

Legend

- Non-Cropland
- Cropland
- CRP
- Iowa PLSS
- Tract Boundary
- Iowa Roads

Wetland Determination Identifiers

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

Tract Cropland Total: 151.94 acres

2021 Program Year

Map Created January 20, 2021

Farm 2953

Tract 9777

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.

CRP-1 (10-22-15)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO CODE & ADMIN. LOCATION 19 039	2. SIGN-UP NUMBER 49
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER 11155A	4. ACRES FOR ENROLLMENT 64.61
		5. FARM NUMBER 2953	6. TRACT NUMBER(S) 9777
7A. COUNTY OFFICE ADDRESS (Include Zip Code) CLARKE - DECATUR COUNTY FARM SERVICE AGENCY 709 FURNAS DR SUITE 2 OSCEOLA, IA 50213-9688		8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 12-01-2015 TO: (MM-DD-YYYY) 09-30-2020
7B. TELEPHONE NUMBER (Include Area Code): (641) 342-2163			

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant") The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix") By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 177.80	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 11,381	A. Tract No	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$ 9,434	9777	10	CP38E-2	1.83	\$ 229
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		9777	11	CP38E-2	4.05	\$ 506
		9777	2	CP38E-2	7.71	\$ 964

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): STEVEN L MCCLALLEN - STEVEN L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 0.00%	(3) SIGNATURE <i>Steven L. McClallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): MARTHA L MCCLALLEN - MARTHA L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 100.00%	(3) SIGNATURE <i>Martha L. McClallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY) 5-11-16
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 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, SW, 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.

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CRP-1 (10-22-15)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO CODE & ADMIN. LOCATION 19 039	2. SIGN-UP NUMBER 45
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER 10226A	4. ACRES FOR ENROLLMENT 8.57

7A. COUNTY OFFICE ADDRESS (Include Zip Code) CLARKE - DECATUR COUNTY FARM SERVICE AGENCY 709 FURNAS DR SUITE 2 OSCEOLA, IA 50213-9688	5. FARM NUMBER 2953	6. TRACT NUMBER(S) 9777
7B. TELEPHONE NUMBER (Include Area Code): (641) 342-2162	8. OFFER (Select one) GENERAL <input checked="" type="checkbox"/> ENVIRONMENTAL PRIORITY <input type="checkbox"/>	9. CONTRACT PERIOD FROM (MM-DD-YYYY) 10-01-2013 TO (MM-DD-YYYY) 09-30-2018

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre \$ 189.07	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment \$ 1,620	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment \$	9777	0008	CP1	4.19	\$ 168
(Item 10C applicable only to continuous signup when the first year payment is prorated.)	9777	0009	CP1	4.38	\$ 175

12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)					
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): STEVEN L MCCLALLEN-STEVEN L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 0.00%	(3) SIGNATURE <i>Steven L. McClallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016		
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): MARTHA L MCCLALLEN-MARTHA L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 100.00%	(3) SIGNATURE <i>Martha L. McClallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016		
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)		

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY) 5/11/16
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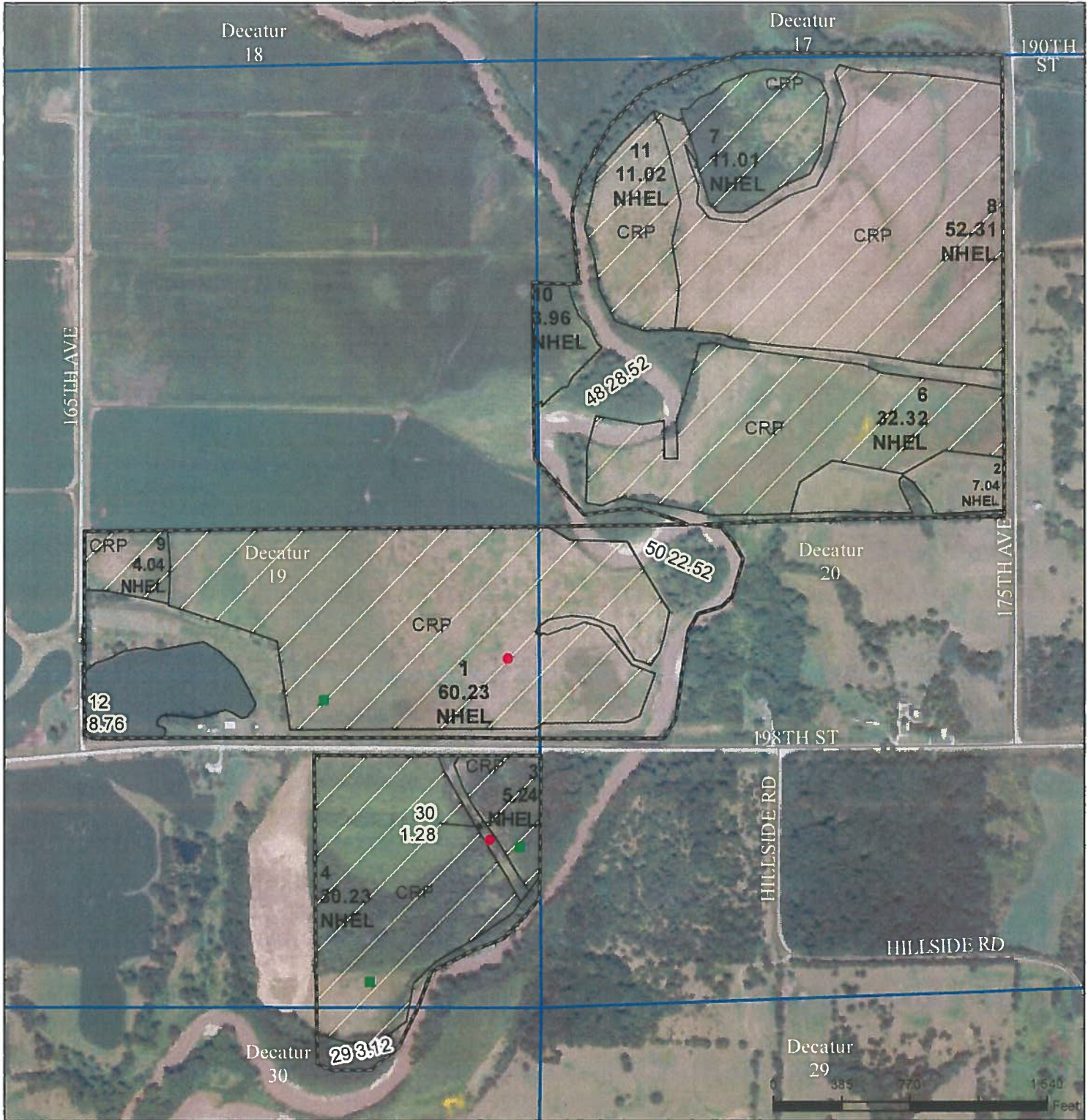
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3901 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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Legend

- Non-Cropland
- CRP
- Iowa PLSS
- Cropland
- Tract Boundary
- Iowa Roads

Wetland Determination Identifiers

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

Tract Cropland Total: 217.40 acres

2021 Program Year

Map Created January 21, 2021

Farm 3639

Tract 6856

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CRP-1 (10-22-15) CONSERVATION RESERVE PROGRAM CONTRACT	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO CODE & ADMIN. LOCATION 19 053	2. SIGN-UP NUMBER 40
		3. CONTRACT NUMBER 1893B	4. ACRES FOR ENROLLMENT 11.01

7A COUNTY OFFICE ADDRESS (Include Zip Code) CLARKE - DECATUR COUNTY FARM SERVICE AGENCY 709 FURNAS DR SUITE 2 OSCEOLA, IA 50213-9688	5. FARM NUMBER 3639	6. TRACT NUMBER(S) 6256
7B. TELEPHONE NUMBER (Include Area Code): (641) 342-2162	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM (MM-DD-YYYY) TO (MM-DD-YYYY) 11-01-2016 09-30-2025

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant") The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 269.96	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 2,961	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	6856	7	CP31	11.01	\$ 0
(Item 10C applicable only to continuous signup when the first year payment is prorated.)						

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
STEVEN L MCCLALLEN-STEVEN L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	0.00%	<i>Steven L. McCallen</i>	04-20-2016
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): MARTHA L MCCLALLEN-MARTHA L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	100.00%	<i>Martha L. McCallen</i>	04-20-2016
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	%		

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY) 04-20-2016
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3501 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

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CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO CODE & ADMIN LOCATION 19 053	2. SIGN-UP NUMBER 40
	3. CONTRACT NUMBER 1892B	4. ACRES FOR ENROLLMENT 43.34
7A. COUNTY OFFICE ADDRESS (Include Zip Code) CLARKE - DECATUR COUNTY FARM SERVICE AGENCY 709 FURNAS DR SUITE 2 OSCEOLA, IA 50213-9688	5. FARM NUMBER 3639	6. TRACT NUMBER(S) 6656
7B TELEPHONE NUMBER (Include Area Code): (641) 343-2162	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM (MM-DD-YYYY) 11-01-2010 TO (MM-DD-YYYY) 09-30-2025

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant") The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 267.14	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 11,578	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	6856	11	CP23	11.02	\$ 0
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		6656	6	CP23	32.32	\$ 0

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
STEVEN L MCCLALLEN-STEVEN L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	0.00%	<i>Steven L. McClallen</i>	04-20-2016
MARTHA L MCCLALLEN-MARTHA L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	100.00%	<i>Martha L. McClallen</i>	04-20-2016
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
	%		

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>Alena Boring</i>	B. DATE (MM-DD-YYYY) 05-11-16
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3601 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

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CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO CODE & ADMIN LOCATION 19 053	2. SIGN-UP NUMBER 48
	3. CONTRACT NUMBER 11181	4. ACRES FOR ENROLLMENT 52.31
7A. COUNTY OFFICE ADDRESS (Include Zip Code) CLARKE - DECATUR COUNTY FARM SERVICE AGENCY 709 FURNAS DR OSCEOLA, IA 50213-9688	5. FARM NUMBER 0003639	6. TRACT NUMBER(S) 0006856 INITIAL S m
7B. TELEPHONE NUMBER (Include Area Code): (641) 342-2162	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM (MM-DD-YYYY) TO (MM-DD-YYYY) 6-1-16 9-30-26

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant") The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. **BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.**

10A. Rental Rate Per Acre	\$ 221.48	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 11,586 SM	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$ INITIAL S m	0006856	0008	CP42	52.31	27,724
(Item 10C applicable only to continuous sign-up when the first year payment is prorated.)						

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): STEVEN L MCCLALLEN-STEVEN L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 0.00%	(3) SIGNATURE <i>Steven L McClallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): MARTHA L MCCLALLEN-MARTHA L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 100.00%	(3) SIGNATURE <i>Martha L McClallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>Quinn Land, CEO</i>	B. DATE (MM-DD-YYYY) 05/31/2016
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 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.

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CRP-1 (10-22-15)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1 ST. & CO CODE & ADMIN. LOCATION	2 SIGN-UP NUMBER
		19 053	46
CONSERVATION RESERVE PROGRAM CONTRACT		3 CONTRACT NUMBER	4. ACRES FOR ENROLLMENT
		1293 C	36.47
7A COUNTY OFFICE ADDRESS (include Zip Code) CLARKE - DECATUR COUNTY FARM SERVICE AGENCY 709 FURNAS DR SUITE 2 OSCEOLA, IA 50213-9688		5. FARM NUMBER	6. TRACT NUMBER(S)
7B TELEPHONE NUMBER (include Area Code): (641) 342-2162		8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM (MM-DD-YYYY) 11-01-2010 TO (MM-DD-YYYY) 09-30-2015

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant") The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix") By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 268.96	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 9,540	A Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	6856	3	CP31	5.24	\$ 0
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		6856	4	CP31	30.23	\$ 0

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): STEVEN L MCCLALLEN-STEVEN L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 100.00%	(3) SIGNATURE <i>Steven L McCallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): MARTHA L MCCLALLEN-MARTHA L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 0.00%	(3) SIGNATURE <i>Martha L McCallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY)
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA, FSA-3, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 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.

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CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO CODE & ADMIN. LOCATION 19 053	2. SIGN-UP NUMBER 40
	3. CONTRACT NUMBER 18926	4. ACRES FOR ENROLLMENT 60.23

7A. COUNTY OFFICE ADDRESS (Include Zip Code) CLARKE - DECATUR COUNTY FARM SERVICE AGENCY 709 FURNAS DR SUITE 2 OSCEOLA, IA 50213-9688	5. FARM NUMBER 3639	6. TRACT NUMBER(S) 6856
	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 11-01-2010 TO: (MM-DD-YYYY) 09-30-2025

7B. TELEPHONE NUMBER (Include Area Code): (641) 342-2162

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 267.14	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 16,090	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	6856	1	CP23	60.23	\$ 0
<i>(Item 10C applicable only to continuous signup when the first year payment is prorated.)</i>						

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
STEVEN L MCCLALLEN-STEVEN L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	100.00%	<i>Steven L. McClallen</i>	04-20-2016
MARTHA L MCCLALLEN-MARTHA L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	0.00%	<i>Martha L. McClallen</i>	04-20-2016
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
	%		

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>Alison L. [Signature]</i>	B. DATE (MM-DD-YYYY) 2-11-16
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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Legend

- Non-Cropland
- Cropland
- CRP
- Iowa PLSS
- Tract Boundary
- Iowa Roads

Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- Exempt from Conservation

Tract Cropland Total: 142.20 acres

2021 Program Year

Map Created January 21, 2021

Farm 3639

Tract 353

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.

CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO CODE & ADMIN LOCATION 19 053	2. SIGN-UP NUMBER 37
	3. CONTRACT NUMBER 16532	4. ACRES FOR ENROLLMENT 34.89
7A. COUNTY OFFICE ADDRESS (Include Zip Code) CLARKE - DECATUR COUNTY FARM SERVICE AGENCY 709 FURNAS DR SUITE 2 OSCEOLA, IA 50213-9688	5. FARM NUMBER 3639	6. TRACT NUMBER(S) 353
7B. TELEPHONE NUMBER (Include Area Code): (561) 342-2162	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM (MM-DD-YYYY) 10-31-2009 TO (MM-DD-YYYY) 09-30-2014

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. **BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.**

10A. Rental Rate Per Acre	\$ 218.02	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 7,607	A. Tract No	B. Field No	C. Practice No	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	353	1	CP23	19.25	\$ 0
(Item 10C applicable only to continuous signup when the first year payment is prorated)		353	2	CP23	15.64	\$ 0

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): STEVEN L MCCLALLEN-STEVEN L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 100.00%	(3) SIGNATURE <i>Steven L. McClallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): MARTHA L MCCLALLEN-MARTHA L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 0.00%	(3) SIGNATURE <i>Martha L. McClallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code)	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY

A. SIGNATURE OF CCC REPRESENTATIVE <i>Theresa Berenson</i>	B. DATE (MM-DD-YYYY) 5-11-16
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq), the Food Security Act of 1985 (16 U.S.C. 3801 et seq), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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 Owner's Copy
 Operator's Copy

CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO CODE & ADMIN. LOCATION 19 053	2. SIGN-UP NUMBER 40
	3. CONTRACT NUMBER 1891A	4. ACRES FOR ENROLLMENT 0.96
7A. COUNTY OFFICE ADDRESS (Include Zip Code) CLARKE - DECATUR COUNTY FARM SERVICE AGENCY 709 FURNAS DR SUITE 2 OSCEOLA, IA 50213-9688	5. FARM NUMBER 3639	6. TRACT NUMBER(S) 353
7B. TELEPHONE NUMBER (Include Area Code): (641) 342-2162	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 11-31-2010 TO: (MM-DD-YYYY) 09-30-2015

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 201.17	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 193	A Tract No	B Field No	C Practice No	D Acres	E Total Estimated Cost-Share
10C. First Year Payment	\$	353	3	CP23	0.96	\$ 0
(Item 10C applicable only to continuous signup when the first year payment is prorated.)						

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): STEVEN L MCCLALLEN-STEVEN L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 100.00%	(3) SIGNATURE <i>Steven L. McClallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): MARTHA L MCCLALLEN-MARTHA L MCCLALLEN REV TR 1187 COUNTY ROAD 700 N EUREKA, IL 61530-9316	(2) SHARE 0.00%	(3) SIGNATURE <i>Martha L. McClallen</i>	(4) DATE (MM-DD-YYYY) 04-20-2016
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY) 5-11-16
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3601 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2 Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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