(10-22-15)	This form is available electronically. CRP-1 U.S. DEPARTMENT OF AGRICULTURE					1. ST. & CO CODE & ADMIN.			2. SIGI	N-UP NL	Page 1 IMBER	
						LOCATION 19 039			Z. GON-OF NONDER			
									41			
CONSERVATION RESERVE PROGRAM CONTRACT						3. CONTRACT NUMBER ·10006A			4. ACRES FOR ENROLLME 27.26			
7A. COUNTY OFFICE ADDRESS (Include Zip Code) CLARKE - DECATUR COUNTY FARM SERVICE						5. FARM NUMBER 284			6. TRACT NUMBER(S) 1608			
AGENCY				-			201					
709 FURNAS DR SUITE 2										TRACT	PERIOD	
OSCEOLA, IA 50213-9688						GENERAL			FROM: (MM-DD-		TO: (MM-DD-YYY	
7B. TELEPHONE NUMBER (Include Area Code): (641) 342-2162						ENVIRONM	ENTAL PRIORITY		10-01	L-2011	09-30-	
period from to such acreage Contract, inco Participant ac damages in a contained in	the date the Contract is e e and approved by the C luding the Appendix to the discovered that a copy an amount specified in the on this Form CRP-1 and	s to place the designated acre executed by the CCC. The Po CCC and the Participant. Add his Contract, entitled Appendi y of the Appendix for the appl he Appendix if the Participant in the CRP-1 Appendix and	Participant all ditionally, the lix to CRP-1 licable sign- t withdraws d anv adder	so agrees Participal Conserva up period prior to CC	to impl nt and ation Re has be CC acce reto. B	lement on su CCC agree t eserve Progr en provided t eptance or re Y SIGNING	ch designated acre o comply with the te am Contract (referr o such person. Su jection. The terms THIS CONTRACT	age the erms ar ed to a ch pers and c	Conserted Conditions Condition Condition Condition	vation Plations contaidix"). By agrees to so of this	in developed ained in this signing belov pay such liqu contract are	
		P-1; CRP-1 Appendix and a \$ 150.07					See Page 2 for	additi	onal sp	ace)		
10B. Annua	B. Annual Contract Payment \$4,091		· I			. Field No. C. Practice No.			D. Acres		E. Total Estin Cost-Sha	
	/ear Payment	\$	16	508		0001	CP1	+	6.00	,	\$ 234	
(Item 100 -	pplicable only to contin	wous signun when	16	08	(0002	CP1	_	7.64	:	\$ 298	
	pplicable only to contin r payment is prorated.)		16	08	(0004	CP1		10.1	5	\$ 396	
12. PAR	TICIPANTS (If mo	re than three individua		<u></u> j			<u> </u>				,	
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): HAROLD KENTNER-HAROLD E KENTNER AND			(2) SHARE			(3) SIGNATURE			(4) DATE (MM-DD-YY			
DORIS L 116 N DI OSCEOLA		6		100.0	0%							
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):			(2) SHARE			(3) SIGNATURE				(4) DATE (MM-DD-Y)		
			· .		%							
				_				•				
C(1) PARTI	CIPANT'S NAME AND	DADDRESS (Zip Code):	(2) SHARE	Ξ.		(3) SIGNAT	URE			(4) DA1 	ΓΕ <i>(MM-DD</i> -Y	
					%							
13. CCC (JSE ONLY A	SIGNATURE OF CCC	REPRES	SENTAT	IVE					B. DA	TE (MM-DD-Y	
							•					
is of inf au Fa	7 CFR Part 1410, the Con 2014 (Pub. L. 113-79). The formation collected on this uthorized access to the info arm Records File (Automat	nade in accordance with the Pri nmodity Credit Corporation Cha he information will be used to de form may be disclosed to othe ormation by statute or regulatio ted). Providing the requested in and receive benefits under the C	arter Act (15 determine elig er Federal, St en and/or as c information is	U.S.C. 714 gibility to pa ate, Local of described in a voluntary.	i et seq articipat governn n applic Howe	.), the Food S e in and recei nent agencies able Routine ver, failure to	ecurity Act of 1985 (we benefits under the r, Tribal agencies, an Uses identified in the	16 U.S. Conse d nong Systen	C. 3801 e rvation Re overnmen n of Reco	t seq.), an eserve Pro tal entities rds Notice	d the Agricultu ogram. The s that have bee for USDA/FSA	
	ovisions of appropriate crii OUNTY FSA OFFICE.	s exempted from the Paperwork minal and civil fraud, privacy, a SDA) prohibits discrimination ag	nd other stat	utes may b	e applic	cable to the in	formation provided.	RETUR	RN THIS C	OMPLET	ED FORM TO	

This form is available electronically.							Page 1 of 1				
CRP-1 U.S. DEPARTMENT OF AGRICULTU (10-22-15) Commodity Credit Corporation		1. ST. & CO CODE & ADMIN. LOCATION			2. SIGN-UP NUMBER						
		19 039			44						
CONSERVATION RESERVE PROGRA	3. CONTR	3. CONTRACT NUMBER 10191A			4. ACRES FOR ENROLLMENT 1.39						
7A. COUNTY OFFICE ADDRESS (Include Zip Code) CLARKE - DECATUR COUNTY FARM S AGENCY	SERVICI	Ξ.	5. FARM I	5. FARM NUMBER 284			6. TRACT NUMBER(S) 1608				
709 FURNAS DR SUITE 2	8. OFFER	(Select one)	ONTRAC	ONTRACT PERIOD							
OSCEOLA, IA 50213-9688			GENERAL	GENERAL		FROM: TO: (MM-DD-YYYY) (MM-DD-Y					
7B. TELEPHONE NUMBER (Include Area Code): (641) 342	-2162	.62 ENVIRONMENTAL		ENTAL PRIORITY	/ 10	-01-2013	09-30-2028				
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 \$ 257.23	11. Identification of		of CRP Land	(See Page 2 for a	additional space,		<u> </u>				
10B. Annual Contract Payment \$358	A. Tract No.		B. Field No.	C. Practice No.	D. A	cres	E. Total Estimated Cost-Share				
10C. First Year Payment \$	16	808	0005	CP31	1.	39	\$ 417				
(Item 10C applicable only to continuous signup when the first year payment is prorated.)											
12. PARTICIPANTS (If more than three individu	ıals ara si	anina sa	o Page 31	<u> </u>	1	<u> </u>					
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): HAROLD KENTNER-HAROLD E KENTNER AND DORIS L KENTNE 116 N DEWEY ST OSCEOLA, IA 50213-1336 B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	100.00%		(3) SIGNATI	(3) SIGNATURE (3) SIGNATURE			(4) DATE (MM-DD-YYYY) (4) DATE (MM-DD-YYYY)				
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): 13. CCC USE ONLY A SIGNATURE OF CC	(2) SHARE	. (%	(3) SIGNATURE			(4) DATE (MM-DD-YYYY) 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 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, 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 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.											
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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	ner's Copy	r's Copy			Operator's Copy						