

Iowa
Linn

U.S. Department of Agriculture
Farm Service Agency

FARM: 6268

Prepared: 4/5/22 10:55 AM

Crop Year: 2022

Page: 1 of 2

Report ID: FSA-156EZ

Abbreviated 156 Farm Record

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

R&B SIECK FARMS INC

Farms Associated with Operator:

1284, 1715, 2582, 5206, 6823, 7515

ARC/PLC G//F Eligibility: Eligible

CRP Contract Number(s): 11070, 11071

Farmland	Cropland	DCP Cropland	WBP	WRP	EWP	CRP Cropland	GRP	Farm Status	Number of Tracts
143.86	56.81	56.81	0.0	0.0	0.0	42.51	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FPW	Native Sod				
0.0	0.0	14.3	0.0	0.0	0.0				

ARC/PLC

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

Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction
CORN	14.3	151	0.00
Total Base Acres:	14.3		

Tract Number: 259 Description fayette 33,34

FSA Physical Location : Linn, IA

ANSI Physical Location: Linn, 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
143.86	56.81	56.81	0.0	0.0	0.0	42.51	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FPW	Native Sod		
0.0	0.0	14.3	0.0	0.0	0.0		

Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction
CORN	14.3	151	0.00
Total Base Acres:	14.3		

Owners: SIECK, ARLO ANN

Other Producers: None

Iowa

Linn

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

- Wetland Determination**
- Restricted Use
 - ▼ Limited Restrictions
 - Exempt from Conservation Compliance Provisions

Tract Cropland Total: 56.81 acres

2021 Program Year
Map Created March 29, 2021

Farm 6268
Tract 259

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This form is available electronically.

CRP-1
(07-23-10)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

7. COUNTY OFFICE ADDRESS (Include Zip Code):

LINN COUNTY FARM SERVICE AGENCY
891 62ND ST
MARION, IA 52302

TELEPHONE NUMBER (Include Area Code): (319)377-4296

1. ST. & CO. CODE & ADMIN. LOCATION 19113	2. SIGN-UP NUMBER 46
3. CONTRACT NUMBER 11071	4. ACRES FOR ENROLLMENT 16.10
5. FARM NUMBER 0006268	6. TRACT NUMBER(S) 0000259
8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2014 TO: (MM-DD-YYYY) 09-30-2024

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be 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 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 or CRP-2C, if applicable; and, if applicable, CRP-15.**

10A. Rental Rate Per Acre \$291.97 <i>AS</i>	11. Identification of CRP Land (See Page 2 for additional space)																				
B. Annual Contract Payment \$4701 <i>1</i>	<table border="1"> <thead> <tr> <th>A. Tract No.</th> <th>B. Field No.</th> <th>C. Practice No.</th> <th>D. Acres</th> <th>E. Total Estimated Cost-Share</th> </tr> </thead> <tbody> <tr> <td>0000259</td> <td>0002</td> <td>CP42</td> <td>2.39</td> <td>\$1267.00</td> </tr> <tr> <td>0000259</td> <td>0005</td> <td>CP21</td> <td>4.72</td> <td>\$864.00</td> </tr> <tr> <td>0000259</td> <td>0006</td> <td>CP21</td> <td>8.99</td> <td>\$1645.00</td> </tr> </tbody> </table>	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	0000259	0002	CP42	2.39	\$1267.00	0000259	0005	CP21	4.72	\$864.00	0000259	0006	CP21	8.99	\$1645.00
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C. First Year Payment																					
<i>(Item 10C applicable only to continuous signup when the first year payment is prorated.)</i>																					

12. PARTICIPANTS		
A(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code): ARLO ANN SIECK 4100 GREENS GROVE RD CENTER POINT, IA 52213-9482	(2) SHARE 100.00%	(3) SOCIAL SECURITY NUMBER: (4) SIGNATURE <i>Arlo Ann Sieck</i> DATE (MM-DD-YYYY) <i>9-26-14</i> <i>(If more than three individuals are signing, continue on attachment.)</i>
B(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code): N/A	(2) SHARE %	(3) SOCIAL SECURITY NUMBER: (4) SIGNATURE DATE (MM-DD-YYYY) <i>(If more than three individuals are signing, continue on attachment.)</i>
C(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code): N/A	(2) SHARE %	(3) SOCIAL SECURITY NUMBER: (4) SIGNATURE DATE (MM-DD-YYYY) <i>(If more than three individuals are signing, continue on attachment.)</i>
13. CCC USE ONLY - Payments according to the shares are approved.	A. SIGNATURE OF CCC REPRESENTATIVE <i>Don [Signature]</i>	B. DATE (MM-DD-YYYY) <i>9-30-2014</i>

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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This form is available electronically.

CRP-1
(07-23-10)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

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7. COUNTY OFFICE ADDRESS (Include Zip Code):

LINN COUNTY FARM SERVICE AGENCY
891 62ND ST
MARION, IA 52302

TELEPHONE NUMBER (Include Area Code): (319)377-4296

1. ST. & CO. CODE & ADMIN. LOCATION 19113	2. SIGN-UP NUMBER 46
3. CONTRACT NUMBER 11070	4. ACRES FOR ENROLLMENT 26.41
5. FARM NUMBER 0006268	6. TRACT NUMBER(S) 0000259
8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: AS (MM-DD-YYYY) 10-01-2014 09-30-2029

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be 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 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 or CRP-2C, if applicable; and, if applicable, CRP-15.

10A. Rental Rate Per Acre \$310.30 AS	11. Identification of CRP Land (See Page 2 for additional space)				
B. Annual Contract Payment \$8195	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
C. First Year Payment	0000259	0001	CP23	26.41	\$4833.00
(Item 10C applicable only to continuous signup when the first year payment is prorated.)					

12. PARTICIPANTS					
A(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code): ARLO ANN SIECK 4100 GREENS GROVE RD CENTER POINT, IA 52213-9482	(2) SHARE 100.00 %	(3) SOCIAL SECURITY NUMBER: (4) SIGNATURE <i>Arlo Ann Sieck</i> DATE (MM-DD-YYYY) 9-26-14 <small>(If more than three individuals are signing, continue on attachment.)</small>			
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