This form is available electronically.										
CRP-1 U.S. DEPARTMENT OF AGRICULTURE					1. ST. & CO CODE & ADMIN. 2			Page 1 of 2		
(10-22-15) Commodity Credit Corporation					LOCATION			2. SIGN-UP NUMBER		
CONSERVATION RESERVE BROOKEN SOUTH				19 113			44			
CONSERVATION RESERVE PROGRAM CONTRACT				3 CONTI	3. CONTRACT NUMBER			4. ACRES FOR ENROLLMENT		
				0. 00.111	10065B		4. ACR		ENROLLMENT	
7A. COUNTY OFFICE ADDRESS (Include Zin Code)			5 51511							
7A. COUNTY OFFICE ADDRESS (Include Zip Code) LINN COUNTY FARM SERVICE AGENCY			5. FARM NUMBER 6.			6. TRA	TRACT NUMBER(S)			
891 62ND STREET				7522				11844		
MARION, IA 52302-7264				8. OFFER (Select one) 9. CO			0 0011			
							FROM:	TRACT	PERIOD 1 TO:	
7B. TELEPHONE NUMBER (Include Area Code): (319) 377-4296					- (MM-E				(MM-DD-YYYY)	
			ENVIRONMENTAL PRIORITY  10-01-2013 09				09-30-2028			
THIS CONTRACT is entered into between the Commodity Credit Participant".) The Participant agrees to place the designated act period from the date the Contract is executed by the CCC. The such acreage and approved by the CCC and the Participant. Act Contract. including the Appendix to this Contract. entitled Appendance and acknowledges that a copy of the Appendix for the application of the Appendix and THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and 10A. Rental Rate Pei Acre \$79.20	Participant dditionally, i dix to CRP plicable sig nt withdraw ad any add any adden	also agre the Partici, 2-1. Conse in-up perio vs prior to lendum the idum ther	es to imipant and ervation in the control of the co	olement on su I CCC agree t Reserve Progreen provided ceptance or re BY SIGNING P-2; CRP-2C	tall (CRP ) or other to comply with the te ram Contract (refern to such person. Such piection. The terms THIS CONTRACT I c or CRP-2G.	er use se age the erms an ed to as ch perso and co PRODU	et by CCC Conserva d condition "Append on also agenditions CERS AC	O for the sation Plans contain By sation Plans contain By sation B	tipulated contract developed for ned in this signing below, the	
.3.20	11. 1	dentifica	tion of	CRP Land	(See Page 2 for	additio	nal spa	ce)		
10B. Annual Contract Payment \$600	A. T	ract No.	В.	Field No.	C. Practice No.		D. Acres		E. Total Estimated Cost-Share	
10C. First Year Payment S	1	1844		0016	CP22		2.81		\$ 843	
(Item 10C applicable only to continuous signup when the first year payment is prorated.)	1:	1844		0017	CP22		3.16		\$ 948	
		1844		0028	CP22		0.61		\$ 183	
12. PARTICIPANTS (If more than three individued) A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	als are s	signing,	see F							
WINDFIELD FARMS INC	(2) SHAF	RE		(3) SIGNATI	JRE		(	(4) DATE	(MM-DD-YYYY)	
PO BOX 99 ALBURNETT, IA 52202-0099		100.	00%	Parlson	n Water	A l	f.	1/15	-/18	
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE				(3) SIGNATI	JRE J		'	(A) DATE	(MM-DD-YYYY)	
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):			%		<i>'</i>			(1) (3) (1)	(**************************************	
O(1) 171(110)1 ANT 3 NAME AND ADDRESS (Zip Code):	(2) SHARE (3) SIGNAT		TURE		(-	(4) DATE (MM-DD-YYYY)				
			%							
13. CCC USE ONLY  A. SIGNATURE OF CCC	REPRE	SENTAT	TIVE					B DATE	(MM-DD-YYYY)	
Paniny Echery CED						-	7-24-19			
NUTE: The following statement is made in accordance with the De-	14-11-01-5	10711			The authority for ro	augatia.	the infe			
is 7 CFR Part 1410. The Commodity Credit Corporation Cha of 2014 (Pub. L. 113-79). The information will be used to di information collected on this form may be disclosed to other authorized access to the information by statute or regulation Farm Records File (Automated). Providing the requested in ineligibility to participate in and receive benefits under the C	etermine eli Federal, S n and/or as	gibility to p tate, Local described	articipat governn in applic	e in and receive nent agencies, able Routine U	e benefits under the C Tribal agencies, and	O.S.C. Conserva nongova	3801 et se ation Rese ernmental	eq.). and ti erve Progra entities in	he Agricultural Act am. The at have been	
This information collection is exempted from the Paperwork provisions of appropriate criminal and civil fraud. privacy. ar COUNTY FSA OFFICE.			oc uppne	able to the init	mation provided. Ri	EIURN	THIS CON	<i>MPLETED</i>	FORM TO YOUR	
The U.S. Department of Agriculture (USDA) prohibits discrimination agrificability, sex. gender identity, religion, reprisal, and where applicable, income is derived from any public assistance program, or protected gerochibited bases will apply to all programs and/or employment activities all ternative means of communication for program information (e.g., Brail ndividuals who are deaf. hard of hearing, or have speech disabilities ar 800) 877-8339 or (800) 845-6136 (in Spanish).	netic inform (s) Persons	ation in em with disab	ploymer ilities, wh	t or in any prog 10 wish to file a	gram or activity condu program complaint, s	entation cted or i write to t	, or all or p funded by he addres	part of an . the Depairs helow o	individual's rtment. (Not all r if you require	
f you wish to file a Civil Rights program complaint of discrimination, cornitor://www.ascr.usda.gov/complaint_filing_cust.html, or at any USL equested in the form. Send your completed complaint form or letter by Vashington. D.C. 20250-9410, by fax (202) 690-7442 or email at progr	on omce, or	Call (000)	032-999	z to request the	e torm. You may also	write a	letter con 00 Indeper yer.	taining all ndence Av	of the information renue, S.W	
Original – County Office Copy			)wner's				1	perator's	s Copy	

## CONTINUATION OF ITEM 11 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	Total Estimated	E. F. CONTRACT PERIOR		
11844				C/S	(1) FROM	(2) TO	
11044	0029	CP22	1.00	\$ 300	10-01-2013	09-30-20	

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