This form is available electronically.					W.	
CRP-1 U.S. DEPARTMENT OF AGRICUI (10-22-15) Commodity Credit Corporation	TURE	1. ST. & CO CODE & ADMIN.		. 2. SIGI	Page 1 of 2. SIGN-UP NUMBER	
Sumodity Cledit Corporation	on	LOCA	LOCATION		Z. OICH-OF NOWBER	
		1	19 023		50	
CONSERVATION RESERVE PROGI	RAM CONTRACT	r			1	
		3. CONT	RACT NUMBER 12155A	4. ACR	ES FOR ENROLLMEN	
7A. COUNTY OFFICE ADDRESS (Include Zip Code)				- 1	4. 04	
BUTLER COUNTY FARM SERVICE AGENCY		5. FARM NUMBER		6. TRA	6. TRACT NUMBER(S)	
310 ALLAN ST	321(01	4		2324		
ALLISON, IA 50602-7774		9 0555	2 10			
-2		GENERAL	R (Select one)	9. CON	TRACT PERIOD	
B. TELEPHONE NUMBER (Include Area Code): (319) 2	67-2777	77		(MM-DD-Y	YYY) (MM-DD-YYYY)	
HIS CONTRACT is entered into between the Contract	adit Corneration to t	ENVIRONMENTAL PRIORIT		10-01	00 30 20.	
uch acreage and approved by the CCC and the Participant. Contract, including the Appendix to this Contract, entitled Applanticipant acknowledges that a copy of the Appendix for the lamages in an amount specified in the Appendix if the Participant acknowledges. Contract the Participant and the CRP-1 Appendix and FTHE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and FTHE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and CRP-1; CRP-1; CRP-1 Appendix and CRP-1; CRP-1; CRP-1 Appendix and CRP-1; CRP-1; CRP-1; CRP-1 Appendix and CRP-1; C	he Participant also agrees Additionally, the Participa endix to CRP-1, Conserv applicable sign-up period pant withdraws prior to C	s to implement on su ant and CCC agree ration Reserve Progi has been provided CC acceptance or re	ich designated acreag to comply with the term ram Contract (referred to such person. Such piection. The terms a	ne the Conserva ns and condition to as "Append	for the stipulated contra- ation Plan developed for ns contained in this ix"). By signing below, th	
DA. Rental Rate Per Acre \$300.00						
OB. Annual Contract Payment \$1,212	A. Tract No.		(See Page 2 for ac	dditional spac		
DC. First Year Payment \$		B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	
iom 10C applicable and 1	2324	0006	CP21	1.42	\$ 260	
em 10C applicable only to continuous signup when e first year payment is prorated.)	2324	0007	CP21	2.62	\$ 479	
2. PARTICIPANTS (If more than three individ						
2 TOWER PARK DR TERLOO, IA 50701-9002) PARTICIPANT'S NAME AND ADDRESS (Zip Code):) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNATU	(3) SIGNATURE (3) SIGNATURE		(4) DATE (MM-DD-YYYY) (4) DATE (MM-DD-YYYY)	
A. SIGNATURE OF CO	C REPRESENTATIV	VE .		В.	DATE (MM-DD-YYYY)	
TE: The following statement is made in accordance with the F is 7 CFR Part 1410, the Commodity Credit Corporation C of 2014 (Pub. L. 113-79). The information will be used to information collected on this form may be disclosed to oth authorized access to the information by statute or regulating Farm Records File (Automated). Providing the requested ineligibility to participate in and receive benefits under the This information collection is exempted from the Paperwo provisions of appropriate criminal and civil fraud, privacy, COUNTY FSA OFFICE. U.S. Department of Agriculture (USDA) prohibits discrimination ability, sex, gender identity, religion, reprisal, and where applicables.	determine eligibility to partier Federal, State, Local go ien Fadoral sa described in a information is voluntary. In Conservation Reserve Pro- rk Reduction Act as specificand other statutes may be and other statutes may be	ticipate in and receive overnment agencies, applicable Routine Us dowever, failure to fur agram. ed in the Agricultural applicable to the infor	benefits under the Con Fribal agencies, and not es identified in the Syst nish the requested infor Act of 2014 (Pub. L. 11: mation provided. RETU	servation Reser- ngovernmental e em of Records I mation will resul 3-79, Title I, Sub JRN THIS COM	q.), and the Agricultural Act ve Program. The nitities that have been Notice for USDA/FSA-2, It in a determination of title F, Administration). The PLETED FORM TO YOUR	
bited bases will apply to all programs and/or employment activities native means of communication for program information (e.g., Briduals who are deaf, hard of hearing, or have speech disabilities 877-8339 or (800) 845-6136 (in Spanish). I wish to file a Civil Rights program complaint of discrimination, or with the file of the communication	enetic information in emplo employees persons with disabilition aille, large print, audiotape, and wish to file either an E. complete the USDA Program SDA office, or call (866) 63	oyment or in any progres, who wish to file a .etc.) please contact EO or program complete or program to the complete or program or	ram or activity conducte program complaint, writ USDA's TARGET Centual laint, please contact US plaint Form, found onlin form. You may also with form. You may also with form.	andir, or all or pa d or funded by to e to the address er at (202) 720-2 DA through the in the at	art of an individual's he Department. (Not all helow or if you require 1600 (voice and TDD). Federal Relay Service at	
ested in the form. Send your completed complaint form or letter beington, D.C. 20250-9410, by fex (202) 690-7442 or email at projection. Original — County Office Copy	gram.intake@usda.gov.	USDA is an equal opp	or, Office of Adjudication portunity provider and el	n, 1400 independ mployer.	tence Avenue, S.W.,	
o I sain, olioc copy	L Ow	ner's Copy		Ope	erator's Copy	