

Iowa
Floyd

U.S. Department of Agriculture
Farm Service Agency
Abbreviated 156 Farm Record

FARM: 1627
Prepared: 3/24/21 12:02 PM
Crop Year: 2021
Page: 1 of 2

Report ID: FSA-156EZ

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: NEWTON, WILLIAM J
Farm Identifier:

Farms Associated with Operator:
8218, 8219, 8222, 8223

ARC/PLC G/I/F Eligibility: Eligible

CRP Contract Number(s): 12197A, 11422B, 12289A, 11592B

Farmland	Cropland	DCP Cropland	WBP	WRP	EWP	CRP Cropland	GRP	Farm Status	Number of Tracts
257.1	241.4	241.4	0.0	0.0	0.0	38.0	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP	Native Sod				
0.0	0.0	203.4	0.0	0.0	0.0				

ARC/PLC

PLC	ARC-CO	ARC-IC	PLC-Default	ARC-CO-Default	ARC-IC-Default
NONE	CORN, SOYBN	NONE	NONE	NONE	NONE

Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction	HIP
CORN	154.0	141	0.00	0
SOYBEANS	49.4	45	24.30	
Total Base Acres:	203.4			

Tract Number: 761 Description: 5-96-16 Floyd
FSA Physical Location: Floyd, IA ANSI Physical Location: Floyd, 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
257.1	241.4	241.4	0.0	0.0	0.0	38.0	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP	Native Sod		
0.0	0.0	203.4	0.0	0.0	0.0		

Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction
CORN	154.0	141	0.00
SOYBEANS	49.4	45	24.30
Total Base Acres:	203.4		

CRP

Owners: ERNEST A MOLITOR RESIDUARY TRUST

ALVINA L MOLITOR ESTATE

CRP-1 (07-06-20) CONSERVATION RESERVE PROGRAM CONTRACT	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 19 067	2. SIGN-UP NUMBER 47
			3. CONTRACT NUMBER 11422B	4. ACRES FOR ENROLLMENT 30.70
	5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) FLOYD COUNTY FARM SERVICE AGENCY 611 BECK STREET CHARLES CITY, IA50616-3799		6. TRACT NUMBER 761	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2015 TO: (MM-DD-YYYY) 09-30-2025
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (641) 228-4055		8. SIGNUP TYPE: Continuous		

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. **BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.**

9A. Rental Rate Per Acre	\$ 215.37	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 6,612.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	761	18	CP15A	23.90	\$ 0.00
(Item 9C is applicable only when the first year payment is prorated)		761	21	CP15A	1.70	\$ 0.00
		761	41	CP15A	5.10	\$ 0.00

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

A(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)
ALVENA L HOLTON ESTATE 5 FIRST CITIZENS BANK 2401 4TH ST SW MASON CITY, IA50401 46301	100.00 %	<i>[Signature]</i>	Executor	2/2/20
ERILET A HOLTON TRUSTEESHIP 1354 QUARRY RD FLOYD, IA50635 6062	0.00 %	<i>[Signature]</i>	Trustee	2/11/21
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%			

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE (MM-DD-YYYY)
	<i>[Signature]</i>	3/23/20

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (16 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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) 690-7412; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

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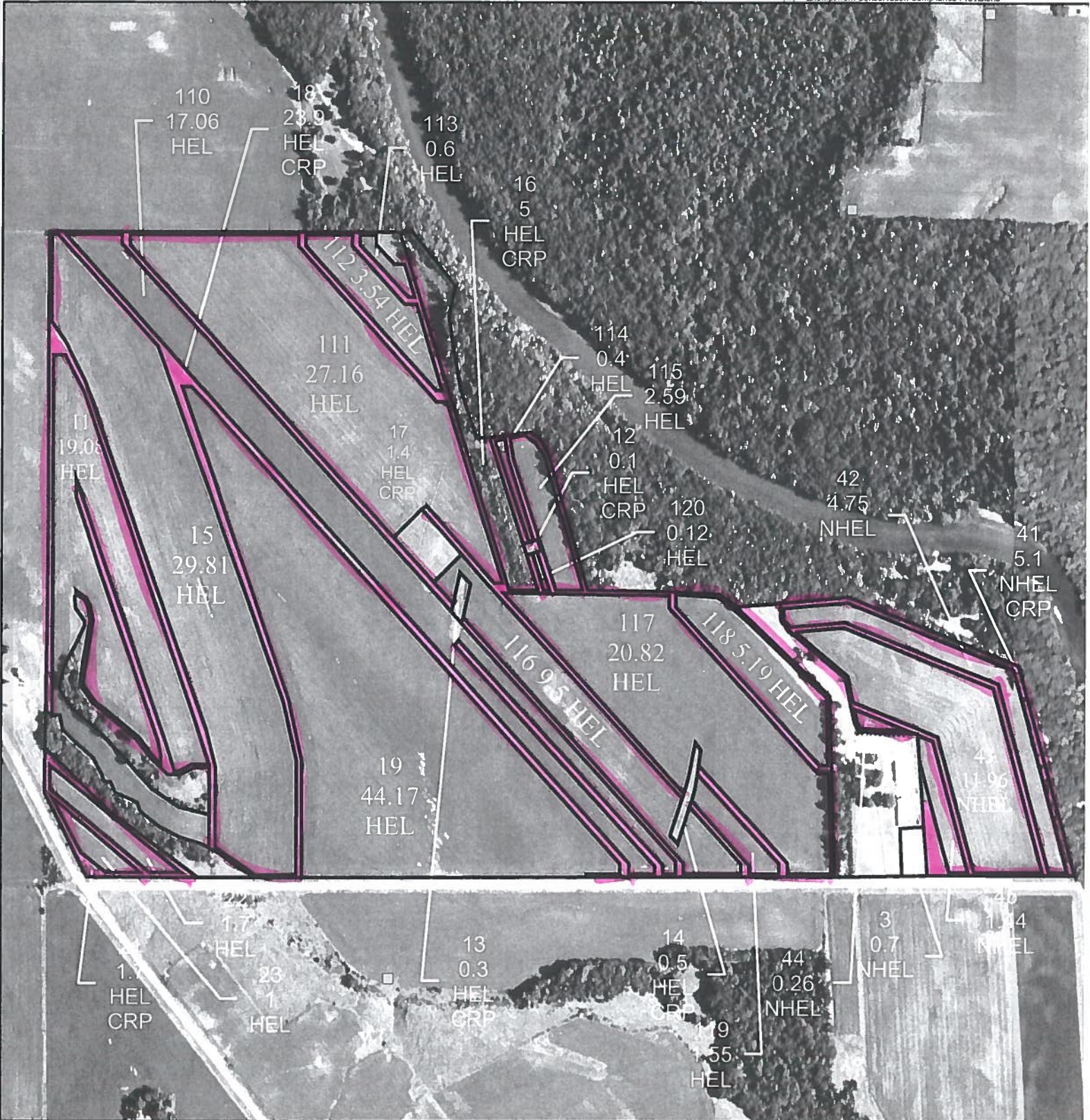
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FEB 11 2021

FLOYD COUNTY FSA
CHARLES CITY IA



Legend

- clu SDE clu_la067
- fsa_gis_layers.SDE.wet_p_la067
- Wetland Determination Identifiers**
- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions



FARM: 1627

TRACT: 761

SECTION: 5-96-16

TWP: FLOYD

0 355 710 1,420 Feet



PRINTED:

September 23, 2009
by Floyd County FSA

CROP YEAR *2010*

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 (07-06-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1 ST. & CO. CODE & ADMIN LOCATION 19 067	2 SIGN-UP NUMBER 48
		3 CONTRACT NUMBER 11592B	4 ACRES FOR ENROLLMENT 5.00
CONSERVATION RESERVE PROGRAM CONTRACT		6. TRACT NUMBER 761	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2016 TO: (MM-DD-YYYY) 09-30-2031
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) FLOYD COUNTY FARM SERVICE AGENCY 611 BECK STREET CHARLES CITY, IA50616-3799		8. SIGNUP TYPE: Continuous	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (641) 228-4055			

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

9A. Rental Rate Per Acre	\$ 168.98	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 845.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	761	16	CP5A	5.00	\$ 0.00
<i>(Item 9C is applicable only when the first year payment is prorated)</i>						

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)				
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) <small>ALVINA L. HOLITOR ESTATE WFIRST CITIZENS BANK 2601 4TH ST SW MARCH CITY, IA50401 4650</small>	(2) SHARE x 100.00 %	(3) SIGNATURE (By) <i>[Signature]</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Executor	(5) DATE (MM-DD-YYYY) 2/02/2021
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) <small>ERNEST A. HOLITOR RESIDUARY TRUST FLOYD HOLITOR, TRUSTEE 1134 QUARTZ RD FLOYD, IA50615-8082</small>	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>[Signature]</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Trustee	(5) DATE (MM-DD-YYYY) 2/10/2021
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)

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY) 3/23/2021
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

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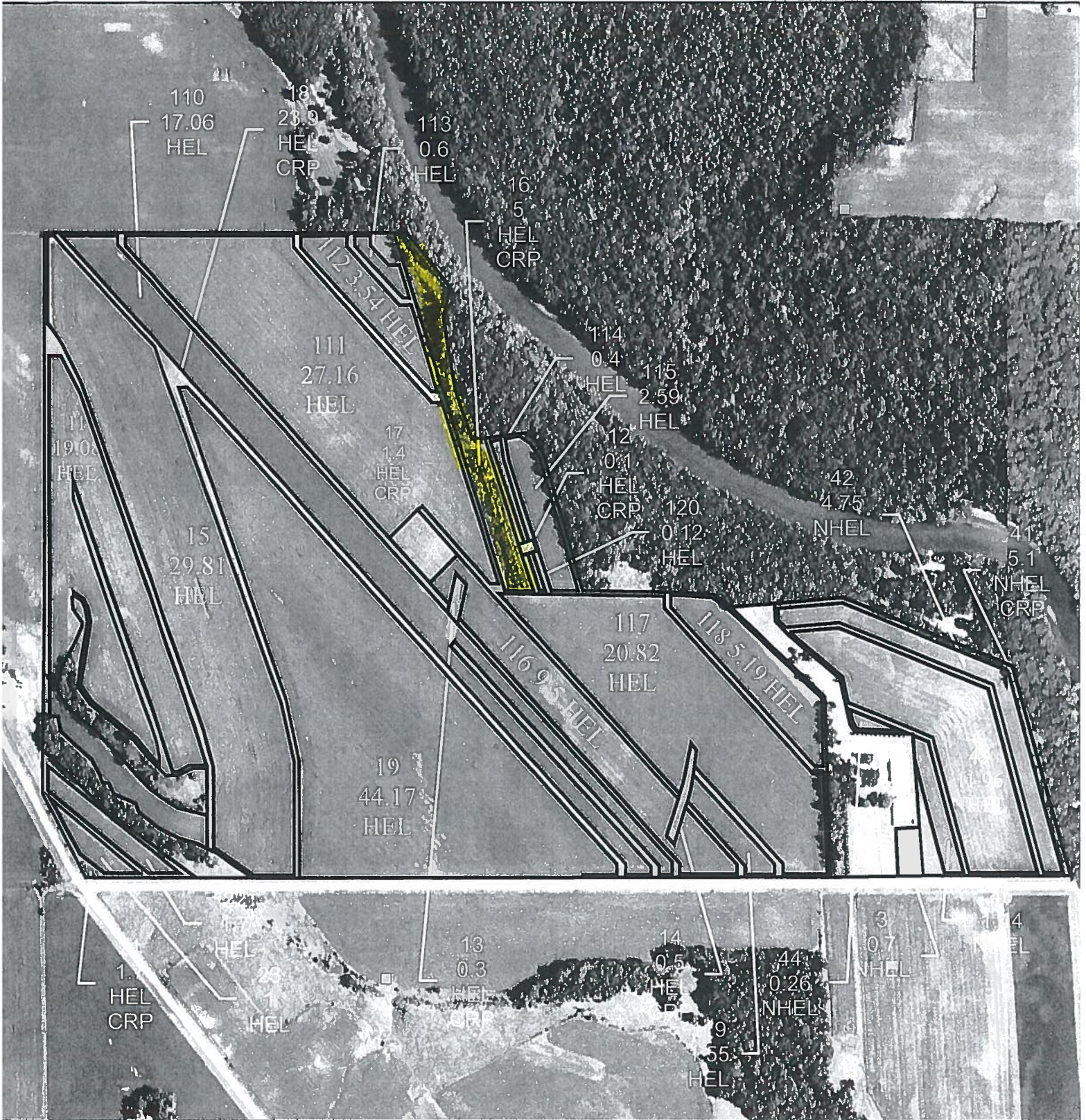
To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the 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, DC 20250-9410, (2) fax: (202) 890-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

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 FEB 03 2021
 FLOYD COUNTY FSA
 CHARLES CITY IA

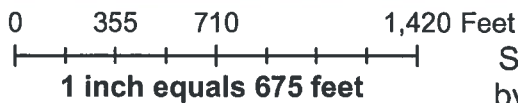


Legend

- clu.SDE.clu_a_ia067
- fsa_gis_layers.SDE.wet_p_ia067
- Wetland Determination Identifiers**
- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions



FARM: 1627
TRACT: 761
SECTION: 5-96-16
TWP: FLOYD



PRINTED:

September 23, 2009
 by Floyd County FSA

CROP YEAR ~~2009~~ 2017

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 (07-06-20) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO. CODE & ADMIN. LOCATION 19 067		2. SIGN-UP NUMBER 52
	3. CONTRACT NUMBER 12197A		4. ACRES FOR ENROLLMENT 0.90
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) FLOYD COUNTY FARM SERVICE AGENCY 611 BECK STREET CHARLES CITY, IA50616-3799	6. TRACT NUMBER 761	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 10-01-2019 09-30-2029	
	8. SIGNUP TYPE: Continuous		
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (641) 228-4055			

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

9A. Rental Rate Per Acre	\$ 209.00	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 188.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	761	0012	CP8A	0.10	\$ 0.00
(Item 9C is applicable only when the first year payment is prorated.)		761	0013	CP8A	0.30	\$ 0.00
		761	0014	CP8A	0.50	\$ 0.00

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

A(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)
ALVINA L. MOLITOR ESTATE 12101 CITIZENS BANK 3601 4TH ST SW MASON CITY, IA50401 445	X 100.00 % sec	X <i>[Signature]</i>	Executor	02/02/2021
ERNEST A. H. LITTON ESTATE 1000 QUARRY TRUST 1334 QUARRY RD FLOYD, IA50435-6082	0.00 %	<i>[Signature]</i>	Trustee	2/10/2021
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%			

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY) 3/23/21
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 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.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.asc.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 mail, U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410. (202) 690-7442, (tdd) (800) 845-1424, or email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

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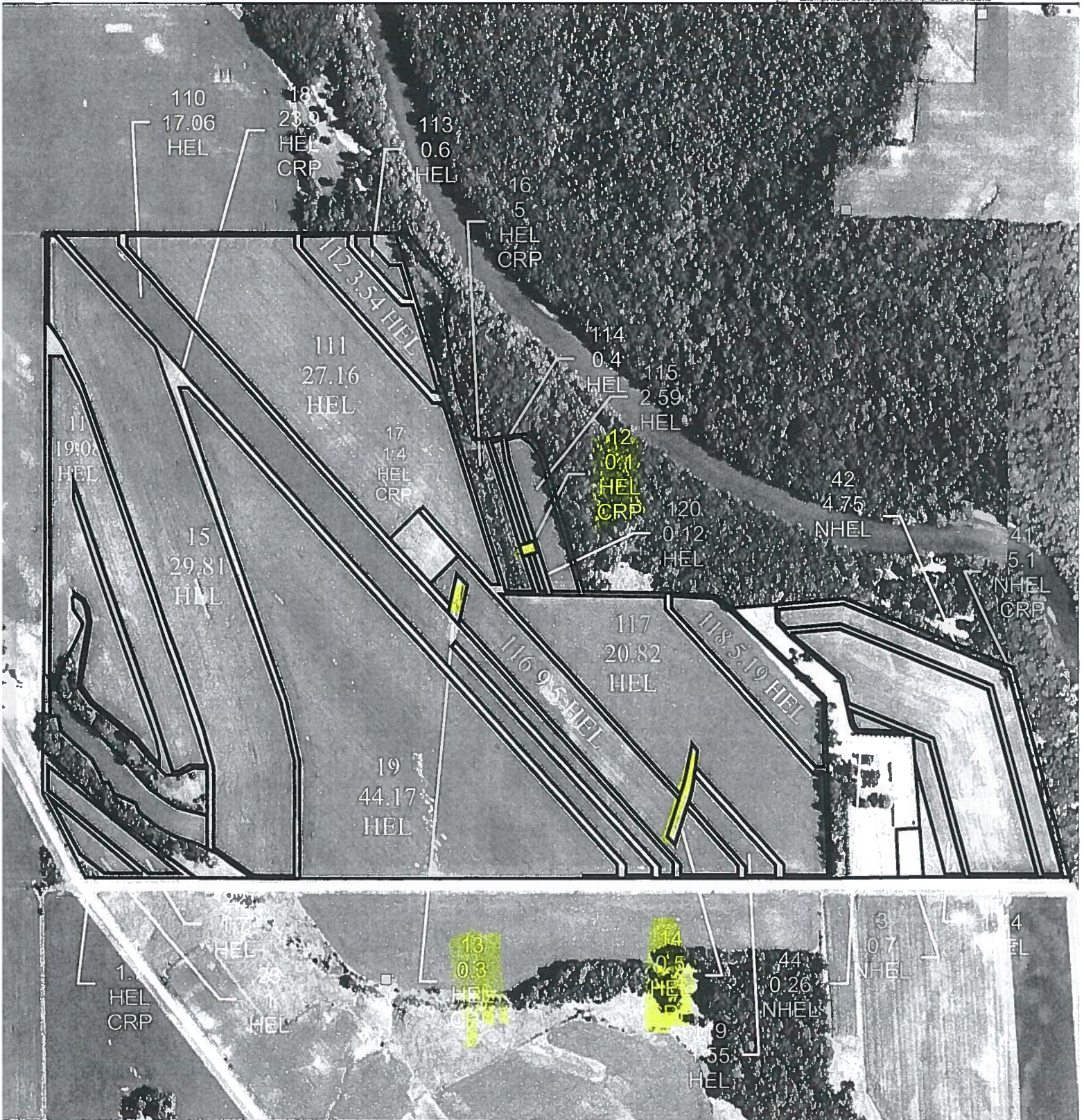
[Signature]
FEB 03 2021

FLOYD COUNTY FSA
CHARLES CITY IA



Legend

- clu SDE clu_e_ia067
- fsa_gis_layers.SDE.wet_p_ia067
- Wetland Determination Identifiers**
- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions



FARM: 1627
TRACT: 761
SECTION: 5-96-16
TWP: FLOYD



PRINTED:
 September 23, 2009
 by Floyd County FSA

CROP YEAR 2020

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 (07-06-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & ADMIN. LOCATION 19 067	2. SIGN-UP NUMBER 53
		3. CONTRACT NUMBER 12289A	4. ACRES FOR ENROLLMENT 1.40
CONSERVATION RESERVE PROGRAM CONTRACT		6. TRACT NUMBER 761	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 04-01-2020 TO: (MM-DD-YYYY) 09-30-2034
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) FLOYD COUNTY FARM SERVICE AGENCY 611 BECK STREET CHARLES CITY, IA50616-3799		8 SIGNUP TYPE: Continuous	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (641) 228-4055			

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

9A. Rental Rate Per Acre	\$ 125.86	10. Identification of CRP Land (See Page 2 for additional space)			
9B. Annual Contract Payment	\$ 176.00	A. Tract No.	B. Field No.	C. Practice No.	E. Total Estimated Cost-Share
9C. First Year Payment	\$	761	0017	CP5A	1.40
(Item 9C is applicable only when the first year payment is prorated)					\$ 0.00

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)				
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) <small>ALVINA L. HOLITOR ESTATE FIRST CITIZENS BANK 2401 4TH ST SW MASON CITY, IA50401 4550</small>	(2) SHARE x 100.00 % <i>Rec</i>	(3) SIGNATURE (By) <i>[Signature]</i> FEB	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Executor	(5) DATE (MM-DD-YYYY) 02/02/2021
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) <small>ERNEST A. HOLITOR RESIDUARY TRUST IGARY HOLITOR, TRUSTEE 1354 QUARRY RD FLOYD, IA50435-8082</small>	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>[Signature]</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Trustee	(5) DATE (MM-DD-YYYY) 2/10/2021
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)

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY) 3/23/2021
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552e - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

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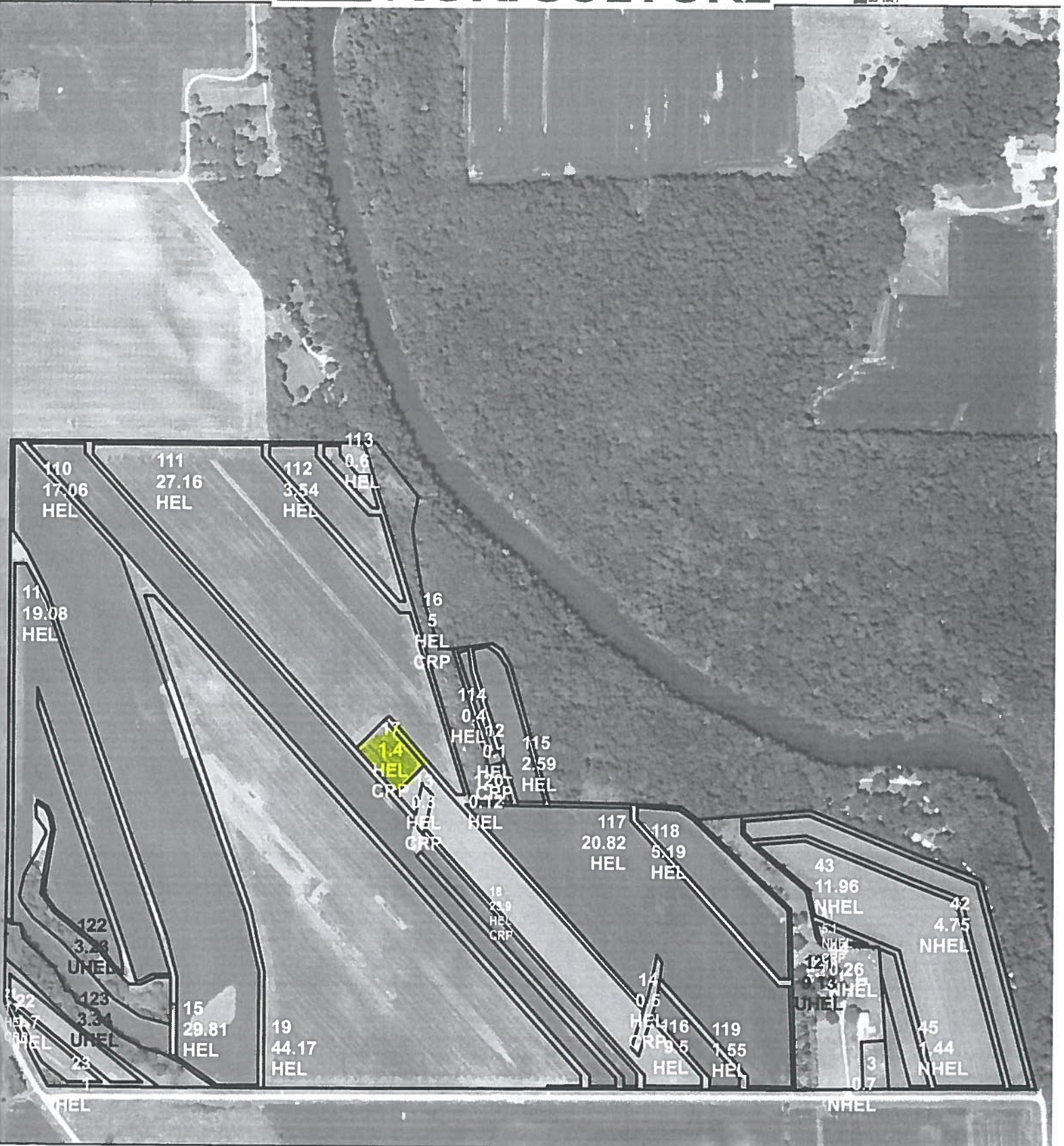
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 TRACT: 761
 SECTION: 5-96-16
 TWP: FLOYD



CROP YEAR 2020 BY FLOYD CO FSA

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 May 16, 2020

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