







TRACT: 2094

215 430 860 Feet 1 inch = 400 feet

PRINTED November 19, 2019

TWP: PLEASANT GROVE

Disclosure: 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 or seponsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside of FSA Programs.

Wetland identifiers do not represent the size, shape or specific determination of the area. Refer to your original determination (CP-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resource Conservation Service (NRCS)

This form is available electronically.							
CRP-1 U.S. DEPARTMENT OF AGRICUL	TURE	II CT	2 CO CODE 8 4514		Page 1 of 1		
(10-22-15) Commodity Credit Corporation			ST. & CO CODE & ADMIN. LOCATION		2. SIGN-UP NUMBER		
7A. COUNTY OFFICE ADDRESS (Include Zip Code) 611 BETW. CTRIPTER 611 BETW. CTRIPTER 612 BETW. CTRIPTER 613 BETW. CTRIPTER 614 BETW. CTRIPTER 615 BETW. CTRIPTER 615 BETW. CTRIPTER 616 BETW. CTRIPTER 617 BETW. CTRIPTER 618 BETW. CTRIPTER 619 BETW. CTRIPTER 611 BE		OT.	19 067		52		
		3. CON	3. CONTRACT NUMBER		4. ACRES FOR ENROLLMENT		
			12173			6.80	
611 BECK STREET		5. FAR	5. FARM NUMBER		6. TRACT NUMBER(S)		
CHARLES CITY, IA 50616-3799			0007745		0002094		
		8. OFFE	R (Select one)		CONTRACT	PERIOD To:	
7B. TELEPHONE NUMBER (Include Area Code): (641) 22	28-4055	FARRON	EARLO CONTRACTOR OF THE CONTRA		(MM-DD-YYYY) (MM-DD-YYYY)		
THIS CONTRACT is entered into between the Commodity Cre Participent*.) The Participant agrees to place the designated a period from the date the Contract is executed by the CCC. The such acreege and approved by the CCC and the Participant. A Contract, including the Appendix to this Contract, entitled Apperaicipant acknowledges that a copy of the Appendix for the a damages in an amount specified in the Appendix if the Participant contained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and 10A. Rental Rate Per Acre	dit Corporation (referring dit Corporation (referring dit Consel et al.) agree Additionally, the Participality to CRP-1, Conselpplicable sign-up perionally withdraws prior to and any addendum the fany addendum the any addendum the conselpplicable and withdraws prior to and any addendum the fany addendum the conselpplicable and any addendum the conselpplicable and conselppl	ed to as "CCC") and arvation Reserve Pro les to implement on signant and CCC agree tration Reserve Pro od has been provided CCC acceptance or bereto. BY SIGNING eto; CRP-2; CRP-2;	the undersigned owner gram ("CRP") or other such designated acrea to comply with the telegram Contract (referred to such person. Sucrejection. The terms is THIS CONTRACT P.C. or CRP-2G.	rs, operator use set by ge the Conms and condition of the	rece for the saservation Plan notitions conta opendix"). By sales to pendix of this contact the same of this contact this	supulated contract in developed for ined in this signing below, the	
10B. Annual Contract Payment \$1,421		1	(See Page 2 for a	dditional	THE RESERVE AND PERSONS ASSESSED.		
10C. First Year Payment \$	A. Tract No.	B. Fleld No.	C. Practice No.	-	10100	E. Total Estimated Cost-Share	
(item 10C applicable only to continuous signup when	0002094		CP21	2.	80	\$ 512	
the first year payment is prorated.)	0002034	0005	CP21	4.	00	\$ 732	
12. PARTICIPANTS (If more than three individual) PARTICIPANT'S NAME AND ADDRESS OF	uale are clanine						
A(1) PARTICIPANT'S NAME AND ADDRESS (ZIP Code):	(2) SHARE	(3) SIGNAT	1 fram				
45446 LINK ST	1-7	(3) 3131441	URE		(4) DATE	(MM-DD-YYYY)	
LA PLATA, MO 63549-4012	100.	00%					
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	X DRB	X Del	(Delan R. Ber			8/30/19	
(Zip Code):	(2) SHARE	(3) SIGNAT	3) SIGNATURE		(4) DATE (MM-DD-YYYY)		
		%					
REDELLE		70					
C(1) PARTICIPANTS NAME AND ADDRESS (ZIp Code):	(2) SHARE	(3) SIGNATI) SIGNATURE		(4) DATE (MM-DD-YYYY)		
AUG 2.0 2019		(0,000					
700 2.0 2019		%					
3/CCC USEONIN WELLIN IX En							
3. CCC USEONLY A XI SIGNATURE OF CCC REPRESENTATIVE					B. DATE (MM-DD-YYYY)		
OTE: The following statement is goods to					9/26/19		
is 7 CFR Part 1410, the Commodity Credit Corporation Che of 2014 (Pub. L. 113-79). The information will be used to d Information collected on this form you have the	ivecy Act of 1974 (5 US erter Act (15 U.S.C. 714	C 5528 - 88 amended)	. The authority for requ	esting the in	oformation Han	UB-dUl-F	
Information collected on this form may be disclosed to othe authorized access to the information by statute or regulation Farm Records File (Automated). Providing the requested in Ineligibility to participate in and receive benefits under the Co	letermine eligibility to pa r Federal, State, Local ç n and/or as described in nformation is voluntary. Conservation Reserve P	articipate in and receivi government agencies, n applicable Routine U However, faillure to fu rogram.	e benefits under the Co Tribel agencies, and no ses identified in the Sys rnish the requested info	nservation Fingovernmented of Recommented will	et seq.), and the Reserve Progra Intel entities the Ords Notice for Tesuit in a dete	e Agricultural Act m. The It have been USDA/FSA-2, ormination of	
This information collection is exampled from the Paperwork provisions of appropriate criminal and civil fraud, privacy, so COUNTY FSA OFFICE.			Act of 2014 (Pub. L. 11	3-79, Title i	, Subtitle F, Ad	ministration). The	
sability, sex, gender Identity, religion, reprisal, and where applicable, come is derived from any public assistance program, or protected get onlibited beses will apply to all programs endor employment activities ternative means of communication for program information (e.g., Brail dividuals who are deaf, hard of hearing, or have speech disabilities at 00) 877-8339 or (800) 845-6136 (in Spanish).	netic information in emp L) Persons with disabili	loyment or in any prog	TRM or activity conduct	ed or funded	d by the Depart	ment. (Not eil	
you wish to file a Civil Rights program complaint of discrimination, cor tp://www.ascr.usda.gov/complaint_filing_cust.html, or at any USI quested in the form. Sand your complated complaint form or letter by ashington, D.C. 20250-9410, by fax (202) 690-7442 or email at progr	mplete the USDA Progra DA office, or cell (866) 6	am Discrimination Con 32-9992 to request the	npisint Form, found only	ne at			
Original – County Office Copy		vner's Copy			Operator's	Сору	