

CRP-1 (01-23-26) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. ST. & CO. CODE & ADMIN. LOCATION 19 065</td> <td style="width: 50%;">2. SIGN-UP NUMBER 48</td> </tr> <tr> <td>3. CONTRACT NUMBER 11652A</td> <td>4. ACRES FOR ENROLLMENT 1.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) FAYETTE COUNTY FARM SERVICE AGENCY 120 NORTH INDUSTRIAL PKWY WEST UNION, IA52175-1612</td> <td style="width: 50%;">6. TRACT NUMBER 1600</td> </tr> <tr> <td></td> <td>7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 04-01-2016 TO: (MM-DD-YYYY) 09-30-2030</td> </tr> <tr> <td colspan="2">8. SIGNUP TYPE: Continuous</td> </tr> </table>	1. ST. & CO. CODE & ADMIN. LOCATION 19 065	2. SIGN-UP NUMBER 48	3. CONTRACT NUMBER 11652A	4. ACRES FOR ENROLLMENT 1.67	5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) FAYETTE COUNTY FARM SERVICE AGENCY 120 NORTH INDUSTRIAL PKWY WEST UNION, IA52175-1612	6. TRACT NUMBER 1600		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 04-01-2016 TO: (MM-DD-YYYY) 09-30-2030	8. SIGNUP TYPE: Continuous	
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8. SIGNUP TYPE: Continuous											
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (563) 422-5770											
INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.											
<i>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.</i>											
9A. Rental Rate Per Acre \$ 393.20	10. Identification of CRP Land (See Page 2 for additional space)										
9B. Annual Contract Payment \$ 657.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">A. Tract No.</td> <td style="width: 16.6%;">B. Field No.</td> <td style="width: 16.6%;">C. Practice No.</td> <td style="width: 16.6%;">D. Acres</td> <td style="width: 33.3%;">E. Total Estimated Cost-Share</td> </tr> <tr> <td>1600</td> <td>2</td> <td>CP5A</td> <td>1.67</td> <td>\$ 501.00</td> </tr> </table>	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	1600	2	CP5A	1.67	\$ 501.00
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1600	2	CP5A	1.67	\$ 501.00							
9C. First Year Payment \$											
(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) CRESTVIEW FAMILY FARMS LLC 1203 PARK AVE WAVERLY, IA50677-1022	(2) SHARE 100.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)							
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)							
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), Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Pub. L. 119-37), 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 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. Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1).											

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