CRP-1 IIS DEPAR								Page 1 of 1
J. J. DEI AIL	TMENT OF AGRICULTU odity Credit Corporation	RE		1. ST. & C	CO CODE & ADM TION	IN.	2. SIGN-UP I	NUMBER
CONSERVATION DE					19 065			52
CONSERVATION RE	SERVE PROGRA	M CONTR	ACT	3. CONT	RACT NUMBER		A ACRES EC	OR ENROLLMENT
7A COUNTY OFFICE ADODESO				1	2299		4. AURES PC	4.91
7A. COUNTY OFFICE ADDRESS FAYETTE COUNTY FARM SERVICE	(Include Zip Code) E AGENCY			5. FARM	NUMBER		6. TRACT NU	
120 NORTH INDUSTRIAL PKWY WEST UNION, IA 52175-1612					0007844		0	0002776
					(Select one)		9. CONTRAC	T PERIOD A
7B. TELEPHONE NUMBER (Includ		GENERAL	ICUTAL DOLODIES		FROM: (MM-DD-YYYY)	TO: (7, [7])		
THIS CONTRACT is entered into bet	woon the Commedity Or-	Cornoration (re	formed to an	<u> </u>	IENTAL PRIORITY	✓	10/01/201	
period from the date the Contract is ex such acreage and approved by the CC Contract, including the Appendix to the Participant acknowledges that a copy damages in an amount specified in the contained in this Form CRP-1 and It OF THE FOLLOWING FORMS: CRP-	xecuted by the CCC. The F CC and the Participant. Add is Contract, entitled Append of the Appendix for the app e Appendix if the Participan in the CRP-1 Appendix and a l-1; CRP-1 Appendix and a	Participant also a ditionally, the Pa dix to CRP-1, Co licable sign-up p t withdraws prio d any addendum	agrees to imparticipant and onservation Formation Format	Neserve Progresses Pro	rain (CRP) or othe ich designated acre to comply with the te ram Contract (referr to such person. Su ejection. The terms THIS CONTRACT ; or CRP-2G.	er use se eage the erms and ed to as ch perso and co PRODU	et by CCC for the Conservation For Conservation For Conditions con "Appendix"). Expendix on also agrees tonditions of this CERS ACKNO	ne stipulated contract Plan developed for Intained in this By signing below, the To pay such liquidated
TOA. Rental Rate Pel Acre	\$ 218.00 d. P. D.	11 Identi	fication of	CRP Land	(See Page 2 for	additio	nal space)	
	\$1,070 \$	A. Tract N		Fleid No.	C. Practice No.		D. Acres	E. Total Estimated Cost-Share
100. First Fear Fayment	Þ	000277	76	0004	CP21		1.25	\$ 0
(Item 10C applicable only to continu the first year payment is prorated.)	ous signup when	000277		0005	CP21		1.55	\$ 0
		000277		0006	CP21		2,.11	\$ 0
12. PARTICIPANTS (If more	e than three individua	als are signi						
A(1) PARTICIPANT'S NAME AND A CHARLEY P DAISY 910 MAIN ST	ADDRESS (Zip Code):	(2) SHARE		(3) SIGNATI			(4) DA	TE (MM-DD-YYYY)
ARLINGTON, IA 50606-9556	,	10	00.00%	Clien	ly Doin	w	6	15/19
B(1) PARTICIPANT'S NAME AND A	ADDRESS (Zip Code):	(2) SHARE		(3) SIGNATU	JRE		(4) DA	TE (MM-DD-YYYY)
			%		·			
C(1) PARTICIPANT'S NAME AND A	ADDRESS (Zip Code):	(2) SHARE		(3) SIGNATU	JRE		(4) DA	TE (MM-DD-YYYY)
			%					
13. CCC USE ONLY	Δ					=		. 1
A.	SIGNATURE OF CCC	REPRESEN	TATIVE	1			B. DA	E (MM-DD-YYYY)
NOTE: The following statement is made				1 (k	D		671	1161205
is 7 CFR Part 1410, the Comm	ne in accordance with the Privious Character accordance w	/acy Act of 1974 rter Act (15 U.S.((5 USC 552a C. 714 et sea	- as amended,	The authority for n	equesting	the information	identified on this form
of 2014 (Pub. L. 113-79). The information collected on this fo authorized access to the inform Records File (Automateo ineligibility to participate in and	rm may be disclosed to other nation by statute or regulation b). Providing the requested in	Federal, State, L and/or as descri	ocal governn	ent agencies,	e benents under the Tribal agencies, and	Conserva I nongova	ation Reserve Pr ernmental entitie	rogram. The es that have been
This information collection is en provisions of appropriate crimin COUNTY FSA OFFICE.	xempted from the Paperwork nal and civil fraud, privacy, an	Reduction Act as d other statutes r	s specified n may be applic	able to the fill	ormanon provided. 🖪	EIURN	THIS COMPLET	TED FORM TO YOUR
The U.S. Department of Agriculture (USD) disability, sex, gender identity, religion, rep income is derived from any public assistan prohibited bases will apply to all programs afternative means of communication for pr Individuals who are deaf, hard of hearing, (800) 877-8339 or (800) 845-6136 (in Spai	nce program, or protected gen and/or employment activities	netic information i	n employmen disabilities, wi	t or in any pro no wish to file a	gram or activity cond gram or activity cond a program complaint,	nentation lucted or write to	i, or all or part of funded by the Di the address belo	f an individual's epartment. (Not all DW or if vou require
If you wish to file a Civil Rights program co http://www.ascr.usda.gov/complaint_fili requested in the form. Send your complete Washington, D.C. 20250-9410, by fax (202	ed complaint form or lotter by	moil to U.O. D.	866) 632-999	2 to request th	ie form. You may als	so write a	letter containing	g all of the information e Avenue, S.W.,
Original – Count			Owner's		g grander di		.	tor's Copy

W E

2020 CRP CONTRACT MAP CONTACT OUR OFFICE IF MORE MEASUREMENTS ARE NEED FAYETTE COUNTY FSA



FARM#7844 TRACT# 2776 SEC 28 FAIRFIELD

RE ENROLL EXISTING CRP SEEDING WIDTH



1 inch = 212 feet

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 of FSA and determinations or contact USDA Natural Resource Conservation Service (NRCS) This map is for CRP purposes only.

This form is available electronically.									
CRP-1 U.S. (07-23-10) CC CONSERVATION F NOTE. The authority for collecting the follow	CONTRACT This authority allows for the Reduction Act of 1995. The		1. ST. & CO. CODE & ADMIN. LOCATION 19065 3. CONTRACT NUMBER		47	2 SIGN-UP NUMBER 47			
collection of information without prior OMB a lime required to complete this information of lime for reviewing instructions, searching ex completing and reviewing the collection of i					4. ACRES FOR ENROLLMENT 6.02				
7. COUNTY OFFICE ADDRESS			5. FARM NUMBER		6 TRACT	NUMBER(S)			
FAYETTE COUNTY FARM SERV			0007844		00027	0002776			
120 N INDUSTRIAL PKWY WEST UNION, IA 52175-1612	5770		8.OFFER (Select one) GENERAL ENVIRONMENTAL PRIORITY			ACT PERIOD C. P. TO: YY) (MM-DD-YYYY) 7 1			
					FROM: (MM-DD-YY	TO:			
ELEPHONE NUMBER (Include A HIS CONTRACT is entered into betwee eferred to as "the Participant"). The Pa					10/01/20	15 09/30/2025			
referred to as "the Participant"). The Participant"). The Participal and eveloped for such acreage and a contained in this Contract, including the signing below, the Participant acknowle hay such liquidated damages in an amount of the terms and conditions of this contained in this contained in this contained in this contained in the participant acknowledges and the participant acknowledges acknowledges acknowledges and the participant acknowledges ac	proved by the CCC and the Par Appendix to this Contract, entitle ages that a copy of the Appendix bunt specified in the Appendix if the stract are contained in this Forn LEDGE RECEIPT OF THE FOLL 5.	ticipant. Additional Appendix to Control of the application of the Participant with the CRR-1 and in the CRR	pant also agnally, the Pai CRP-1, Console sign-up pithdraws pric	rticipant ervation eriod ha or to CC	implement on such de and CCC agree to co Reserve Program Co s been provided to su C acceptance or reject	esignated acrea omply with term ontract (referred uch person. Suc ction.	age the Conservation s and conditions d to as "Appendix"). By th person also agrees to		
0A. Rental Rate Per Acre	\$358.60 (112115	11. Identific	cation of (CRP La	and (See I	Page 2 for add	age 2 for additional space)		
	6	A.Tract No. B. Fie		eld No. C. Practice No.		-	E. Total Estimated		
B. Annual Contract Payment	\$2159					D. Acres	Cost-Share		
C. First Year Payment	Ψ2,50		0002776 0007		CP1 (\$241.00		
(Item 10C applicable only to the first year payment is pror	continuous signup when ated.)								
A PARTICIPANT'S NAME AND	PARTICIPANT'S NAME AND ADDRESS (Zin Code):		(2) SHARE (3) SOCIAL SECURITY NUMBER						
CHARLEY P DAISY 910 MAIN ST ARLINGTON,IA 50606-9556			(3) SOCIAL SECURITY NUMBER:						
		100.00%) SIGNATURE mole than three monitotials are signing, continue on all			DATE (MM-DD-YYYY)		
B PARTICIPANT'S NAME AND	ADDRESS (Zip Code):	(2) CHADE				on attachment.)	. , (
N/A		(2) SHARE	(3) SOCIAL SECURITY NUMBER:						
IVA		%	(4) SIGNA	ATURE		DATE (DATE (MM-DD-YYYY)		
C PARTICIPANT'S NAME AND A	ADDRESS (Zip Code):		(If more than to	hree indivi	duals are signing, continue	on attachment.)			
N/A		-		(3) SOCIAL SECURITY NUMBER:					
		% (4) SIG		ATURE		DATE (DATE (MM-DD-YYYY)		
more than three individuals are signing, continue			-		duals are signing, continue	on attachment.)			
 CCC USE ONLY - Paym to the shares are approved. 	A. SIGNATUI	RE OF CC	C REPRESENTATIVE		B. DAT	B. DATE (MM-DD/YYYY)			
))ir				-9/14bah			
OTE: The following statement is made for requesting the following inform (Pub. L. 107-171) and regulation CCC to consider and process the parties to the contract. Furnishin certain program benefits and oth Justice, or other State and Federicivil fraud statutes, including 18 March 1	is promulgated at 7 CFR Part 14's e offer to enter into a Conservation g the requested information is voier financial assistance administeral Law Enforcement agencies.	10 and the Internon Reserve Prog luntary, Failure t red by USDA ag	pal Revenue gram Contracto furnish the gency. This is	code (2 ct, to ass reques	d and the Farm Secule USC 6109). The insist in determining eliqued information will recommended to may be provided the control of the control	rity and Rural in formation reque gibility and to di esult in determination of other agencies	systement Act of 2002 ested is necessary for etermine the correct nation of ineligibility for es, IRS, Department of		
RETURN THIS COMPLETED									
e U.S. Department of Agriculture (USDA) prohibits ental status, religion, sexual orientation, genetic i hibited bases apply to all programs.) Persons wit 2) 720-2600 (voice and TDD). To file a complain 2) 720-26382 (TDD). USDA is an equal opportunit	h disabilities who require alternative mean	ation, repriser, or bec	ause all of part	or arr mon	ndual's income is derived to	om any public assis	stance program. (Not all		
X Original - County Offi		Owner's C							
		********************************	~Py		I I ODE	erator's Copy	10 - 10 - 10 - 10 m		

C.P.P.

FARM #7844 TRACT # 2776 SEC 28 FAIRFIELD RE ENROLL

