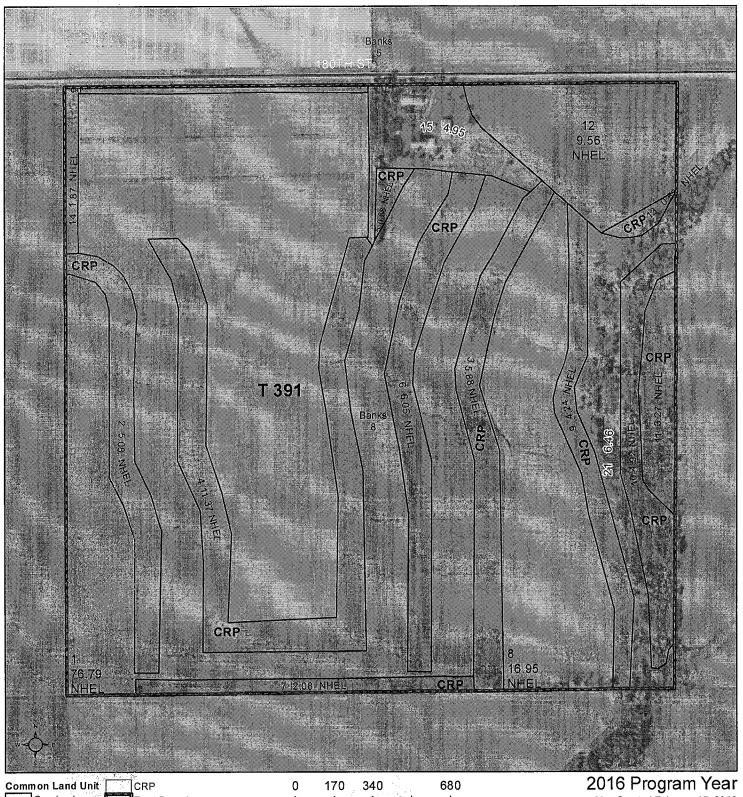
Fayette County, Iowa



Cropland Non-Cropland

Tract Boundary PLSS

Feet 2015 Ortho Imagery

Map Created February 17, 2016

Farm 2584 **Tract 391**

Wetland Determination Identifiers

Restricted Use

Limited Restrictions

Exempt from Conservation Compliance Provisions

Tract Cropland Total: 149.17 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 boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).

This form is available electronically.							Page 1 of 2		
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (10-22-15) Commodity Credit Corporation			1. ST. & C LOCA	CO CODE & ADMIN. FION	2. 8	2. SIGN-UP NUMBER			
				19 065			42		
CONSERVATION RESERVE PROGRAM CONTRACT			3. CONT	3. CONTRACT NUMBER 10164A			4. ACRES FOR ENROLLMENT 3.27		
7A. COUNTY OFFICE ADDRESS (Include Zip Code) FAYETTE COUNTY FARM SERVICE AGENCY			5. FARM	5. FARM NUMBER 2584			6. TRACT NUMBER(S)		
120 NORTH INDUSTRIAL PKWY WEST UNION, IA 52175-1612			0.05555						
WEST UNION, IA 52175-1612			GENERAL	· · · · · · · · · · · · · · · · · · ·			T PERIOD TO:		
7B. TELEPHONE NUMBER (Include Area Code): (563) 422-5770			ENVIRONM	ENVIRONMENTAL PRIORITY 10			(MM-DD-YYYY) 09-30-2022		
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 sign-up 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 \$213\64 10B. Annual Contract Payment \$699\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lo.			(See Page 2 for a		E Total Estimated			
10B. Annual Contract Payment \$699\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		act No.	B. Field No.	C. Practice No.	D. Acres		Cost-Share		
(Item 10C applicable only to continuous signup when the first year payment is prorated.)	3	91	0011	0011 CP38C-3A 3.		. 2 /	\$ 1,325		
	2/2 2 2 2	·	Dana O.)	1	<u></u>				
12. PARTICIPANTS (If more than three individue A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARI	-	(3) SIGNAT	URE		(4) DA	ATE (MM-DD-YYYY)		
BÖNNIE M BUCKENDAHL 810 DIVISION ST SUMNER, IA 50674-	25.00% Bonni Buck andakl				iakl				
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): DENNIS M BUCKENDAHL 240 E LOGAN ST	(2) SHARI			(a) SIGNATURE			(4) DATE (MM-DD-YYYY)		
NEW HAMPTON, IA 50659-1450		25.00 %	Weres	Wering Mkakulali			2-2016		
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-1) DOUGLAS BUCKENDAHL (25.00% KALAMA, WA 98625-9640						NTE (MM-DD-YYYY)			
13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE B. DATE (MM-DD-YYYY)							ATE (MM-DD-YYYY)		
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 1410, 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.), 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-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. This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The									
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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 problited 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) 845-6136 (in Spanish).									
If you wish to file a Civil Rights program complaint of discrimination, c http://www.ascr.usda.gov/complaint_filing_cust.html, or at any U- requested in the form. Send your completed complaint form or letter b Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at pro	SDA office, o. v mail to U.S	r call (866) 632 S. Department o	-9992 to request f Aariculture. Dir	the form. You may als	o write a le ation 1400	Independen	ng all of the information ce Avenue, S.W.,		
Original – County Office Copy		Owr	er's Copy			Opera	ator's Copy		

This form is available electronically.						Page 1 of 2				
CRP-1 U.S. DEPARTMENT OF AGRICULTUM (10-22-15) Commodity Credit Corporation	1	1. ST. & CO CODE & ADMIN. 2. SI LOCATION			SIGN-UP NUMBER					
CONSERVATION RESERVE PROGRAM CONTRACT			19 065		42					
			3. CONTRACT NUMBER 4301A			4. ACRES FOR ENROLLMENT 4.92				
7A. COUNTY OFFICE ADDRESS (Include Zip Code) FAYETTE COUNTY FARM SERVICE AGENCY			5. FARM NUMBER 6. TR			RACT NUMBER(S) 391				
120 NORTH INDUSTRIAL PKWY						\triangle				
WEST UNION, IA 52175-1612			8. OFFER (Select one) GENERAL 9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2012 9-30-20							
7B. TELEPHONE NUMBER (Include Area Code): (563) 422	-5770	ENVIR	DNMENTAL PRIORITY	√ 10-0	1-2012	09-30-2022				
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 sign-up 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 \$254.08 VMB	<i>^</i>		nd (See Page 2 for a	idditional sp T	pace)	E. Total Estimated				
727230	S A. Tract No.	B. Field No.	C. Practice No.	D. Acr	es	Cost-Share				
10C. First Year Payment \$	391	10	CP22	4.9	2	\$ 0				
(Item 10C applicable only to continuous signup when the first year payment is prorated.)										
12. PARTICIPANTS (If more than three individu	als are signing :	see Page 3				,				
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE		NATURE		(4) DA	TE (MM-DD-YYYY)				
BONNIE M BUCKENDAHL						,				
810 DIVISION ST SUMNER, IA 50674-	25.0		Bonnie Box & endake			3-2-16				
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): DOUGLAS BUCKENDAHL	(2) SHARE (3) SIGNATURE				(4) DATE (MM-DD-YYYY)					
KALAMA, WA 98625-9640	112 WESTVIEW PL 25.00 % KALAMA, WA 98625-9640									
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE DENNIS M BUCKENDAHL (4) DATE (MM-DD-YYY										
240 E LOGAN ST NEW HAMPTON, IA 50659-1450	0% Dam	Daniel 19. Buterney 2-12-2016			2-2016					
13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE B. DATE (MM-DD-YYY										
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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 prophibited 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) 845-6136 (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						itor's Copy				

	This form is available electroni CRP-1 U.S. DEPAI	RTMENT OF AGRICULTURE	:	11 ST & C	O CODE & ADMIN	2 810	SNLIP N	Page 1 of 2		
	(10-22-15) Comm	-		LOCATION			2. SIGN-UP NUMBER			
					19 065			38		
	CONSERVATION R	CONTRACT	3. CONTR	3. CONTRACT NUMBER 3948B			4. ACRES FOR ENROLLMENT 3.95			
	7A. COUNTY OFFICE ADDRESS FAYETTE COUNTY FA	ARM SERVICE AGE	NCY	5. FARM I	NUMBER 2584	6. TR	6. TRACT NUMBER(S)			
	120 NORTH INDUSTR							UNG 7		
	WEST UNION, IA 52	2175-1612		8. OFFER GENERAL	(Select one)	FROM		T PERIOD TO:		
	7B. TELEPHONE NUMBER (Incl.	ıde Area Code): ⁽⁵⁶³⁾ 422-5	5770	ENVIRONM	ENVIRONMENTAL PRIORITY 🗸			(MM-DD-YYYY) 09-30-2020		
	Participant".) The Participant agree period from the date the Contract is such acreage and approved by the Contract, including the Appendix to Participant acknowledges that a copdamages in an amount specified in contained in this Form CRP-1 and OF THE FOLLOWING FORMS: CR	executed by the CCC. The Pai CCC and the Participant. Addit this Contract, entitled Appendix yo of the Appendix for the applic the Appendix if the Participant v I in the CRP-1 Appendix and a	rticipant also agrees ionally, the Participa to CRP-1, Conserve table sign-up period withdraws prior to Coany addendum the	to implement on sunt and CCC agree to attend Reserve Programs been provided to acceptance or retern. BY SIGNING	ch designated acrea o comply with the ter am Contract (referre to such person. Suci ejection. The terms a THIS CONTRACT P	ge the Conse ms and cond d to as "Appe n person also and conditio	ervation Pa litions con endix"). B agrees to ns of this	lan developed for tained in this ty signing below, the o pay such liquidated s contract are		
M	10A. Rental Rate Per Acre	\$211.49	11. Identification	on of CRP Land	(See Page 2 for a	dditional s _i	pace)			
016		\$835	A. Tract No.	B. Field No.	C. Practice No.	D. Acr	res	E. Total Estimated Cost-Share		
J2_	10C. First Year Payment	\$	391	14	CP33	1.8	7	\$ 82		
	(Item 10C applicable only to continue the first year payment is prorated.		391	7	CP33	2.0	8	\$ 0		
						<u>l.:</u>				
	12. PARTICIPANTS (If mo		Q Q ,					LAN ENAME		
	A(1) PARTICIPANT'S NAME ANI BONNIE M BUCKENDA	MHL (2	2) SHARE	(3) SIGNAT	URE		(4) DA	ATE (MM-DD-YYYY)		
	810 DIVISION ST SUMNER, IA 50674-		25.0		Q h	. 1. 2		n 11		
	B(1) PARTICIPANT'S NAME ANI		2) CHADE	(3) SIGNAT	Buckend	ærce		2-16		
	DOUGLAS BUCKENDAR		2) SHARE	(3) SIGNAT	URE		(4) DA	ATE (MM-DD-YYYY)		
	112 WESTVIEW PL KALAMA, WA 98625-	.9640	25.0	0%	- 10 1 0					
	C(1) PARTICIPANT'S NAME AN		2) SHARE	(3) SIGNAT	CHachel		(4) DA	ATE (MM-DD-YYYY)		
	DENNIS M BUCKENDA	7HL		6	4 1 1 1		(1) 21	(55)		
	240 E LOGAN ST NEW HAMPTON, IA 5	50659-1450	25.0	0% Venus O	Rufel		2-	12-2016		
	13. CCC USE ONLY	A. SIGNATURE OF CCC	REPRESENTAT			,		TE (MM-DD-YYYY)		
	is 7 CFR Part 1410, the Co. of 2014 (Pub. L. 113-79). I information collected on this authorized access to the interpretation of the farm Records File (Automaticality) in a collection in provisions of appropriate cr. COUNTY FSA OFFICE.	made in accordance with the Prive mmodity Credit Corporation Charline information will be used to det is form may be disclosed to other hormation by statute or regulation ited). Providing the requested infand receive benefits under the Cost exempted from the Paperwork Fiminal and civil fraud, privacy, and	ter Act (15 U.S.C. 71- termine eligibility to p. Federal, State, Local and/or as described i ormation is voluntary, inservation Reserve F Reduction Act as spec d other statutes may b	4 et seq.), the Food S articipate in and recei government agencies n applicable Routine However, failure to Program. cified in the Agricultur e applicable to the in	ecurity Act of 1985 (16 ve benefits under the 0 s, Tribal agencies, and Uses identified in the 5 furnish the requested i all Act of 2014 (Pub. L. formation provided. R	o U.S.C. 3801 Conservation In nongovernme System of Reconformation will 113-79, Title ETURN THIS	et seq.), a Reserve F ental entitic ords Notic Il result in I, Subtitle COMPLE	and the Agricultural Act program. The es that have been per for USDA/FSA-2, a determination of F, Administration). The ETED FORM TO YOUR		
	The U.S. Department of Agriculture (Udisability, sex, gender identity, religion, income is derived from any public assist prohibited bases will apply to all progra alternative means of communication for Individuals who are deaf, hard of heari (800) 877-8339 or (800) 845-6136 (in S	reprisal, and where applicable, p stance program, or protected gen ms and/or employment activities. r program information (e.g., Braill ng, or have speech disabilities an	olitical beliefs, marita etic information in em) Persons with disab e, large print, audiota	l status, familial or pa ployment or in any pr ilities, who wish to file pe. etc.) please conta	rental status, sexual o rogram or activity cond a a program complaint, act USDA's TARGET (rientation, or a ucted or funda write to the a Center at (202	all or part of ed by the L ddress bea) 720-2600	of an individual's Department. (Not all low or if you require D (voice and TDD).		

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This form is available electronically.							Page 1 of 2		
CRP-1 U.S. DEPARTMENT OF AGRICULTUR (10-22-15) Commodity Credit Corporation	tE •		1. ST. & CO CODE & ADMIN. 2. SIGN-UP NUMBER LOCATION			UMBER			
					42				
CONSERVATION RESERVE PROGRAM CONTRACT			3. CONTR	4. AC	4. ACRES FOR ENROLLMENT				
FAYETTE COUNTY FARM SERVICE AGENCY			5. FARM NUMBER 6. 1			TRACT NUMBER(S) 391			
120 NORTH INDUSTRIAL PKWY WEST UNION, IA 52175-1612			8. OFFER (Select one) 9. C			CONTRACT PERIOD/(/n, ~)			
WEST UNION, IA SZI75-1612			GENERAL	[FROM:		TO: (MM-DD-YYYY)		
7B. TELEPHONE NUMBER (Include Area Code): (563) 422-5770			ENVIRONMENTAL PRIORITY 🗸		7 10-0)1-2012	09-30-2022		
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10A. Rental Rate Per Acre \$252.38 WAS 10B. Annual Contract Payment \$1,204			Field No.	C. Practice No.	D. Acr	···	E. Total Estimated		
10C. First Year Payment \$	391		13	CP21	0.5		Cost-Share \$ 0		
	391		9	CP21	4.2		\$ 0		
the first year payment is prorated.)	UC applicable only to continuous signup when								
12. PARTICIPANTS (If more than three individual	als are signing.	see F	Page 3.)	L					
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD BONNIE M BUCKENDAHL 810 DIVISION ST SUMNER, IA 50674- B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD BUCKUC) (4) DATE (MM-DD BUCKUC) 3-2-16					2-16				
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): DOUGLAS BUCKENDAHL	B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE				(3) SIGNATURE				
112 WESTVIEW PL	25.0	00 %	. 11	,					
KALAMA, WA 98625-9640			atto	chel					
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE DENNIS M BUCKENDAHL 240 E LOGAN ST (4) DATE (MM-DD-YYYY)						TE (MM-DD-YYYY)			
NEW HAMPTON, IA 50659-1450			Versily Karkush V			2-12-20/6			
13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE B. DATE (MM-DD-YYYY)							ATE (MM-DD-YYYY)		
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Original – County Office Copy		Owner	r's Copy			Opera	ator's Copy		