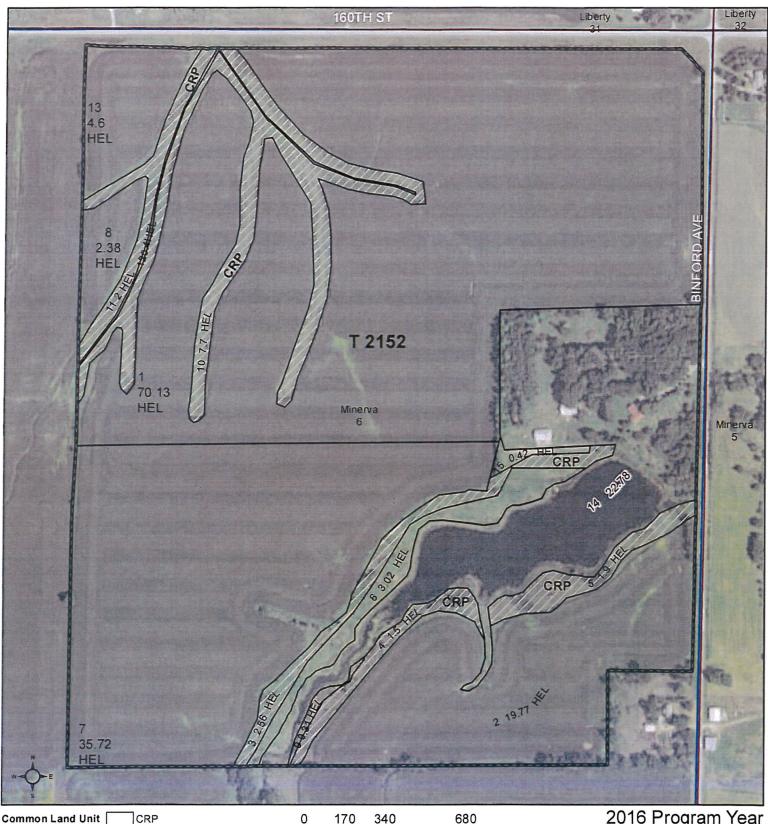


Marshall County, Iowa



Non-Cropland PLSS Wetland Determination Identifiers

Tract Boundary

Restricted Use

Cropland

Limited Restrictions

Exempt from Conservation Compliance Provisions

680 340 Feet 2015 Ortho Imagery

2016 Program Year Map Created December 21, 2015

> Farm 2496 Tract 2152

Tract Cropland Total: 152.41 acres

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

This form is available electronically.							
CRP-1 U.S. DEPARTMENT OF AGRICULTI	URE		1. ST. & CO. CODE &	2 0011	ID All IA FORCE		
(07-23-10) Commodify Credit Corporation			ADMIN. LOCATION	Z SIGN-C	JP NUMBER		
CONSERVATION RESERVE PROGRA NOTE: The authority for collecting the following information is Pub. L 107-17	11 77 . 11 " "		19127	44	1		
concount of another manout prof the anarous mandated by the Owner	1 5 / 6		3. CONTRACT NUMBER	R 4 ACRES	FOR ENROLLMENT		
and required to continue the differentiation collection definished to common 4 -	atana .			9.7	- IIIAĆ I I		
time for reviewing instructions, searching existing data sources, gathering and counces, gathering and councils and reviewing the collection of information.	d maintaining the dat	ta needed, and	10104	9.7	- WYZalaly		
7. COUNTY OFFICE ADDRESS (Include Zip Code):			5. FARM NUMBER	6 TDACT	1 0-11 8M		
MARSHALL COUNTY FARM SERVICE AGENCY			0002496	1	NUMBER(S)		
2608 S 2ND ST				00021	152 GM9-27		
MARSHALLTOWN, IA 50158-4570			8.OFFER (Select one)		1 14 39/2		
•			GENERAL FROM: TO: UT				
ELEPHONE NUMBER (Include Area Code): (641)752-452	ENVIRUNMENTAL DOLODITUM (1) O (1) (00 100 100 100 100						
THIS CONTRACT is entered into between the Commodity Credit Con- eferred to as "the Participant"). The Participant agrees to place the di tipulated contract period from the date the contract is executed by the lan developed for such acreege and approved by the CCC and the i- contained in this Contract, including the Appendix to this Contract, en	e CCC. The Partic	cipant also agr	ees to implement on such	rs, operators, or ("CRP") or other designated acres	tenants (who may be or use set by CCC for the		
ontained in this Contract, including the Appendix to this Contract, en- igning below, the Parlicipant acknowledges that a copy of the Appen	titled Appendix to	CRP-1, Conse	ervation Reserve Program	Contract freferre	of to as "Appendix" Du		
igning below, the Participant acknowledges that a copy of the Appen ay such liquidated dameges in an amount specified in the Appennix	idix for the applicat	ble sign-up pe	riod has been provided to:	such person. Su	ch person also agrees to		
he terms and conditions of this contract am continued in this	a die i diudipatit i	nurai awa piloi	in CCC acceptance or rele	ection_	1		
notice blos and # to the arm in		IS: CRP-1, CR	P-1 Appendix and any a	dendum there	to, CRP-2 or CRP-20 #		
SMd 'S4	3013		•		25.014-20, 11		
DA. Rental Rate Per Acre \$339.01	1.1	ntification o	f CRP Land				
B. Annual Contract Payment \$3288	A.Tract No	o. B. Field	No. C. Practice No.	D. Acres	E. Total Estimated Cost-Share		
4-2-00	0002152	0010	CBCA				
C. First Year Payment	3002102	0010	CP8A	7.7	\$970.00		
from 10C applicable only to the	0002152	0011	CP8A		-		
Item 10C applicable only to continuous signup	1	3011	UPOA	2.0	\$252.00		
when the first year payment is prorated.)				<u> </u>	 		
2. PARTICIPANTS							
1).PARTICPANTS NAME AND ADDRESS (Zip Code): WILLIAM J SPARKS	(2) SHARE	(3) SOCIAL	SECURITY NUMBER:	1892			
605 SE NORTHBRANCH DR	1000	(A) CICADATI COM					
WAUKEE,1A 50263-9583	100.00%						
1).PARTICPANTS NAME AND ADDRESS (Zip Code):		(Il more than the	se individuals are signing, continue	on attechment	27/2013		
•	(2) SHARE		SECURITY NUMBER:		-		
N/A		(4) SIGNAT	URE	1 /	MM-DD-YYYY)		
	%			1	WINFOE-FFFF)		
1).PARTICPANTS NAME AND ADDRESS (Zip Code):	(m) (1) (a) (a)		e individuals are signing, continue	on attachment.)			
	(2) SHARE	(3) SOCIAL	OCIAL SECURITY NUMBER:				
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ore han foree individuals are alguing, continue on attachment.)	,40	Il more time the	e Individuals am sins	ì			
. CCC USE ONLY - Payments according to the shares are approved	A. SIGNATUI	RE OF don	e Individuals are signing, continue	on attachment.)			
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	1111	-1		8/1	2/13		
TE: The following statement is made in accordance with the Privacy for requesting the following information is the Food Security Act (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 14 CCC to consider and process the offer to enter into a Conservat parties to the contract. Furnishing the requested information is vicertain program benefits and other financial assistance administ Justice, or other State and Federal Law Enforcement agencies, civil fraud statues, including 18 USC 286, 287, 371, 641, 651, 10	410 and the Internation Reserve Programmer of the Programmer to the tered by USDA against the te	al Revenue co rem contract o furnish the n ency. This info	ode (26 USC 6109). The in the assist in determining eligo- equested information will re- formation may be provided to	nty and Rural information requestibility and to delustration to delustration of the contract o	vestment Act of 2002 sted is necessary for emine the correct ation of ineligibility for s, IRS, Department of		
S. Department of Agriculture (USDA) prohibits discrimination in all its programs and as	Liviline on the kaning of	mone notes - :					
l.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and ac all and family status. (Not all prohibited bases apply to all programs), Persovo with diseb at USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of di-	Allitics who require altern	raus, color, hation. halive means for d	al oxigin, gander, religion, age, diss communication of enoram informa	bility, political benefit	ts, sexual orientation, and		
at USDA's TARGET Center at (202) 720-590 (voice and TDD). To file a complaint of ington, DC 20250 9410 or call (202) 720-5964 (voice or TDD). USDA is an aqual opport			of Civil Rights, Room 326-VV, Wh	illen Building, 1400 li	nt, audio tapes etc.) should independence Avenue, SN		
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Onginal - County Office Copy	Owner's Co	p y	Ope	rator's Copy			
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This form is available electronically.									
CRP-1 U.S. DEPARTMENT OF AGRICULTURE				1. ST. 8	CO. CODE &	2. SIGN	-UP NUMBER		
(07-23-10) Con	his authority allows for the Reduction Act of 1995. The		ADMIN. LOCATION			- C.S. G. HOMBER			
CONSERVATION RI			19127 3. CONTRACT NUMBER		46				
NOTE: The authority for collecting the following information is Pub. L. 107-171. To collection of information without prior OMB approval mandaled by the Paperwork time required to complete this information collection estimated to average 4 minutime for reviewing instructions, searching existing data sources, gathering and management of the prior of the p					4. ACRE	4. ACRES FOR ENROLLMENT			
			11:5 12:55		5.96	5.96 + WJS MA.			
completing and reviewing the collection of in	formation.	aintaining the data i	needed, and		110/33		09/08/2014		
7. COUNTY OFFICE ADDRESS (Include Zip Code):				1	M NUMBER	6. TRAC	T NUMBER(S)		
MARSHALL COUNTY FARM SER			000	2496	0000	2152			
2608 S 2ND ST				8.OFFER (Select one)		9. CONT	TRACT PERIOD WAS		
MARSHALLTOWN, IA 50158-4570				GENER	AL [FROM:	TO: 1 09/201		
TELEPHONE NUMBER (Include Area Code): (641)752-4521 THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC" referred to as "the Participant"). The Participant assess to a life the Commodity of the Commodity					MENTAL PRIORITY		20149/30/2024 -		
referred to as "the Participant"). The Par stipulated contract period from the date of Plan developed for such acreage and ap- contained in this Contract, including the signing below, the Participant acknowled pay such liquidated damages in an amou The terms and conditions of this cont CONTRACT PRODUCERS ACKNOWL applicable; and, if applicable, CRP-15	re contract is executed by the CCC and the Par Appendix to this Contract, entitle iges that a copy of the Appendix int specified in the Appendix if the ract are contained in this Fort EDGE RECEIPT OF THE FOLL	CC. The Particip dicipant. Addition ed Appendix to C. of for the applicable the Participant with CRP-1 and in CWING FORMS	pant also ag ally, the Pal RP-1, Cons le sign-up p thoraws pric	rees to in rticipant a servation i eriod has or to CCC	nplement on such de and CCC agree to co Reserve Program C been provided to su acceptance or rejec	esignated ac amply with te ontract (refer uch person. a ction.	reage the Conservation orms and conditions rred to as "Appendix"). By Such person also agrees to		
10A. Rental Rate Per Acre	\$312.58 2040420	11. Identific	cation of (CRP La	nd (See Page 2	for addition	nal space)		
B. Annual Contract Payment	\$1863	A.Tract No	. B. Fie	ld No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share		
C. First Year Payment	_	0002152	0003		CP21	2.56	\$468.00		
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		0002152	2152 0004		CP21	1.50	\$275.00		
		0002152	0005		CP21	1.90	\$348.00		
12. PARTICIPANTS		-3							
A(1). PARTICIPANT'S NAME AND A	1).PARTICIPANT'S NAME AND ADDRESS (Zip Code):			(2) SHARE (3) SOCIAL SECURITY NUMBER: 1892					
WILLIAM J SPARKS 605 SE NORTHBRANCH DR			1						
WAUKEE, IA 50263-9583		100.00%	W CU	ATURE Sparks		DATE (MM-DD-YYYY)			
	000000	1	(If more than	three individ	luals are signing, continue	on allachment.	74/08/2014		
B(1).PARTICIPANT'S NAME AND A	ADDRESS (Zip Code):	(2) SHARE	(3) SOCI	AL SEC	URITY NUMBER:				
N/A			(4) SIGNATURE			DAT	E (MM-DD-YYYY)		
		%					330		
C(1).PARTICIPANT'S NAME AND A	ADDRESS (Zin Code)	101 0111	1		luals are signing, continue	on attachment.)		
	(2) SHARE	(2) SHARE (3) SOCIAL SECURITY NUMBER:							
N/A		%	(4) SIGN	ATURE		DAT	E (MM-DD-YYYY)		
(Il more than three individuals are signing, continue	on attachment.)	70	(If more than	three individ	luals are signing, continue	Į.			
13. CCC USE ONLY - Payments ac		A. SIGNATU			RESENTATIVE				
to the shares are approved.	1011	777	O NEFF	NEOCINTALIVE	8.0	ATE (MM-DD-YYYY)			
	WEND	and I				145/14			
NOTE: The following statement is made for requesting the following infor (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 Fede civil fraud statutes, including 18	mation is the Food Security Act is promulgated at 7 CFR Part 1/4 e offer to enter into a Conservat g the requested information is ver financial assistance administral Law Enforcement agencies.	or 1985, (Pub. L. 410 and the Interdion Reserve Programmer Program	99-198), as nal Revenue gram Contra to furnish the gency. This to a court of the second of the secon	amender e code (2 act, to ass ne reques information	d and the Farm Sect 6 USC 6109). The in sist in determining el- ted information will roon may be provided on may be provided	arity and Run formation re- igibility and the esult in detection other age	ral investment Act of 2002 equested is necessary for to determine the correct ermination of ineligibility for encies, IRS, Department of		
RETURN THIS COMPLETE	FORM TO YOUR COUNT	Y FSA OFFICE			23 approable	o and made	maion provided.		
The U.S. Department of Agriculture (USDA) prohibino parental status, religion, sexual orientation, genetic in prohibited bases apply to all programs. J. Persons will (202) 720-2600 (voice and TDD). To file a complain (202) 720-6382 (TDD). USDA is an equal opportuni	a discrimination in all its programs and a nformation, poblical beliefs, generic infor th disabilities who require alternative me tol discrimination, write to USDA, Direct by provider and employer.	clivities on the basis or mation, reprisal, or be	frace, color, na cause all or pa	n of an indi	vidual's income is derived	from any public	assistance program. (Not all		
Original - County Off	ісе Сору	Owner's C	Сору		По	erator's Co	Vac		