

1M



Legend

- Section Line
- Common Land Unit
- National_Wetland.SDE.wetlands
- Wetland Determination Identifiers
- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions
- NonCrop CRP
- CRP

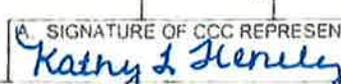


2021 Program Year
Map Created December 14, 2021

Farm #5073
Tract #4246

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 FSA Programs. 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 boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).

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| | | | | | | |
|---|--|---|--|--|-------------------------------------|--|
| CRP-1 U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation | | 1. CRP & CCC CODES & ADMIN. LOCATION 19 185 | | | 2. SIGNUP NUMBER 59 | |
| CONSERVATION RESERVE PROGRAM CONTRACT | | | | | | |
| 5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) WAYNE COUNTY FARM SERVICE AGENCY 100 S LAFAYETTE STREET CORYDON, IA 50006-1430 | | | | 6. TRACT NUMBER 4246 | | 7. CONTRACT PERIOD FROM (MM-DD-YYYY) TO (MM-DD-YYYY) 12-01-2021 03-30-2036 |
| 5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code) (641) 872-2673 | | | | 8. SIGNUP TYPE Continuous | | |
| THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (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 the 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 receipt of a copy of the Appendix/Appendices for the applicable contract period. 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 PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable. | | | | | | |
| 9A. Rental Rate Per Acre \$ 244.03 | | 10. Identification of CRP Land (See Page 2 for additional space) | | | | |
| 9B. Annual Contract Payment \$ 1,330.00 | | A. Tract No. 4246 | B. Field No. 6 | C. Practice No. CP23 | D. Acres 5.45 | E. Total Estimated Cost-Share \$ 99,000 |
| 9C. First Year Payment \$ 1,108.00 | | | | | | |
| (Item 9C is applicable only when the first year payment is prorated.) | | | | | | |
| 11. PARTICIPANTS (If more than three individuals are signing, see Page 3) | | | | | | |
| A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) <small>FARM SERVICE AGENCY 100 S LAFAYETTE ST CORYDON, IA 50006</small> | | (2) SHARE 1 | (3) SIGNATURE (By)  | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Manager | (5) DATE (MM-DD-YYYY) 11-08-2021 | |
| B(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) | |
| C(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) | |
| 12. CCC USE ONLY | | A. SIGNATURE OF CCC REPRESENTATIVE  | | | | B. DATE (MM-DD-YYYY) 11-9-2021 |
| Digitally signed by ANGELA VOS Date: 2021.12.03 14:50:51 -0500 | | | | | | |
| 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 the Commodity Credit Corporation Charter Act (16 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routing Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program. | | | | | | |
| Paperwork Reduction Act (PRA) Statement. The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE. | | | | | | |
| 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 this complaint form, call (866) 832-9992. 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. | | | | | | |

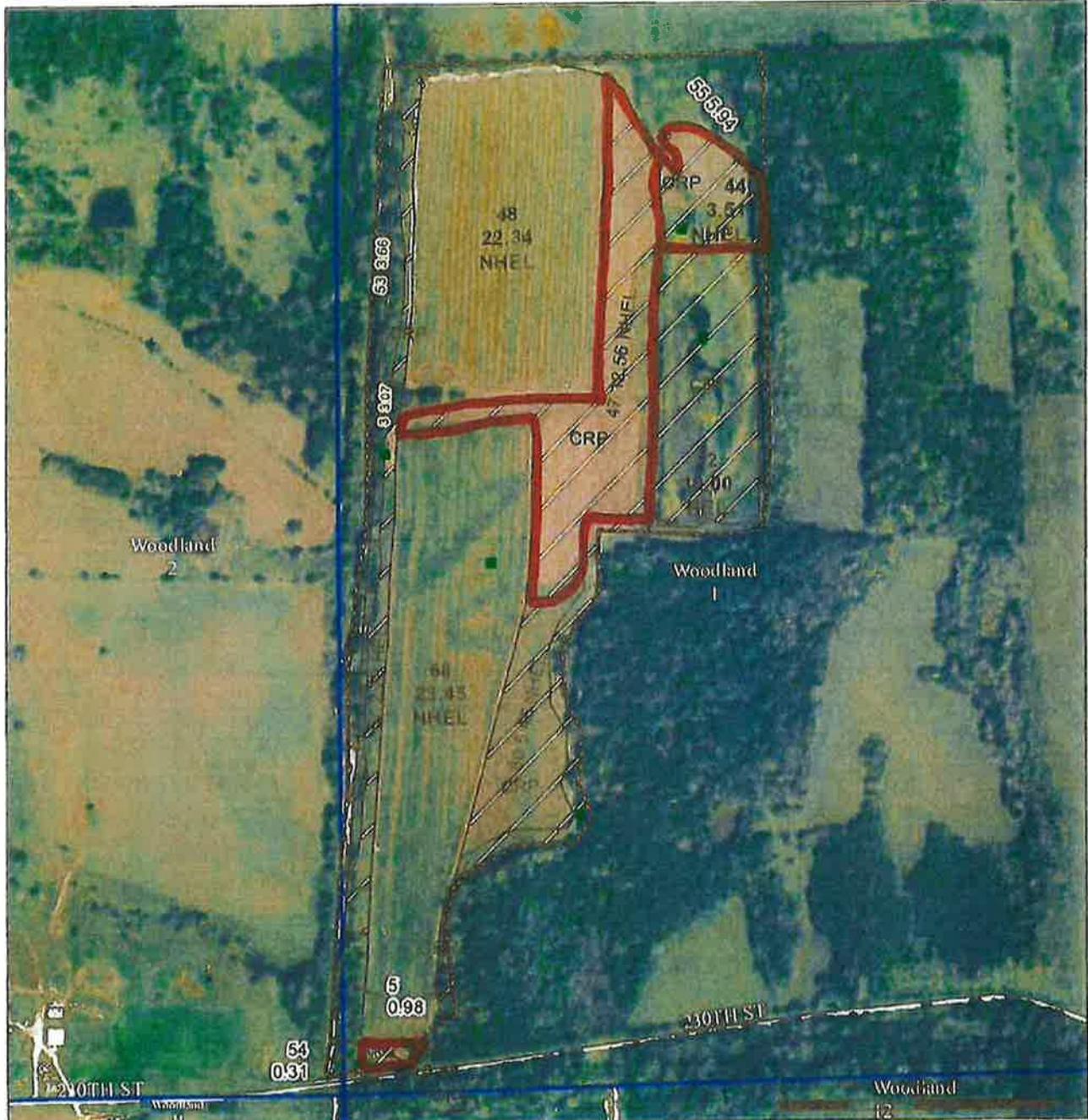
RECEIVED

WAYNE COUNTY FSA

2M



Wayne County, Iowa



- Legend**
- Non Cropland
 - Cropland
 - CRP
 - Tract Boundary
 - Iowa PUS5
 - Iowa Rivers

Welland Determination Identifiers

- Restricted Use
- Limited Restrictions
- Exempt from Conservation
- Compliance Provisions

Tract Cropland Total: 85.13 acres

2025 Program Year
Map Created December 05, 2024

Farm 5073
Tract 4246

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 FSA Program's Welland 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 boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).

USDA is an equal opportunity provider, employer, and lender.

2C

| | | | | |
|--|---|---|--|---|
| CRP-1 (05-05-25) | U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation | 1. ST. & CO CODE & ADMIN. LOCATION 19 185 | | 2. SIGN-UP NUMBER 63 |
| | | 3. CONTRACT NUMBER 12253 | | 4. ACRES FOR ENROLLMENT 16.54 |
| CONSERVATION RESERVE PROGRAM CONTRACT | | 5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) WAYNE COUNTY FARM SERVICE AGENCY 300 S LAFAYETTE STREET CORYDON, IA 50060-1600 | | 6. TRACT NUMBER 4246 |
| 5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (641) 872-2670 | | 7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 10-01-2025 09-30-2040 | | 8 SIGNUP TYPE: Continuous |

INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (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 the 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 receipt of a copy of the Appendix/Appendices for the applicable contract period. 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 PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.**

| | | | | | | |
|---|-------------|--|--------------|-----------------|----------|-------------------------------|
| 9A. Rental Rate Per Acre | \$ 164.52 | 10. Identification of CRP Land (See Page 2 for additional space) | | | | |
| 9B. Annual Contract Payment | \$ 2,721.00 | A. Tract No. | B. Field No. | C. Practice No. | D. Acres | E. Total Estimated Cost-Share |
| 9C. First Year Payment | \$ | 4246 | 0044 | CP23 | 3.51 | \$ 642.00 |
| (Item 9C is applicable only when the first year payment is prorated.) | | 4246 | 0046 | CP23 | 0.47 | \$ 86.00 |
| | | 4246 | 0047 | CP23 | 12.56 | \$ 2,298.00 |

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

| | | | | |
|--|-----------------------|--|---|-------------------------------------|
| A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) <small>LEGACY LANDSCAPE LLC 1418 BRANTON JAZZ JAZZ HWY 122ND ST CORYDON, IA 50025-8100</small> | (2) SHARE 100.00 % | (3) SIGNATURE (By) e-Signed by Brandon Jazz For, if applicable On 2025-06-05 11:16:48 CDT | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Representative | (5) DATE (MM-DD-YYYY) 06-05-2025 |
| B(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) |
| C(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 JUN 05 2025 | (5) DATE (MM-DD-YYYY) |

| | | |
|------------------|--|---------------------------------|
| 12. CCC USE ONLY | A. SIGNATURE OF CCC REPRESENTATIVE <i>Martina Willey, CED</i> | B. DATE (MM-DD-YYYY) 9/19/25 |
|------------------|--|---------------------------------|

NOTE: Privacy Act Statement: 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 the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), the American Relief Act, 2025 (Pub. L. 118-158), and the Conservation Reserve Program (7 CFR Part 1410). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and non-governmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1)

Non-Discrimination Statement: 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, 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.

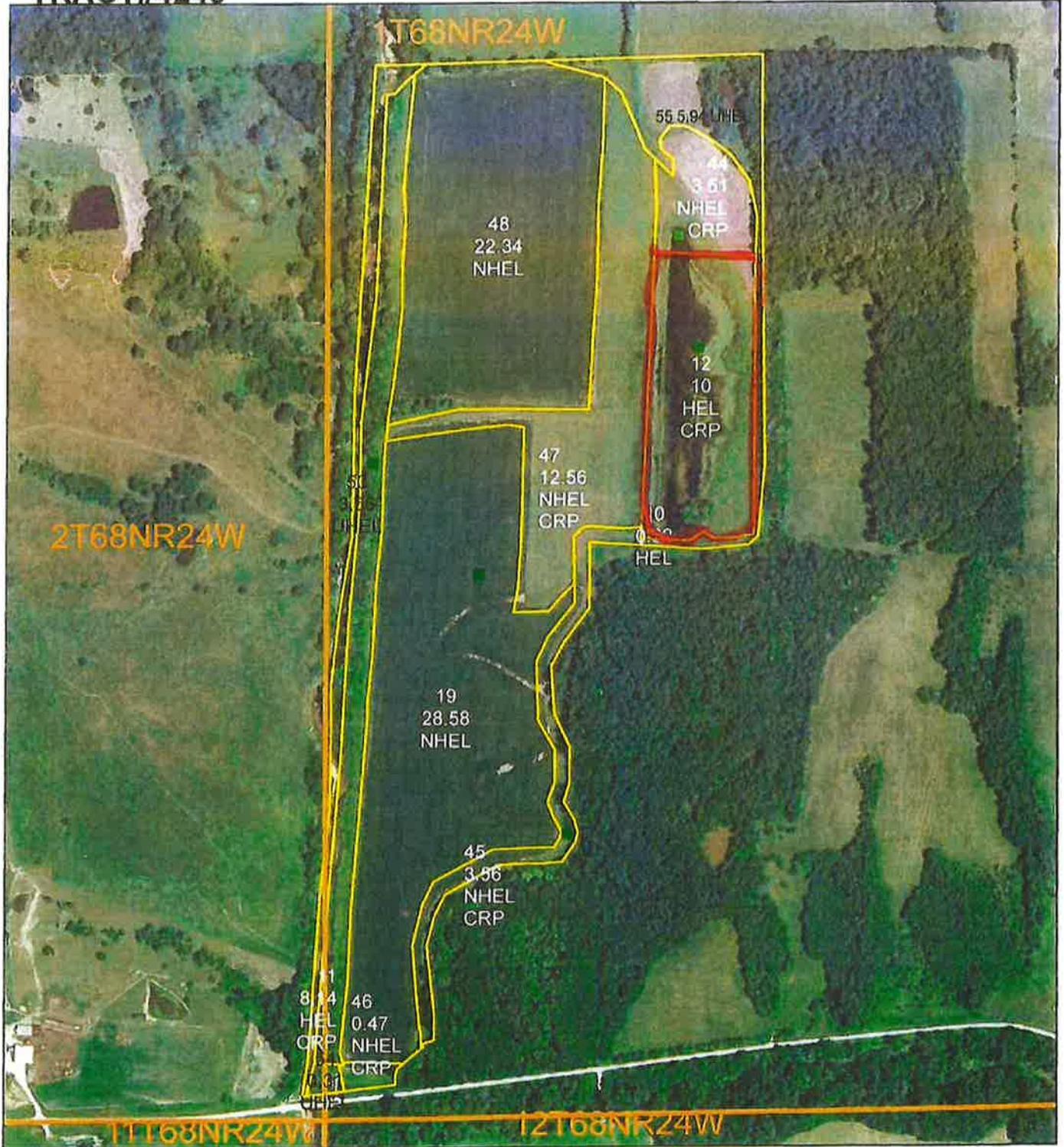
Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 <https://www.usda.gov/ocac/how-to-file-a-program-discrimination-complaint> 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) 632-8992. 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, Mail Stop 9410, 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.

FARM#5073
TRACT#4246

3M



Wayne County FSA
Map Printed December 13, 2017

1 inch = 483.824627 feet
All fields are NON-IRR

CP-9

Legend

- Field Boundary
- Wetland Determination**
- Wetland Determination Identifiers**
- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions

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30

5-PL

This form is available electronically.

| | | | |
|---|--|---|---|
| CRP-1 U.S. DEPARTMENT OF AGRICULTURE (10-22-15) Commodity Credit Corporation | | 1. ST. & CO. CODE & ADMIN LOCATION 39 125 | 2. SIGN UP NUMBER 00 |
| CONSERVATION RESERVE PROGRAM CONTRACT | | | |
| 7A. COUNTY OFFICE ADDRESS (include Zip Code) WAYNE COUNTY FARM SERVICE AGENCY 300 S LAFAYETTE STREET CORYDON, IA 50060-1600 | | 3. CONTRACT NUMBER 11367 | 4. ACRES FOR ENROLLMENT 10.00 |
| | | 5. FARM NUMBER 0025073 | 6. TRACT NUMBER(S) 0001218 |
| 7B. TELEPHONE NUMBER (include Area Code) (44) 877-2670 | | 8. OFFER (Selection) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/> | 9. CONTRACT PERIOD FROM (MM/DD/YYYY) TO (MM/DD/YYYY) 10/01/17 09/30/27 |

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (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 the 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 program 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, CRP-2C, or CRP-2G.**

| | | | | | | |
|--|-------------|---|--------------|-----------------|----------|-------------------------------|
| 10A. Rental Rate Per Acre | \$ 162.76 | 11. Identification of CRP Land (See Page 2 for additional space) | | | | |
| 10B. Annual Contract Payment | \$ 1,627.80 | A. Tract No. | B. Field No. | C. Practice No. | D. Acres | E. Total Estimated Cost Share |
| 10C. First Year Payment | \$ | 0001218 | 0012 | CPA | 10.00 | |
| (Item 10C applicable only to continuous signup when the first year payment is prorated.) | | | | | | |

| | | | |
|--|------------------|----------------------|------------------------------|
| 12. PARTICIPANTS (If more than three individuals are signing, see Page 3.) | | | |
| A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code) | (2) SHARE | (3) SIGNATURE | (4) DATE (MM/DD/YYYY) |
| LEGACY LANDSCAPE LLC C/O BRANDON JAZZ 1382 NW 122ND ST CLIVE, IA 50325-8100 | 100.00% | | 02/28/2016 |
| B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code) | (2) SHARE | (3) SIGNATURE | (4) DATE (MM/DD/YYYY) |
| | % | | |
| C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code) | (2) SHARE | (3) SIGNATURE | (4) DATE (MM/DD/YYYY) |
| | % | | |

| | | |
|-------------------------|---|-----------------------------|
| 13. CCC USE ONLY | A. SIGNATURE OF CCC REPRESENTATIVE | B. DATE (MM/DD/YYYY) |
| | | 2-15-2017 |

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a, as amended). The authority for requesting the information described on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 1401 et seq.), the Food Security Act of 1985 (16 U.S.C. 1801 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA's Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

This information collection is exempt from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment, or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities who wish to file a program complaint, write to the address below, or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6116 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

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

4M

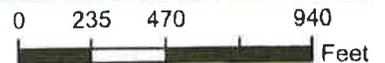


Wayne County Iowa



Legend

- Section Line
- Common Land Unit
- National_Wetland.SDE.wetlands
- Wetland Determination Identifiers
- Restricted Use
- ▼ Limited Restrictions
- Exempt from Conservation Compliance Provisions
- NonCrop CRP
- CRP



2021 Program Year
 Map Created December 14, 2021

Farm #5073
Tract #4246

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4C A

CRP-1
(07-06-20)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CO CODE & ADMIN AREA
19 105

Page 1 of 2

2 SIGN UP
NUMBER
55

4 ACRES FOR
ENROLLMENT
7.33

CONSERVATION RESERVE PROGRAM CONTRACT

5A COUNTY FSA OFFICE ADDRESS (Include Zip Code)
WAYNE COUNTY FARM SERVICE AGENCY
300 S LAFAYETTE STREET
CORYDON, IA 50960 160

CONTRACT NUMBER
11801

6 RACT NUMBER
4246

7 CONTRACT PERIOD
FROM (MM DD YYYY) TO (MM DD YYYY)
10-1-2021 9-30-2036

8 SIGNUP TYPE
Continuous

5B COUNTY FSA OFFICE PHONE NUMBER
(Include Area Code) 6411 672 2670

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (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 the 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 receipt of a copy of the Appendix/Appendices for the applicable contract period. 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 PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS CRP-1, CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

| 9A Rental Rate Per Acre | \$ 215.84 | 10 Identification of CRP Land (See Page 2 for additional space) | | | | |
|--|-----------|---|------------|-------------|---------|------------------------------|
| 9B Annual Contract Payment | \$ 729.00 | A Tract No | B Field No | C Parcel No | D Acres | E Total Estimated Cost Share |
| 9C First Year Payment | \$ | 4246 | 0056 | CP21 | 1.11 | \$ 240.00 |
| (Item 9C is applicable only when the first year payment is prorated) | | | | | | |
| | | 4246 | 0057 | CP21 | 2.78 | \$ 599.00 |
| | | 4246 | 0058 | CP21 | 2.76 | \$ 595.00 |

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

| (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) |
|--|-----------|--------------------|---|-----------------------|
| | 100.00% | <i>[Signature]</i> | Manager | 07/29/2021 |
| B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) | % | <i>[Signature]</i> | | |
| C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) | % | | | |

12. CCC USE ONLY (A. SIGNATURE OF CCC REPRESENTATIVE)
[Signature] Angela K. Vos, DD 09/23/2021

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