pai modix to this C mowledges re in this Form C DF THE FOLLC OF CRP Land B. Field No.	") and the undersign Conservation Reser articipant also agrees rticipant. Additionall Contract, entitled App eccipt of a copy of th CRP-1 and in the CRI OWING FORMS: CRF d (See Page 2 for C. Practice No.	ve Program ("CRP" s to implement on s bendix to CRP-1, Co e Appendix/Append P-1 Appendix and a P-1; CRP-1 Appendix additional space) D. Acres	") or other use set by such designated nd CCC agree to onservation Reserve dices for the any addendum ix and any addendum E. Total Estimated Cost-Share
eage into the of CCC. The Pail C and the Part and the Part and the Part consolution of the CCC of the CRP Land B. Field No.	Conservation Reser articipant also agrees rticipant. Additionall Contract, entitled Apr eccipt of a copy of th CRP-1 and in the CRI OWING FORMS: CRF d (See Page 2 for C. Practice No.	ve Program ("CRP" s to implement on s bendix to CRP-1, Co e Appendix/Append P-1 Appendix and a P-1; CRP-1 Appendix additional space) D. Acres	") or other use set by such designated nd CCC agree to onservation Reserve dices for the any addendum ix and any addendum E. Total Estimated Cost-Share
B. Field No.	C. Practice No.	D. Acres	Cost-Share
B. Field No.	C. Practice No.	D. Acres	Cost-Share
6	CP22	1.44	
LUM			
Page 3.)			
((5) DATE
			(MM-DD-YYYY)
((4) TITLE/RELATION	SHIP OF THE	(5) DATE
	INDIVIDUAL SIGNING IN THE		(MM-DD-YYYY)
REPRESENTATIVE CAPAC			
6	(4) TITLE/RELATION	SHIP OF THE	(5) DATE
	INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(MM-DD-YYYY)
			B. DATE (MM-DD-YYYY)
	a - as amend rity Act of 19 t 1410. The this form ma	(4) TITLE/RELATION INDIVIDUAL SIG REPRESENTATI (4) TITLE/RELATION INDIVIDUAL SIG REPRESENTATI (4) TITLE/RELATION INDIVIDUAL SIG REPRESENTATI (4) TITLE/RELATION INDIVIDUAL SIG REPRESENTATI 100 (1985 (16 U.S.C. 3801 et st t 1410. The information will be used this form may be disclosed to other	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE

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.

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

							Page 1 of 1	
CRP-1	U.S. DEPARTMEN	OF AGRICULTUR	E	1. ST.	& CO. CODE &	ADMIN. LOCATION	2. SIGN-UP	
(12-02-19)	Commodity C	redit Corporation			19	NUMBER 32		
					NTRACT NUMB	ER	4. ACRES FOR	
CONSEI	RVATION RESER	VE PROGRAM	CONTRACT		34	ENROLLMENT 27.70		
5A. COUNTY FS	SA OFFICE ADDRESS (I	nclude Zip Code)		6. TR/	ACT NUMBER	7. CONTRACT PERIOD)	
	OUNTY FARM SERVICE	AGENCY			651	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)	
WASHINGTON, I			621	10-01-2008	09-30-2020			
	and the second second		8. SIG Gener	NUP TYPE:				
	SA OFFICE PHONE NU Code): (319)653-2138		1.22.5		141111			
CCC for the stipu acreage the Cons comply with the Program Contrac applicable contra thereto. BY SIGI	Ilated contract period fro servation Plan developed terms and conditions con- ct (referred to as "Append act period. The terms an	m the date the Contu I for such acreage au Itained in this Contr dix"). By signing bel d conditions of this (ract is executed by nd approved by the act, including the A low, the Participant contract are contain IOWLEDGE RECEIF	the CCC. The CCC and the F ppendix to this acknowledges red in this For PT OF THE FOL	Participant also Participant. Add s Contract, entitl s receipt of a cop m CRP-1 and in t LOWING FORM	Reserve Program ("CRP" agrees to implement on s itionally, the Participant a ed Appendix to CRP-1, Co y of the Appendix/Append he CRP-1 Appendix and a S: CRP-1; CRP-1 Appendi	uch designated nd CCC agree to inservation Reserve dices for the ny addendum	
9A. Rental Rate	Per Acre \$136	.72	10. Identification	on of CRP La	and (See Page	2 for additional space)		
9B. Annual Cont	9B. Annual Contract Payment \$3,787.00			B. Field No. C. Practic		ze No. D. Acres	E. Total Estimated Cost-Share	
9C. First Year P	ayment \$		651	3	CP4	D 27.70	\$ 0.00	
prorated.)	cable only when the first			Dag Page 2				
A(1) PARTICIPA ADDRESS JOYCE GUY TRUST * PHILIP GUY PO BOX 264 BRIGHTON, IA52540-1		(2) SHARE 0.00 %	(3) SIGNATURE ((By)	INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)	
B(1) PARTICIPA	ANT'S NAME AND	(2) SHARE	(3) SIGNATURE ((By)	(4) TITLE/REL	ATIONSHIP OF THE	(5) DATE	
ADDRESS					INDIVIDUAL SIGNING IN THE (MM-DD-YYY			
PO BOX 264 BRIGHTON, IA5		100.00%			REPRESE	NTATIVE CAPACITY		
	ANT'S NAME AND	(2) SHARE	(3) SIGNATURE ((By)	(4) TITLE/REL	ATIONSHIP OF THE	(5) DATE	
ADDRESS	(Include Zip Code)	%			the second se	L SIGNING IN THE NTATIVE CAPACITY	(MM-DD-YYYY)	
12. CCC USE	ONLY A. SIGNAT	JRE OF CCC REI	PRESENTATIVE				B. DATE	
							(MM-DD-YYYY)	
is the Co. 3831 et s receive b Tribal ag identified the reque	mmodity Credit Corporation eq), the Agricultural Improve enefits under the Conservati encies, and nongovernmenta in the System of Records N ssted information will result in	Charter Act (15 U.S.C. ment Act of 2018 (Pub. on Reserve Program. Il entities that have bee otice for USDA/FSA-2, a determination of ineli	714 et seq.), the Food L. 115-334) and 7 CF The information collec n authorized access to Farm Records File (Au gibility to participate in	Security Act of 1 FR Part 1410. Th ted on this form r to the information utomated). Provi and receive ben	1985 (16 U.S.C. 38 he information will b may be disclosed to by statute or regul iding the requested efits under the Cor	ty for requesting the informati 01 et seq.), the Agricultural Au- be used to determine eligibility o other Federal, State, Local g ation and/or as described in a l information is voluntary. How servation Reserve Program. C. 3846(b)(1). The provision.	ct of 2014 (16 U.S.C. to participate in and jovernment agencies, pplicable Routine Uses vever, failure to furnish	

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

					Sec. 2 and a los		Page 1 of 2
CRP-1	U.S. DEPARTMENT		E	1. ST.	ST. & CO. CODE & ADMIN. LOCATION		2. SIGN-UP
(12-02-19)	Commodity Cro	edit Corporation			19	183	NUMBER 46
					3. CONTRACT NUMBER		4. ACRES FOR
CONSER	VATION RESERV	E PROGRAM	I CONTRACT		110	068B	ENROLLMENT 7.49
	OFFICE ADDRESS (In			6. TR/	CT NUMBER	7. CONTRACT PERIC	
	NTY FARM SERVICE A GTON ST. SUITE 2	GENCY			11033	FROM: (MM-DD-YYYY)	
WASHINGTON, IA52353-2157					11055	10-01-2014	09-30-2029
					NUP TYPE: nuous		
	A OFFICE PHONE NUM ode): (319)653-2138	BER					
(referred to as "the CCC for the stipula acreage the Conse comply with the te Program Contract applicable contrac	s entered into between ti a Participant".) The Parti ated contract period from rvation Plan developed i rms and conditions conditions (referred to as "Appendi, t period. The terms and NG THIS CONTRACT PAR RP-2C; or CRP-2G.	cipant agrees to pl the date the Contr or such acreage ar ained in this Contra x"). By signing bel conditions of this o	ace the designated ract is executed by nd approved by the act, including the A ow, the Participant contract are contain	acreage into the the CCC. The CCC and the P ppendix to this acknowledges ned in this Form	ne Conservation Participant also Participant. Addi Contract, entitl receipt of a cop CRP-1 and in t	Reserve Program ("CRI agrees to implement on tionally, the Participant ed Appendix to CRP-1, C y of the Appendix/Appent he CRP-1 Appendix and	P") or other use set by such designated and CCC agree to Conservation Reserve ndices for the any addendum
9A. Rental Rate P	10. Identification	on of CRP La	nd (See Page	2 for additional space)		
9B. Annual Contra	tet Payment \$ 2,23	1.00	A. Tract No.	B. Field No.	C. Practic	e No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Pay	rment \$		11033	10	CP2	1 0.77	\$ 141.00
	ble only when the first ye	ear payment is	11033	12	CP2	1 1.01	\$ 185.00
prorated.)			11033			1 2.86	\$ 523.00
11. PARTICIP	ANTS (If more than	three individua	ls are signing, s	see Page 3.)			
A(1) PARTICIPAN ADDRESS (In \$ PHILIP GUY PO BOX 264 BRIGHTON, IA52540-020	clude Zip Code)	(2) SHARE	(3) SIGNATURE (INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) (2) SHARE LATHOL GUY ESTATE PO BOX 264 100.00 % BRIGHTON, IA52540-0264 100.00 % C(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)
		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
12. CCC USE 0	NLY A. SIGNATU	RE OF CCC REF	RESENTATIVE	1125		1.0	B. DATE (MM-DD-YYYY)
is the Com 3831 et sec receive ber Tribal agen identified in	ng statement is made in accu- nodity Credit Corporation Cl p), the Agricultural Improvem refits under the Conservation cies, and nongovernmental the System of Records Not ed information will result in a	narter Act (15 U.S.C.) ent Act of 2018 (Pub.) Reserve Program. The that have been ce for USDA/FSA-2, I	714 et seq.), the Food L. 115-334) and 7 CF The information collect n authorized access to Farm Records File (AL	Security Act of 1 R Part 1410. The ted on this form n the information i utomated). Provid	985 (16 U.S.C. 38 e information will b nay be disclosed to by statute or regula ling the requested	D1 et seq.), the Agricultural e used to determine eligibili other Federal, State, Local ation and/or as described in information is voluntary. He	Act of 2014 (16 U.S.C. ity to participate in and government agencies, applicable Routine Uses owever, failure to fumish

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.

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 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. USDA is an equal opportunity provider, employer, and lender. CRP-1 (12-02-19)

CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
11033	18	CP21	2.85	\$ 522.00
			1.1.2.1.2.1.2.1	
2011 N. 45 D. 45 B.				
	2 1. 2 6 6 1 8 1			
	and shall a start			
26.315.34			3-14-5	
No. Sector Laboration				
			Last on the state of the	

							Page 1 of 1
CRP-1		F OF AGRICULTUR	E	1. ST	. & CO. CODE &	2. SIGN-UP	
(12-02-19)	Commodity C	redit Corporation			19	NUMBER 46	
				3. CO	NTRACT NUME	4. ACRES FOR	
CONSE	RVATION RESER	VE PROGRAM	I CONTRACT		11	ENROLLMENT 23.52	
5A. COUNTY F	SA OFFICE ADDRESS (nclude Zip Code)		6. TR	ACT NUMBER	7. CONTRACT PERI	DD
	OUNTY FARM SERVICE INGTON ST. SUITE 2	AGENCY			651	FROM: (MM-DD-YYYY	
WASHINGTON,				1	051	10-01-2014	09-30-2029
					SNUP TYPE: inuous		
	SA OFFICE PHONE NU Code): (319)653-2138			cont	1114045	0.00	
acreage the Con comply with the Program Contra applicable contra thereto. BY SIG	ulated contract period fro servation Plan developed terms and conditions con ct (referred to as "Append act period. The terms an NING THIS CONTRACT P CRP-2C; or CRP-2G.	l for such acreage an ntained in this Contr dix"). By signing be d conditions of this (nd approved by the act, including the Aj low, the Participant contract are contain IOWLEDGE RECEIP	CCC and the I ppendix to thi acknowledges ed in this Fon T OF THE FO	Participant. Add s Contract, entiti s receipt of a cop m CRP-1 and in a LLOWING FORM	itionally, the Participant led Appendix to CRP-1, by of the Appendix/Appe the CRP-1 Appendix and S: CRP-1; CRP-1 Appen	and CCC agree to Conservation Reserve andices for the dany addendum dix and any addendum
9A. Rental Rate	10. Identification	on of CRP La	and (See Page	2 for additional space			
9B. Annual Contract Payment \$6,227.00			A. Tract No.	B. Field No	. C. Practi	ce No. D. Acres	E. Total Estimated Cost-Share
9C. First Year P	ayment \$	651	8	CP2	23.52	\$ 4,304.00	
prorated.)	cable only when the first						
	PANTS (If more tha		v v .	-	·		
A(1) PARTICIPA ADDRESS JOYCE GUY TRUST * PHILIP GUY PO BOX 264 BRIGHTON, IA52540-		(2) SHARE	(3) SIGNATURE (I	By)	INDIVIDUA	ATIONSHIP OF THE AL SIGNING IN THE NTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
B(1) PARTICIP	ANT'S NAME AND (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE		(5) DATE (MM-DD-YYYY)
LATHOL GUY ES PO BOX 264	STATE	100.00%			REPRESE		
BRIGHTON, IA52540-0264 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. SIGNAT	JRE OF CCC REI	PRESENTATIVE			S. Martines	B. DATE (MM-DD-YYYY)
is the Co 3831 et s receive b Tribal ag identified	wing statement is made in ac immodity Credit Corporation seq), the Agricultural Improve benefits under the Conservati rencies, and nongovernment d in the System of Records N ested information will result in	Charter Act (15 U.S.C. ment Act of 2018 (Pub. on Reserve Program. Il entities that have bee otice for USDA/FSA-2,	714 et seq.), the Food L. 115-334) and 7 CF The information collect n authorized access to Farm Records File (Au	Security Act of R Part 1410. Th ed on this form in the information tomated). Provi	1985 (16 U.S.C. 38 the information will I may be disclosed to by statute or regul iding the requested	01 et seq.), the Agricultural be used to determine eligibi o other Federal, State, Loca ation and/or as described in I information is voluntary.	Act of 2014 (16 U.S.C. lity to participate in and al government agencies, n applicable Routine Uses łowever, failure to fumish

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.

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

			and the second se					Page 1 of 2
CRP-1	E	1. ST. & CO. CODE & ADMIN. LOCATION			N	2. SIGN-UP		
(12-02-19)	Commodity C	edit Corporation			19 183			NUMBER 47
CONSE			3. CONTRACT NUMBER 11267B				4. ACRES FOR ENROLLMENT 15.72	
5A COUNTY ES	SA OFFICE ADDRESS (II	clude Zin Code)		6 TR	ACT NUMBER	7. CONTRACT F		+3.72
WASHINGTON COUNTY FARM SERVICE AGENCY 1621 E. WASHINGTON ST. SUITE 2 WASHINGTON, IA52353-2157				0. 110		FROM: (MM-DD-)		TO: (MM-DD-YYYY)
					651	10-01-20		09-30-2025
				8. SIG	NUP TYPE:	2.1.2.4.5		
	SA OFFICE PHONE NUN Code): (319)653-2138				1. 1. 1.			
CCC for the stip acreage the Con- comply with the Program Contrac applicable contra thereto. BY SIGI	he Participant".) The Part ulated contract period fro servation Plan developed terms and conditions con ct (referred to as "Append act period. The terms and NING THIS CONTRACT PA CRP-2C; or CRP-2G.	n the date the Cont for such acreage ar tained in this Contri ix"). By signing bel conditions of this o NRTICIPANTS ACKN	ract is executed by and approved by the act, including the A, low, the Participant contract are contain IOWLEDGE RECEIP	the CCC. The CCC and the F ppendix to this acknowledges red in this Fon PT OF THE FOL	Participant also Participant. Add S Contract, entiti receipt of a cop n CRP-1 and in t LOWING FORM	agrees to impleme tionally, the Partic ed Appendix to CR y of the Appendix/ he CRP-1 Appendi S: CRP-1; CRP-1 A	nt on suc ipant and P-1, Con Appendic x and any ppendix	ch designated d CCC agree to servation Reserve ces for the v addendum
9A. Rental Rate Per Acre \$252.07			10. Identification	10. Identification of CRP Land (See Page 2 for additional space		pace)		
9B. Annual Contract Payment \$3,963.00		A. Tract No.	B. Field No.	C. Practic	ze No. D. Ac	res	E. Total Estimated Cost-Share	
9C. First Year Payment \$			651	4	CP2	5 2.5	53	\$ 832.00
	cable only when the first y	ear payment is	651	5	CP2	5 4.3	73	\$ 1,556.00
prorated.)			651	6 CP2		5 4.5	59	\$ 1,510.00
11. PARTICI	PANTS (If more than	h three individua	ls are signing, s	see Page 3.)			
A(1) PARTICIPA ADDRESS JOYCE GUY TRUST * PHILIP GUY PO BOX 264 BRIGHTON, IA52540-		(2) SHARE 0.00 %	(3) SIGNATURE (Ву)	INDIVIDUA	ATIONSHIP OF TI L SIGNING IN THI NTATIVE CAPACI	E	(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND (2) SHARE (3) ADDRESS (Include Zip Code) LATHOL GUY ESTATE PO BOX 264 100.00 %		(3) SIGNATURE ((3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
BRIGHTON, IA52540-0264 (2) SHARE C(1) PARTICIPANT'S NAME AND (2) SHARE ADDRESS (Include Zip Code) %			(3) SIGNATURE (3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		E	(5) DATE (MM-DD-YYYY)	
12. CCC USE	ONLY A. SIGNATU	IRE OF CCC REF	RESENTATIVE					B. DATE (MM-DD-YYYY)
is the Co 3831 et s receive b Tribal ag identified	wing statement is made in ac mmodity Credit Corporation (seq), the Agricultural Improvent enefits under the Conservation encies, and nongovernmenta in the System of Records No ested information will result in	harter Act (15 U.S.C. nent Act of 2018 (Pub. n Reserve Program. entities that have bee tice for USDA/FSA-2, i	714 et seq.), the Food L. 115-334) and 7 CF The information collect n authorized access to Farm Records File (Au	Security Act of 1 R Part 1410. The led on this form r the information (tomated). Provi	985 (16 U.S.C. 38 the information will L may be disclosed to by statute or regul ding the requested	01 et seq.), the Agricu be used to determine (o other Federal, State, ation and/or as descri information is volunta	ultural Act eligibility to Local go bed in app ary. Howe	of 2014 (16 U.S.C. o participate in and vernment agencies, olicable Routine Uses

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.

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

CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
651	7	CP25	3.87	\$ 1,273.00
				•
			1 1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			rfs. Takina 270 a	
				57.6805 - F.M.

and the second	and the second second							Page 1 of 1
CRP-1		T OF AGRICULTUR	E	1. ST	& CO. CODE &	ADMIN.	LOCATION	2. SIGN-UP
(12-02-19)	Commodity (Credit Corporation		Carlos and	19	183		NUMBER 44
CONSE	RVATION RESER		I CONTRACT		NTRACT NUMB	ER 175B		4. ACRES FOR ENROLLMENT 3.20
5A. COUNTY F	SA OFFICE ADDRESS (Include Zip Code)		6. TR	ACT NUMBER	7. CON	ITRACT PERIOD)
	OUNTY FARM SERVICE INGTON ST. SUITE 2 IA52353-2157	AGENCY			651	Carl Sectores	(MM-DD-YYYY) -01-2013	TO: (MM-DD-YYYY) 09-30-2023
	SA OFFICE PHONE NU a Code): (319)653-213				SNUP TYPE: inuous			
CCC for the stip acreage the Con comply with the Program Contra applicable contr thereto. BY SIG	the Participant".) The Pa ulated contract period from servation Plan develope terms and conditions co oct (referred to as "Appen ract period. The terms an NING THIS CONTRACT F CRP-2C; or CRP-2G.	om the date the Cont d for such acreage a ntained in this Contr dix"). By signing be d conditions of this	ract is executed by nd approved by the ract, including the A low, the Participant contract are contain IOWLEDGE RECEIF	the CCC. The CCC and the l ppendix to this acknowledges ned in this Fon PT OF THE FOI	Participant also Participant. Add s Contract, entitl s receipt of a cop m CRP-1 and in t LLOWING FORM	agrees to itionally, i ed Appen by of the A the CRP-1 S: CRP-1;	b implement on s the Participant au dix to CRP-1, Co Appendix/Append Appendix and a CRP-1 Appendi	uch designated nd CCC agree to onservation Reserve dices for the ny addendum
9A. Rental Rate	e Per Acre \$309	.60	10. Identificati	on of CRP La	and (See Page	2 for ad	ditional space)	
9B. Annual Contract Payment \$ 991.00			A. Tract No.	B. Field No	. C. Practio	ce No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year F	Payment \$		651	0002	CP2	1	3.20	\$ 586.00
(Item 9C is appl prorated.)	icable only when the first	year payment is						
	IPANTS (If more the			-		1.1		
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) A DHILIP GUY PO BOX 264 BLIGHTON, LA52540-0264 (2) SHARE 0.00 %		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(5) DATE <i>(MM-DD-YYYY)</i>	
B(1) PARTICIP ADDRESS LATHOL GUY ES PO BOX 264 BRIGHTON, IA		(2) SHARE	(3) SIGNATURE ((Ву)	(4) TITLE/REL INDIVIDUA REPRESE	L SIGNIN		(5) DATE (MM-DD-YYYY)
	ANT'S NAME AND (Include Zip Code)	(2) SHARE %	(3) SIGNATURE ((By)	(4) TITLE/REL INDIVIDUA REPRESE	L SIGNIN		(5) DATE (MM-DD-YYYY)
12. CCC USE	ONLY A. SIGNAT	URE OF CCC REI	PRESENTATIVE				12.0	B. DATE (MM-DD-YYYY)
is the Co 3831 et receive l Tribal ag identified the requi	wing statement is made in a ommodity Credit Corporation seq), the Agricultural Improve benefits under the Conserval gencies, and nongovernment d in the System of Records N ested information will result in ork Reduction Act (PRA) St	Charter Act (15 U.S.C. ament Act of 2018 (Pub. ion Reserve Program. al entities that have bee lotice for USDA/FSA-2, a determination of ineli	714 et seq.), the Food L. 115-334) and 7 CF The information colleci in authorized access to Farm Records File (Au gibility to participate in	Security Act of R Part 1410. Th ted on this form i to the information utomated). Provi and receive ben	1985 (16 U.S.C. 38 ne information will t may be disclosed to by statute or regul iding the requested lefits under the Con	01 et seq.) be used to o o other Fed ation and/o I informatio servation f	, the Agricultural Ad determine eligibility leral, State, Local g or as described in a n is voluntary. Hov Reserve Program.	ct of 2014 (16 U.S.C. to participate in and iovernment agencies, pplicable Routine Uses vever, failure to fumish

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

			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Page 1 of 2	
CRP-1 U.S. DEPARTMENT	E	1. ST. & CO.		ADMIN. LOCATION	2. SIGN-UP		
(12-02-19) Commodity C	redit Corporation			19	183	NUMBER 44	
			3. CO	NTRACT NUMB	ER	4. ACRES FOR	
CONSERVATION RESER	VE PROGRAM	M CONTRACT		10	174B	ENROLLMENT 5.10	
5A. COUNTY FSA OFFICE ADDRESS (II			6. TR/	ACT NUMBER	7. CONTRACT PERIC	D	
WASHINGTON COUNTY FARM SERVICE A 1621 E. WASHINGTON ST. SUITE 2	AGENCY			11000	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)	
WASHINGTON, IA52353-2157				11033	10-01-2013	09-30-2023	
a the set of the set of the set				NUP TYPE:			
5B. COUNTY FSA OFFICE PHONE NUM (Include Area Code): (319)653-2138	/BER			inuous			
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 thereto; CRP-2; CRP-2C; or CRP-2G.	for such acreage a tained in this Contr ix"). By signing be I conditions of this ARTICIPANTS ACKI	nd approved by the ract, including the Ap low, the Participant a contract are contain NOWLEDGE RECEIP	CCC and the F opendix to this acknowledges ed in this Form T OF THE FOL	Participant. Add Contract, entitl receipt of a cop n CRP-1 and in t LOWING FORM	itionally, the Participant ed Appendix to CRP-1, (y of the Appendix/Appe he CRP-1 Appendix and S: CRP-1; CRP-1 Append	and CCC agree to Conservation Reserve ndices for the any addendum dix and any addendum	
9A. Rental Rate Per Acre \$239	. 08	10. Identification	on of CRP La	nd (See Page	(See Page 2 for additional space)		
9B. Annual Contract Payment \$1,23	A. Tract No.	B. Field No.	C. Practic	æ No. D. Acres	E. Total Estimated Cost-Share		
9C. First Year Payment \$	11033	0003	CP2	1 0.90	\$ 165.00		
(Item 9C is applicable only when the first y	ear payment is	11033	0005	CP2	1 0.70	\$ 128.00	
prorated.)		11033	0009	CP2	1 2.60	\$ 476.00	
11. PARTICIPANTS (If more than	n three individua	als are signing, s	ee Page 3.,)	stantin - stat		
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) \$ PHILIP GUY PO BOX 264 BRIGHTON, 1A52540-0264	(2) SHARE	(3) SIGNATURE (By)		INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)	
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LATHOL GUY ESTATE PO BOX 264 BRIGHTON, IA52540-0264	(2) SHARE	(3) SIGNATURE (By)		INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)	
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (E	Ву)	INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)	
12. CCC USE ONLY A. SIGNATU	JRE OF CCC RE	PRESENTATIVE				B. DATE (MM-DD-YYYY)	
NOTE: The following statement is made in active is the Commodity Credit Corporation O 3831 et seq), the Agricultural Improver receive benefits under the Conservation Tribal agencies, and nongovernmenta identified in the System of Records NC the requested information will result in Paperwork Reduction Act (PRA) Sta	Charter Act (15 U.S.C. ment Act of 2018 (Pub on Reserve Program. I entities that have bee tice for USDA/FSA-2, a determination of inel tement: The informati	714 et seq.), the Food 3 . L. 115-334) and 7 CFI The information collect an authorized access to Farm Records File (Aut igibility to participate in a ion collection is exempte	Security Act of 1 R Part 1410. The ed on this form n the information tomated). Provid and receive bene	985 (16 U.S.C. 38 e information will b nay be disclosed to by statute or regul ding the requested affits under the Con specified in 16 U.S	01 et seq.), the Agricultural e used to determine eligibili o other Federal, State, Loca ation and/or as described in information is voluntary. H servation Reserve Program. .C. 3846(b)(1). The provisio	Act of 2014 (16 U.S.C. ity to participate in and I government agencies, applicable Routine Uses owever, failure to fumish ons 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 reprised 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 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. USDA is an equal opportunity provider, employer, and lender. CRP-1 (12-02-19)

CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
11033	0013	CP21	0.50	\$ 92.00
11033	0014	CP21	0.20	\$ 37.00
11033	0015	CP21	0.20	\$ 37.00
				10
	110234135112			3
				Mark Science
I Starting				
10.000	C TANK DO THE T			
and the state				
and setting to	and the state of the state			

Date Printed: 01/21/2020