FSA INFO PACKET





A DIVISION OF WHITETAIL PROPERTIES REAL ESTATE, LLC

RANCHANDFARMAUCTIONS.COM

MISSOURI GENTRY

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.



Abbreviated 156 Farm Record

Operator Name	: NICOLE SPAULDING
CRP Contract Number(s)	: 11797A, 11798A
Recon ID	: 29-075-2017-112
Transferred From	: None
ARCPLC G/I/F Eligibility	: Eligible

	Farm Land Data								
Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
120.49	98.01	98.01	0.00	0.00	0.00	0.00	0.0	Active	2
State Conservation	Other Conservation	Effective DCP Cropland		land Double Cropped		CRP	MPL	DCP Ag.Rel. Activity	SOD
0.00	0.00	0.00)	0.00		98.01	0.00	0.00	0.00

Crop Election Choice						
ARC Individual	ARC County	Price Loss Coverage				
None	None	None				

DCP Crop Data						
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP		
NOTES						

Tract Number	: 4072
Description	: Har 22L S29 T63 R29
FSA Physical Location	: MISSOURI/HARRISON
ANSI Physical Location	: MISSOURI/HARRISON
BIA Unit Range Number	:
HEL Status	: HEL field on tract. Conservation system being actively applied
Wetland Status	: Wetland determinations not complete
WL Violations	: None
Owners	: BARBARA A NICHOLLS TRUST
Other Producers	: ERIC NICHOLLS, RICHARD RANDALL EWELL
Recon ID	: 29-075-2010-58

	Tract Land Data									
Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane			
38.71	35.20	35.20	0.00	0.00	0.00	0.00	0.0			
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD			
0.00	0.00	0.00	0.00	35.20	0.00	0.00	0.00			

Form: FSA-156EZ



Inited States Department of Agriculture
Farm Service Agency

Abbreviated 156 Farm Record

DCP Crop Data								
Tract 4072 Continued								
Crop Name		Base Acres	CCC-505 CRP Reduction Acres	PLC Yield				
NOTES								
Tract Number	: 4666							
Description	:							
FSA Physical Location	: MISS	OURI/HARRISON						
ANSI Physical Location	: MISS	OURI/HARRISON						
BIA Unit Range Number	:							
HEL Status	: HELf	ield on tract.Conservation system beir	ng actively applied					

HEL Status	: HEL field on tract.Conservation system being active
Wetland Status	: Wetland determinations not complete
WL Violations	: None
Owners	: BARBARA A NICHOLLS TRUST
Other Producers	: ERIC NICHOLLS, RICHARD RANDALL EWELL
Recon ID	: 29-075-2017-111

	Tract Land Data									
Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane			
81.78	62.81	62.81	0.00	0.00	0.00	0.00	0.0			
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD			
0.00	0.00	0.00	0.00	62.81	0.00	0.00	0.00			

DCP Crop Data							
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield				
NOTES							

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) 690-7442; or (3) e-mail: program.intake@usda.gov.



All Measurements are for FSA Programs Only

Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions

Exempt from Conservation Compliance Provisions 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.

Gentry Co. FSA

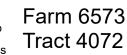
C=Corn-Yel-GR / PP C=prevent plant corn SB=Soybn-Corn-GR / PP SB=prevent soybn SRW=Wheat-Soft red winter-GR H=Mixforage-IGS-FG / P=Mixforage-IGS-GZ GLS=Mixed forage-IGS-LS CEG=Cover Crop-Cereals & other grasses ALF=Alfal-FG AGM=Mixed Forage, Alfalfa Grass Mix, FG All crops are non irrigated

1 inch equals 660 feet

Program Year: 2024 Created: 10/16/2023 Flown: 2022-6-29









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Gentry Co. FSA

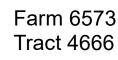
C=Corn-Yel-GR / PP C=prevent plant corn SB=Soybn-Corn-GR / PP SB=prevent soybn SRW=Wheat-Soft red winter-GR H=Mixforage-IGS-FG / P=Mixforage-IGS-GZ GLS=Mixed forage-IGS-LS CEG=Cover Crop-Cereals & other grasses ALF=Alfal-FG AGM=Mixed Forage, Alfalfa Grass Mix, FG All crops are non irrigated

1 inch equals 660 feet

Program Year: 2024 Created: 10/16/2023 Flown: 2022-6-29







MISSOURI GENTRY

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.



United States Department of Agriculture Farm Service Agency
 FARM :
 6574

 Prepared :
 2/28/24
 3:58 PM
 CST

 Crop Year :
 2024
 2024
 2024

Abbreviated 156 Farm Record

Operator Name	: NICOLE SPAULDING
CRP Contract Number(s)	: 11799A
Recon ID	: 29-075-2017-112
Transferred From	: None
ARCPLC G/I/F Eligibility	: Eligible

	Farm Land Data								
Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
401.38	325.03	325.03	0.00	0.00	0.00	0.00	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland		bland Double Cropped		CRP	MPL	DCP Ag.Rel. Activity	SOD
0.00	0.00	0.00		0.	00	325.03	0.00	0.00	0.00

Crop Election Choice							
ARC Individual	ARC County	Price Loss Coverage					
None	None	None					

DCP Crop Data								
Crop Name Base Acres		CCC-505 CRP Reduction Acres	PLC Yield	HIP				
NOTES								

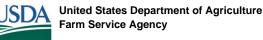
Tract Number	: 4665	
Description	:	
FSA Physical Location	: MISSOURI/HARRISON	
ANSI Physical Location	: MISSOURI/HARRISON	
BIA Unit Range Number	:	
HEL Status	: HEL field on tract. Conservation system being actively applied	
Wetland Status	: Wetland determinations not complete	
WL Violations	: None	
Owners	: RENWICK O NICHOLLS TRUST	
Other Producers	: RICHARD RANDALL EWELL, ERIC NICHOLLS	
Recon ID	: 29-075-2017-111	

	Tract Land Data									
Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane			
401.38	325.03	325.03	0.00	0.00	0.00	0.00	0.0			
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD			
0.00	0.00	0.00	0.00	325.03	0.00	0.00	0.00			

MISSOURI GENTRY



Form: FSA-156EZ



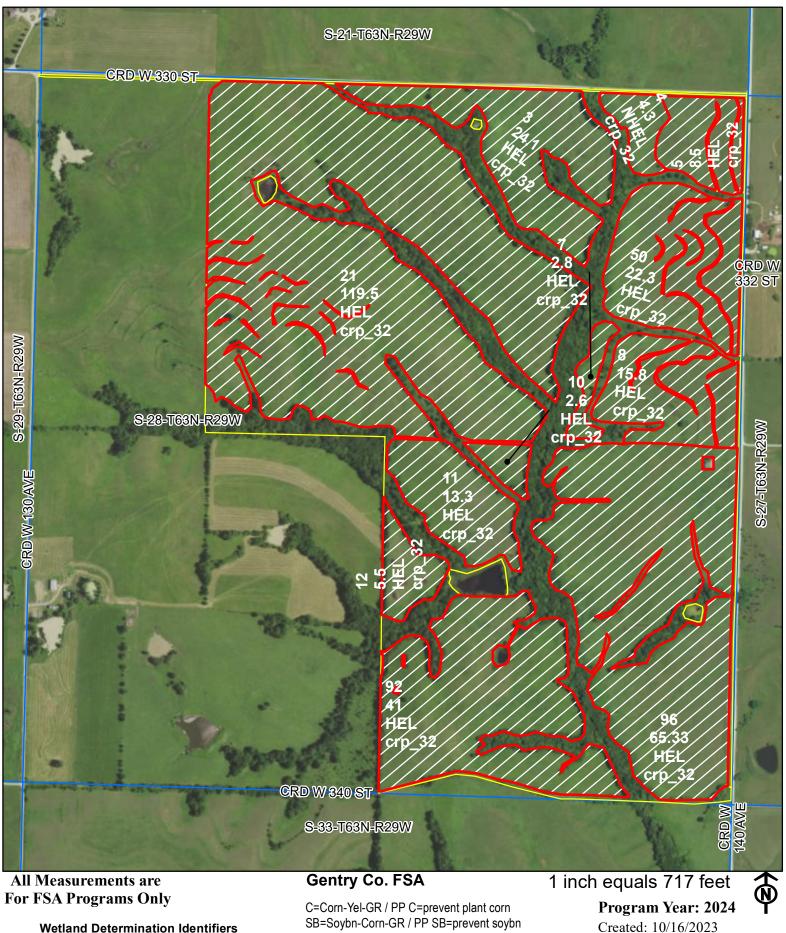
Abbreviated 156 Farm Record

	DCP Cr	op Data						
Tract 4665 Continued								
Crop Name Base Acres CCC-505 CRP Reduction Acres PLC Yield								
NOTES								

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Restricted Use

- ∇ Limited Restrictions
- Exempt from Conservation Compliance Provisions

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.

SRW=Wheat-Soft red winter-GR

All crops are non irrigated

H=Mixforage-IGS-FG / P=Mixforage-IGS-GZ GLS=Mixed forage-IGS-LS CEG=Cover Crop-Cereals & other grasses ALF=Alfal-FG AGM=Mixed Forage, Alfalfa Grass Mix, FG

Created: 10/16/2023

Flown: 2022-6-29



plss

Farm 6574 **Tract 4665**

							Page 1 of 3
CRP-1 U.S. DEPARTMENT OF AGRI		E	1. ST.	& CO. CODE & /	ADMIN. L	OCATION	2. SIGN-UP
(01-08-24) Commodity Credit Corpo			29	075		NUMBER 58	
			NTRACT NUMBE	ĒR		4. ACRES FOR	
CONSERVATION RESERVE PRO	CONTRACT		117	798A		ENROLLMENT 62.81	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip	Code)		6. TRA	ACT NUMBER	7. CONT	RACT PERIOD	
GENTRY COUNTY FARM SERVICE AGENCY				4666		MM-DD-YYYY)	TO: (MM-DD-YYYY)
512 EAST HIGHWAY 136 ALBANY, MO64402-8202				1000	10-	01-2022	09-30-2032
,			0.010	NUP TYPE:			
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (660)726-5525			00110				
CCC for the stipulated contract period from the date acreage the Conservation Plan developed for such a comply with the terms and conditions contained in the Program Contract (referred to as "Appendix"). By su applicable contract period. The terms and condition thereto. BY SIGNING THIS CONTRACT PARTICIPAN addendum thereto; and, CRP-2, CRP-2C, CRP-2G, ou	creage an his Contra gning belo s of this c ITS ACKN	d approved by the act, including the A ow, the Participant ontract are contain OWLEDGE RECEIF 0, as applicable.	CCC and the P ppendix to this acknowledges red in this Forn PT OF THE FOL	Participant. Addit Contract, entitle receipt of a copy n CRP-1 and in th LOWING FORMS	tionally, th ed Append y of the Ap ne CRP-1 A S: CRP-1; C	e Participant an lix to CRP-1, Col opendix/Append Appendix and ar CRP-1 Appendix	d CCC agree to nservation Reserve ices for the ny addendum
9A. Rental Rate Per Acre \$146.17		10. Identification	on of CRP La	nd (See Page 2	2 for add	itional space)	1
9B. Annual Contract Payment \$9,180.00		A. Tract No.	B. Field No.	C. Practice	e No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		4666	0018 C			41.40	\$ 0.00
(Item 9C is applicable only when the first year payme	ent is	4666	0019	CP1		4.90	\$ 0.00
prorated.)		4666	0094	CP1		11.40	\$ 0.00
11. PARTICIPANTS (If more than three in			• ,				
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) NICOLE SPAULDING 1900 HALIFAX ST LIBERTYVILLE, IL60048-4334	ARE	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND (2) SH	ARE	(3) SIGNATURE (By)	(4) TITLE/RELA	ATIONSHI	IP OF THE	(5) DATE
ADDRESS (Include Zip Code)				INDIVIDUAL			(MM-DD-YYYY)
C/O NICOLE SPAULDING 1900 HALIFAX ST LIBERTYULLE, IL60048-4334	0.00%	X		REPRESEN	TAILVEC	JAPACITY	X
C(1) PARTICIPANT'S NAME AND (2) SH		(3) SIGNATURE ((Pv)	(4) TITLE/RELA			(5) DATE
ADDRESS (Include Zip Code)		(3) SIGNATORE (Бу)	INDIVIDUAL			(MM-DD-YYYY)
ERIC NICHOLLS C/O NICHOLE SPAULDING	0.00%	\sim		REPRESENTATIVE CAPACITY			\sim
1900 HALIFAX ST LIBERTYVILLE, IL60048-4334	70	X					X
12. CCC USE ONLY A. SIGNATURE OF C	CC REP	RESENTATIVE					B. DATE (MM-DD-YYYY)
NOTE: The following statement is made in accordance win form is the Commodity Credit Corporation Charter U.S.C. 3831 et seq), the Agricultural Improvement and the Conservation Reserve Program 7 CFR Pa Reserve Program. The information collected on th entities that have been authorized access to the in Notice for USDA/FSA-2, Farm Records File (Autor in a determination of ineligibility to participate in ar Paperwork Reduction Act (PRA) Statement: Th criminal and civil fraud, privacy, and other statutes	Act (15 U.S Act of 2018 rt 1410. Th his form may formation b nated). Pro nd receive be ne informatic	S.C. 714 et seq.), the I 8 (Pub. L. 115-334), th e information will be u v be disclosed to other y statute or regulation widing the requested enefits under the Con- on collection is exemp	Food Security Act le Further Continu used to determine r Federal, State, I and/or as descri- information is volu servation Reserv- ted from PRA as	t of 1985 (16 U.S.C. ing Appropriations e eligibility to particit _ocal government a bed in applicable R untary. However, fa e Program. specified in 16 U.S	. 3801 et se and Other I bate in and I gencies, Tr outine Uses ailure to furr .C. 3846(b)	eq.), the Agricultura Extensions Act, 20 receive benefits ur ibal agencies, and is identified in the S nish the requested (1). The provision	al Act of 2014 (16 24 (Pub. L. 118-22), ader the Conservation nongovernmental ystem of Records information will result s of appropriate
In accordance with Federal civil rights law and U.S. Departm institutions participating in or administering USDA programs	ent of Agric	ulture (USDA) civil rig	hts regulations a	nd policies, the USI	DA, its Ager	ncies, 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.

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CONTINUATION OF ITEM 10 – Identification of CRP Land

CONTINUATION OF ITEM 10 – Identification of CRP Land								
A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S				
4666	0095	CP1	5.11	\$ 0.00				

11. PARTICIPANTS (CONTINUED FROM PAGE 1)								
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) BARBARA A NICHOLLS TRUST	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)				
1228 E CARPENTER DR PALATINE, IL60074-7227	0.00 /0	×	X	×				
E(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)				
F(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)				
G(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)				
H(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)				
I(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)				
J(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)				
K(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)				
L(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)				
M(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)				
N(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)				
O(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)				

							Page 1 of 2
	T OF AGRICULTUR	E	1. ST.	& CO. CODE &	ADMIN.	LOCATION	2. SIGN-UP
(01-08-24) Commodity C			29 075			NUMBER 57	
				NTRACT NUMB	ER		4. ACRES FOR
CONSERVATION RESER					797A		ENROLLMENT 35.20
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)		6. TRA	CT NUMBER		TRACT PERIOD	
GENTRY COUNTY FARM SERVICE AGEN 512 EAST HIGHWAY 136	ICY			4072		(MM-DD-YYYY)	TO: (MM-DD-YYYY)
ALBANY, MO64402-8202					10	-01-2022	09-30-2032
			8 516	NUP TYPE:			
				Missouri	-		
5B. COUNTY FSA OFFICE PHONE NU (Include Area Code): (660)726-5525							
(referred to as "the Participant".) The Part CCC for the stipulated contract period for acreage the Conservation Plan developed comply with the terms and conditions co. Program Contract (referred to as "Append applicable contract period. The terms an thereto. BY SIGNING THIS CONTRACT P addendum thereto; and, CRP-2, CRP-2C,	om the date the Contr d for such acreage ar ntained in this Contra dix"). By signing bel d conditions of this o ARTICIPANTS ACKN	ract is executed by nd approved by the act, including the A low, the Participant contract are contain IOWLEDGE RECEIF	the CCC. The l CCC and the P ppendix to this acknowledges ned in this Forn	Participant also articipant. Addi Contract, entitle receipt of a cop 1 CRP-1 and in ti	agrees to tionally, t ed Appen y of the A he CRP-1	implement on su he Participant and dix to CRP-1, Co ppendix/Append Appendix and and	uch designated od CCC agree to nservation Reserve lices for the ny addendum
9A. Rental Rate Per Acre \$146	5.55	10. Identification	on of CRP La	nd (See Page	2 for ad	ditional space)	
9B. Annual Contract Payment \$ 5, 1	60.00	A. Tract No.	B. Field No.	C. Practic	e No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		4072	0020	CP1		35.20	\$ 0.00
(Item 9C is applicable only when the first prorated.)	year payment is						
11. PARTICIPANTS (If more that	n three individua	als are signing, s	see Page 3.))			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) NICOLE SPAULDING	(2) SHARE	(3) SIGNATURE ((Ву)	(4) TITLE/REL INDIVIDUA REPRESEN	L SIGNIN	IG IN THE	(5) DATE (MM-DD-YYYY)
1900 HALIFAX ST LIBERTYVILLE, IL60048-4334	30.00%	X		KEF KEGEI	NIANVE	CAFACITT	\times
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) RICHARD RANDALL EWELL C/O NICOLE SPAULDING	(2) SHARE	(3) SIGNATURE ((By)	(4) TITLE/REL INDIVIDUA REPRESEN	L SIGNIN	IG IN THE	(5) DATE (MM-DD-YYYY)
J900 HALIFAX ST LIBERTYVILLE, IL60048-4334	40.00%	X		X			X
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE ((Ву)	(4) TITLE/REL			(5) DATE
ADDRESS (Include Zip Code)				INDIVIDUA REPRESEN			(MM-DD-YYYY)
C/O NICHOLE SPAULDING 1900 HALIFAX ST LIBERTYVILLE. IL60048-4334	30.00%	X		REFRESEI	NIAIIVE	CAFACITY	X
12. CCC USE ONLY A. SIGNAT	URE OF CCC REF	PRESENTATIVE		I			B. DATE (MM-DD-YYYY)
NOTE: The following statement is made in ac form is the Commodity Credit Corpore U.S.C. 3831 et seq), the Agricultural I and the Conservation Reserve Progra Reserve Program. The information or entities that have been authorized acc Notice for USDA/FSA-2, Farm Record in a determination of ineligibility to par Paperwork Reduction Act (PRA) St criminal and civil fraud, privacy, and c	ation Charter Act (15 U. mprovement Act of 2018 nm 7 CFR Part 1410. Ti ollected on this form ma cess to the information b ds File (Automated). Pro tricipate in and receive b atement: The informati	S.C. 714 et seq.), the I 8 (Pub. L. 115-334), th he information will be u by be disclosed to othe by statute or regulation oviding the requested benefits under the Con ion collection is exemp	Food Security Act are Further Continu- used to determine or Federal, State, L and/or as descrit information is volu- uservation Reserve- toted from PRA as	of 1985 (16 U.S.C ing Appropriations eligibility to partici, ocal government a bed in applicable R intary. However, f e Program. specified in 16 U.S	3801 et s and Other pate in and agencies, T outine Use ailure to fu	seq,), the Agriculture Extensions Act, 20 I receive benefits un Fribal agencies, and as identified in the S rnish the requested p)(1). The provision	al Act of 2014 (16 24 (Pub. L. 118-22), Inder the Conservation I nongovernmental System of Records information will result is of appropriate
In accordance with Federal civil rights law and U institutions participating in or administering USE	J.S. Department of Agric	culture (USDA) civil rig	ghts regulations ar	nd policies, the US	DA, its Age	encies, 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) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

		CIPANTS (CONTINUED		
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) BARBARA A NICHOLLS TRUST	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
1228 E CARPENTER DR PALATINE, IL60074-7227	0.00 /0	×	\mathbf{X}	×
E(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)
F(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)
G(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)
H(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)
I(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)
J(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)
K(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)
L(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)
M(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)
N(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)
O(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)

							Page 1 of 3
	IT OF AGRICULTUR	E	1. ST.	& CO. CODE &	ADMIN.	LOCATION	2. SIGN-UP
(01-08-24) Commodity			29	075	NUMBER 58		
			3. COI	NTRACT NUMB	ER		4. ACRES FOR
CONSERVATION RESE	I CONTRACT		117	799A		ENROLLMENT 325.03	
5A. COUNTY FSA OFFICE ADDRESS	(Include Zip Code)		6. TRA	CT NUMBER	7. CON	TRACT PERIOD	
GENTRY COUNTY FARM SERVICE AGE 512 EAST HIGHWAY 136	NCY			4665		(MM-DD-YYYY)	TO: (MM-DD-YYYY)
ALBANY, MO64402-8202					10	-01-2022	09-30-2032
			8 516	NUP TYPE:			
			Gene				
5B. COUNTY FSA OFFICE PHONE N (Include Area Code): (660)726-552							
CCC for the stipulated contract period fi acreage the Conservation Plan develope comply with the terms and conditions of Program Contract (referred to as "Appen applicable contract period. The terms a thereto. BY SIGNING THIS CONTRACT addendum thereto; and, CRP-2, CRP-20	d for such acreage and ontained in this Contri- ndix"). By signing beind conditions of this of PARTICIPANTS ACKN	nd approved by the act, including the A low, the Participant contract are contain IOWLEDGE RECEIF	CCC and the P ppendix to this acknowledges ned in this Forn	articipant. Addi Contract, entitle receipt of a cop n CRP-1 and in ti	tionally, t ed Appen y of the A he CRP-1	he Participant ar dix to CRP-1, Co ppendix/Append Appendix and a	nd CCC agree to nservation Reserve lices for the ny addendum
9A. Rental Rate Per Acre \$13	7.49	10. Identification	on of CRP La	nd (See Page	2 for add	ditional space)	
9B. Annual Contract Payment \$44	,687.00	A. Tract No.	B. Field No.	C. Practic	e No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		4665	0003	CP1		24.10	\$ 0.00
(Item 9C is applicable only when the firs	year payment is	4665	0004	CP1		4.30	\$ 0.00
prorated.)		4665	0005	CP1		8.50	\$ 0.00
11. PARTICIPANTS (If more th	an three individua	0.0					
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) NICOLE SPAULDING 1900 HALIFAX ST LIBERTYVILLE, IL60048-4334	(2) SHARE 30.00 %	(3) SIGNATURE ((3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE ((By)	(4) TITLE/REL			(5) DATE
ADDRESS (Include Zip Code) RICHARD RANDALL EWELL C/O NICOLE SPAULDING				INDIVIDUA REPRESEN		-	(MM-DD-YYYY)
1900 HALIFAX ST LIBERTYVILLE, IL60048-4334	40.00%	X					X
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE ((Ву)	(4) TITLE/REL			(5) DATE
ADDRESS (Include Zip Code)				INDIVIDUAL SIGNING IN THE		(MM-DD-YYYY)	
C/O NICHOLE SPAULDING 1900 HALIFAX ST LIBERTYVILLE, IL60048-4334	30.00 %	X		REPRESENTATIVE CAPACITY			X
	URE OF CCC REF	PRESENTATIVE		I			B. DATE (MM-DD-YYYY)
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In accordance with Federal civil rights law and institutions participating in or administering US	U.S. Department of Agri	culture (USDA) civil rig	phts regulations a	nd policies, the US	DA, its Age	encies, 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.

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CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S				
4665	0007	CP1	2.80	\$ 0.00				
4665	0008	CP1	15.80	\$ 0.00				
4665	0010	CP1	2.60	\$ 0.00				
4665	0011	CP1	13.30	\$ 0.00				
4665	0012	CP1	5.50	\$ 0.00				
4665	0021	CP1	119.50	\$ 0.00				
4665	0050	CP1	22.30	\$ 0.00				
4665	0092	CP1	41.00	\$ 0.00				
4665	0096	CP1	65.33	\$ 0.00				
· · · · · · · · · · · · · · · · · · ·	•	•						

	11. PARTIC	CIPANTS (CONTINUED	D FROM PAGE 1)	
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) RENWICK O NICHOLLS TRUST 1228 E CARPENTER DR PALATINE, IL60074-7227	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
E(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)
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O(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)