











REPORT OF COMMODITIES

FARM SUMMARY

Operator Name and Address

[Redacted Operator Name and Address]

Organ: JJS
Revision: JJS
Crop and: 659.85
Farm and: 1,302.60

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 718, the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171), and the Agriculture Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs.

Table with 13 columns: Crop/Commodity, Variety/Type, Share, Crop/Commodity, Variety/Type, Share, Crop/Commodity, Variety/Type, Share, Crop/Commodity, Variety/Type, Share. Rows include GRASS, CRP, ALFAL, SORGH, CRP.

Table with 16 columns: Planting Period, Crop/Commodity, Variety/Type, Int Use, Irr Prac, Reporting Unit, Rpt Failed, Det Failed, Rpt Exp, Det Exp, Rpt Pvt, Det Pvt, Rpt Vol, Det Vol, Rpt NA, Det NA. Row 01: CRP, 23A, N, A, 16.69.

Table with 16 columns: Planting Period, Crop/Commodity, Variety/Type, Intended Use, Irrigation Practice, Reporting Unit, Reported Quantity, Determined Quantity, Planting Period, Crop/Commodity, Variety/Type, Intended Use, Irrigation Practice, Reporting Unit, Reported Quantity, Determined Quantity. Rows include SORGH, GRASS, ALFAL, CORN.

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and uses stated here are true and correct and that a required crops/commodities and uses have been reported for the farm as applicable. Absent any different or contrary prior or subsequent certification by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended uses not planted first not included on the Report of Commodities for this crop year.

Operator's Signature (By) [Signature] Title/Relationship of Individual Signing in the Representative Capacity [Title] Date [Date]

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