			person for Establish Walnester on American so and an area	Page 1 of 1
CRP-1	U.S. DEPARTMENT OF AGRICULTURE	1. ST. & CO. CODE &	ADMIN. LOCATION	2. SIGN-UP
(07-06-20)	Commodity Credit Corporation	17	121	NUMBER 48
		CONTRACT NUMB	ER	4. ACRES FOR
CONSI	ERVATION RESERVE PROGRAM CONTRACT	11	.215	ENROLLMENT 37.90
5A. COUNTY	FSA OFFICE ADDRESS (Include Zip Code)	6. TRACT NUMBER	7. CONTRACT PERIOD	
	TY FARM SERVICE AGENCY	2869	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
	550 EAST MAIN ST		10-01-2016	09-30-2031
SALEM, IL62	881-0000			9 48 9 7
		8. SIGNUP TYPE:		
	FSA OFFICE PHONE NUMBER rea Code): (618)548-2230 x2	Continuous		
(referred to as CCC for the str acreage the Co comply with th Program Contr	CT is entered into between the Commodity Credit Corporation (referrence of the Participant".) The Participant agrees to place the designated acceptanted contract period from the date the Contract is executed by the conservation Plan developed for such acreage and approved by the Content and conditions contained in this Contract, including the Approact (referred to as "Appendix"). By signing below, the Participant acceptanted in this contract are contained in this contract are contained.	reage into the Conservation CCC. The Participant also C and the Participant. Add endix to this Contract, entitl knowledges receipt of a cop	Reserve Program ("CRP" agrees to implement on sitionally, the Participant are ed Appendix to CRP-1, Co by of the Appendix/Append	or other use set by uch designated od CCC agree to onservation Reserve lices for the

addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable. 10. Identification of CRP Land (See Page 2 for additional space) 9A. Rental Rate Per Acre \$211.95 E Total Estimated \$8,033.00 C. Practice No. D. Acres 9B. Annual Contract Payment A. Tract No B. Field No. Cost-Share 9C. First Year Payment \$ 2869 CP22 37.90 \$ 8,338.00 (Item 9C is applicable only when the first year payment is prorated.)

thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any

11	PARTICIPANTS	(If more than thre	e individuals are	e sianina, see Page 3
11.	PARTICIPANTS	ur more than thre	e individuais are	e sianina, see Pade .

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LANSING, KS66043-2201	(2) SHARE	(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. SIGNA	TURE OF CCC REI	PRESENTATIVE	1	B. DATE (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 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) and 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). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

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CRP-1	U.S. DEPARTMENT OF AGRICULTURE	E	1. ST. & CO	O. CODE & A	ADMIN, LOCATION	1	2. SIGN-UP
(07-06-20)	Commodity Credit Corporation			17	121		NUMBER 54
			3. CONTRA	ACT NUMBE	R		4. ACRES FOR
CONSE	RVATION RESERVE PROGRAM	I CONTRACT		11	665		ENROLLMENT 6.15
5A. COUNTY F	SA OFFICE ADDRESS (Include Zip Code)		6. TRACT	NUMBER	7. CONTRACT PE	RIOD	
THERETORY COCKIE	Y FARM SERVICE AGENCY		28	60	FROM: (MM-DD-YY	YY)	TO: (MM-DD-YYYY)
1550 EAST MAI SALEM, IL628	The state of the s		20	0.9	10-01-2020)	09-30-2030
			8. SIGNUP	TYPE:			
	SA OFFICE PHONE NUMBER Code): (618)548-2230 x2	9	General		920	12	
(referred to as "I CCC for the stip acreage the Con comply with the Program Contra applicable contr thereto. BY SIG	T is entered into between the Commodity Creative Participant".) The Participant agrees to plaulated contract period from the date the Contributed Contract period from the date the Contributerial Plan developed for such acreage and conditions contained in this Contract (referred to as "Appendix"). By signing beliact period. The terms and conditions of this contract This CONTRACT PARTICIPANTS ACKNOTO, and, CRP-2, CRP-2C, CRP-2G, or CRP-2C3	ace the designated a ract is executed by to not approved by the C act, including the Ap ow, the Participant a contract are contains OWLEDGE RECEIP	ncreage into the Co he CCC. The Partic CCC and the Partic pendix to this Con acknowledges rece ed in this Form CR	onservation in icipant also a sipant. Addit stract, entitle eipt of a copy P-1 and in the instraction in instraction in the instraction in	Reserve Program (" grees to implement ionally, the Particip d Appendix to CRP of the Appendix/A ne CRP-1 Appendix	CRP") (t on suc ant and -1, Con: ppendic and any	or other use set by th designated I CCC agree to servation Reserve tes for the addendum
9A. Rental Rate	Per Acre \$ 110.00	10. Identificatio	n of CRP Land (See Page	2 for additional sp	ace)	
9B. Annual Con	tract Payment \$ 677.00	A. Tract No.	B. Field No.	C. Practice	No. D. Acre	:S	E. Total Estimated Cost-Share

DADTICIDANTS (If were then three individuals are signing see Dage 2)

\$

(Item 9C is applicable only when the first year payment is

9C. First Year Payment

prorated.)

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LANSING, KS66043-2201	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
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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. SIGNAT	TURE OF CCC REI	PRESENTATIVE		B. DATE (MM-DD-YYYY)

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