|  | This form is available electronically   |   |  |  |   |  |  |  |  |
|--|---|---|--|--|---|--|--|--|--|
| CONSERVATION RESERVE PROCEAM CONTRACT     CONSERVATION RESERVE PROCEAM CONTRACT     CONSERVATION RESERVED PROCEAM CONTRACT     CONTRACT Provide and provide and provide and provide of the first reserve and provide and pro  | CRP-1 U.S.  | DEPARTMENT OF AGRICULTU   | JRE  |  |   |  | 2 SIGN-L   | IP NUMBER  |  |
| Siduals of where a character and set of the second reacter and set of 1987. The second reacter and reacter  | CONSERVATION R  | ESERVE PROGRAM  |  |  | 2900  | 03   |  |  |  |
| and exercise         30 60           Column of characterized of states and exercise and exercise measure and exercise measure and exercise to any state and exercise and exercise and exercise to any state and exercise and exercis and exercise and exercise and exercis and exercise and e   |   |   |  |  | 3 CON   | TRACT NUMBER   | 4 ACRES  | FOR ENROLLMENT   |  |
| COUNTY OFFICE ADDRESS       (Include 2p Code)         ADDREW COUNTY EARN USERVICE AGENCY       5. FACK IN NUMBER       (Include 2p Code)         BY US KIGHANAY TI       5. CONTRACT PERIOD       (Include 2p Code)         SAVANAY, IND 64185       (Include 2p) Code       (Include 2p) Code         ELEMPONE NUMBER       (Include 2p) Code       (Include 2p) Code         Microsoft Statistics       (Include 2p) Code       (Include 2p) Code       (Include 2p) Code         Microsoft Statistics       (Include 2p) Code       (Include 2p) Code       (Include 2p) Code       (Include 2p) Code         Microsoft Statistics       (Include 2p) Code         Microsoft Statistics       (Include 2p) Code       (Include 2p) Co  | me required to complete this information co<br>me for reviewing instructions, searching exi   | ites per response; including the  |  | HUMT   |   | 30 60  |  |  |  |
| ANDER DO COMMENSENCE AGENCY<br>IS VLS K-CHAPAR-T T<br>SAVANAL, NO C4485<br>ELEPHONE NUMBER Include Area Cool. (#16)324-3198<br>ELEPHONE NUMBER Include Area Cool. (#16)33<br>Area Cool. (#16)33<br>Area Cool. (#16)33<br>Area Cool. (#16)33<br>Area Cool. (#16)<br>ELEPHONE NUMBER<br>NA<br>ELEPHONE NUMBER<br>NA<br>A Fract No. (#16) Field No. (C. Practice No. (*16) Area (*16)34<br>ELEPHONE NUMBER<br>NA<br>ELEPHONE NUMBER<br>NA<br>ELEPHON |   |   |  |  |   | 6 TRACT  | 6 TRACT NUMBER(S)  |  |  |
| SAVANNAH, MO 64485           ELEPHONE NUMBER         (Include Area Code)         (III) (324-3196         To MANDON'NY TO MANDONE NAMES (III) (III) (III) (III) (III) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIIII) (IIIII) (IIIII) (IIIII) (IIIII) (IIIIII) (IIIIII) (IIIIII) (IIIIII) (IIIIII) (IIIIIII) (IIIIIII) (IIIIIII) (IIIIIIII  | ANDREW COUNTY FARM SERV   | ICE AGENCY  |  |  | 0002708   |  | 00103  | 0010353  |  |
| Clicker Andle         Clicker  |   |   |  |  | 8 OFFE  | R (Selectione)   |  |  |  |
| ELEPENDLE NUMBER         Result Additional         Result Additional <thresult additional<="" th="">         Result Additional</thresult>  | SAVANNAH, MO 64485  |   | 3.94   | ecno la  | GENERA  | ι <b>μ</b>   |  |  |  |
| Immedit ora: The Participant's provided and the contract is exceeded by CCC of the Participant's and an exceeded for such accesses the contract is exceeded by CCC of the Participant's and and CC agree to inspire outperformed to a such accesses the contract is exceeded by the CCC and the Participant's agrees to implement on such designated and exceeded to such accesses the contract is exceeded by the CCC and the Participant's agrees to implement on such designated and exceeded to such accesses the contract is exceeded by the CCC and the Participant's and and CCC agrees to contract designated or such accesses the contract is exceeded by the CCC and the Participant's and and CCC agrees to contract designated or such accesses the contract is exceeded on the Agreeded in the Participant's and any addendum thereto, CRP-2 or CRP-2 c, plineable; and it is contract are continued on the Agreeded in the Participant's and any addendum thereto. BY SIGNIKO TH'S SNFRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1, CRP-1 Agreendix and any addendum thereto. BY SIGNIKO TH'S SNFRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1, CRP-1 Agreendix and any addendum thereto. BY SIGNIKO TH'S SNFRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1, CRP-1 Agreendix and any addendum thereto, CRP-2 or CRP-2 c, plineable; and, if applicable, cnP+15.           A. Rental Rale Per Acre         \$174.83         11. Identification of CRP Land         E roal Ediminated Cost. Share           C. First Year Payment         \$350         001         CP22         1.80         \$0.00           PARTICIPANTS NAME AND ADDRESS         (2/p Code)         (2) SHARE         (3) SOCIAL SECURITY NUMBER:         DATE (MM DD YYY)           NA         (2) SHARE         (3) SOCIA   | ELEPHONE NUMBER (Include A  | rea Code) (816)324-   | 3196   |  | ENVIRONI  | MENTAL PRIORITY  | 2 1 - 1 -  | 1 1-1 2  |  |
| ONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: GRP-1, CRP-1 Appendix and any addendum thereto, CRP-2 or graphicable; and, if applicable, CRP-15.         DA. Rental Rate Per Acre       \$174.83         DA. Rental Rate Per Acre       \$174.83         B. Annual Contract Payment       \$5350         C. First Year Payment       0010353         DOI C222       1.80       \$0.00         Ittem 10C applicable only to continuous signup when he first year payment is prorated.)       0010353       0002       CP22       28.80       \$0.00         2. PARTICIPANTS       A Tract No.       Ittem 10C applicable only to continuous signup when he first year payment is prorated.)       0010353       0002       CP22       28.80       \$0.00         3. PARTICIPANTS       A PARTICIPANTS NAME AND ADDRESS (2/p Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       Interminant were andrubus are sping, contained on attached at the sping, contained on attached  | element to as "the Participant"). The Part<br>lipulated contract period from the date<br>lan developed for such acreage and ap<br>ontained in this Contract, including the<br>igning below, the Participant acknowled   | dicipant agrees to place the desi<br>the contract is executed by the C<br>oproved by the CCC and the Par<br>Appendix to this Contract, ontille<br>dges that a copy of the Appendix  | gnated acreage<br>CCC. The Partic<br>dicipant. Addition<br>ad Appendix to (<br>for the applicat                                      | into the Con<br>ipant also ag<br>nally the Par<br>CRP-1, Cons<br>ble sign-up p                   | servation<br>rees to im<br>ticipant ar<br>ervation R<br>eriod has t             | Reserve Program<br>plement on such d<br>ad CCC agree to co<br>leserve Program C<br>been provided to su                               | ("CRP") or othe<br>esignated acre-<br>omply with term<br>ontract (referre<br>uch person: Su                            | r use set by CCC for th<br>age the Conservation<br>is and conditions<br>d to as "Appendix"), By  |  |
| A. Tract No. B. Field No. C. Practice No. D. Acres E. Total Estimated<br>B. Annual Contract Payment S5350<br>C. First Year Payment 0010353 0001 CP22 1.80 \$0.00<br>Item 10C applicable only to continuous signup when<br>he first year payment is prorated.)<br>PARTICIPANTS NAME AND ADDRESS (Zip Code):<br>PARTICIPANTS NAME AND ADDRESS (Zip Code):<br>(2) SHARE (3) SOCIAL SECURITY NUMBER<br>N/A<br>PARTICIPANTS NAME AND ADDRESS (Zip Code):<br>(2) SHARE (3) SOCIAL SECURITY NUMBER<br>N/A<br>PARTICIPANTS NAME AND ADDRESS (Zip Code):<br>(2) SHARE (3) SOCIAL SECURITY NUMBER<br>N/A<br>C. First Year payment is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Pagework Reduction Act of 1995, as amended. The authority<br>for requesting the following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Pagework Reduction Act of 1995, as amended. The authority<br>for cequesting the following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Pagework Reduction Act of 1995, as amended. The authority<br>for cequesting the following informations is the Food Security Act of 1974 (5 USC 552a) and the Pagework Reduction Act of 1995, as amended. The authority<br>for cequesting the following informations is the Food Security Act of 1974 (5 USC 552a) and the Pagework Reduction Act of 1995, as amended. The authority<br>for cequesting the following informations is the Food Security Act of 1974 (5 USC 552a) and the Pagework Reduction Act of 1995, as amended. The authority<br>for cequesting the following information is the Food Security Act of 1974 (5 USC 552a) and the Pagework Reduction Act of 1995, as amended. The authority<br>for cequesting the following information is the Food Security Act of 1974 (5 USC 552a) and the Pagework Reduction Act of 1995, as amended. The authority<br>for cequesting the following information is the Food Security Act of 1974 (5 USC 552a) and the Pagework Reduction Act of 1995, as amended. The authority<br>for cequesting the following information is the Food Security Act of 1974 (5 US  | ONTRACT PRODUCERS ACKNOWL   | EDGE RECEIPT OF THE FOLL  |  |  |   |  |  |  |  |
| B. Annual Contract Payment       \$5350       Cost-Share       Cost-Share         C. First Year Payment       0010353       0001       CP22       1.80       \$0.00         Item 10C applicable only to continuous signup when he first year payment is prorated.)       0010353       0002       CP22       28.80       \$000         PARTICIPANTS       A PARTICIPANTS NAME AND ADDRESS       (2) Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER       DATE (MM-00-YYY)         1       Image: State and Page State State Page Page State And Page State Page State And Page Sta  | )A. Rental Rate Per Acre  | \$174.83  | 11. Identifi   | ication of C   | RP Lan  | d (See   | Page 2 for ad  | ditional space)  |  |
| C. First Year Payment       0010353       0001       CP22       1.80       \$0.00         Ittem 10C applicable only to continuous signup when the first year payment is prorated.)       0010353       0002       CP22       28.80       \$0.00         2. PARTICIPANTS       A PARTICIPANTS NAME AND ADDRESS (2/p Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       DATE (MM-DD-YYY)         B PARTICIPANT'S NAME AND ADDRESS (2/p Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       DATE (MM-DD-YYY)         N/A       (3) SOCIAL SECURITY NUMBER:       (4) SIGNATURE       DATE (MM-DD-YYY)         I'may finantive individuals are signing, continue on attachment i       (4) SIGNATURE       DATE (MM-DD YYY)         I'may finantive individuals are signing, continue on attachment i       (4) SIGNATURE       DATE (MM-DD YYY)         I'may finantive individuals are signing, continue on attachment i       (4) SIGNATURE       DATE (MM-DD YYY)         I'may finantive individuals are signing, continue on attachment i       (4) SIGNATURE       DATE (MM-DD YYY)         I'may finantive individuals are signing, continue on attachment i       (4) SIGNATURE       DATE (MM-DD YYY)         I'may finantive individuals are signing, continue on attachment i       (4) SIGNATURE       DATE (MM-DD YYY)         I'may finantive individuals are signing, continue on attachment i       (4) SIGNATURE       DATE (MM DD YYY)   | B. Annual Contract Payment  | \$ 5350   | A.Tract No   | b. B. Fiel   | d No. 0   | C. Practice No.  | D. Acres   |  |  |
| Item TUC applicable only to continuous signup when         he first year payment is prorated.)         2. PARTICIPANTS         A PARTICIPANTS NAME AND ADDRESS (Zip Code):         (2) SHARE         (3) SOCIAL SECURITY NUMBER         (4) SIGNATURE         (2) SHARE         (3) SOCIAL SECURITY NUMBER:         (4) SIGNATURE         (5) SOCIAL SECURITY NUMBER:         (6) NAME AND ADDRESS (Zip Code):         (7) PARTICIPANT'S NAME AND ADDRESS (Zip Code):         (2) SHARE         (3) SOCIAL SECURITY NUMBER:         (4) SIGNATURE         (7) MA         (2) SHARE         (3) SOCIAL SECURITY NUMBER:         (4) SIGNATURE         (5) SOCIAL SECURITY NUMBER:         (6) SIGNATURE         (7) CC USE ONLY -         Payments according         (7) CC USE ONLY -         (7) Payments according         (2) CC USE ONLY -         (7) Payments according         (2) CC USE ON  | -   |   | 0010353  | 0001   | 1   | CP22   | 1.80   | \$0.00   |  |
| PARTICIPANT'S NAME AND ADDRESS ( <i>Zip Code</i> ):     (2) SHARE     100.00%     (3) SOCIAL SECURITY NUMBER:     (4) SIGNATURE     (5) SOCIAL SECURITY NUMBER:     (7) The prime transition on attachment i (1)     (7) PARTICIPANT'S NAME AND ADDRESS ( <i>Zip Code</i> ):     (2) SHARE     (3) SOCIAL SECURITY NUMBER:     (4) SIGNATURE     (3) SOCIAL SECURITY NUMBER:     (4) SIGNATURE     (5) SOCIAL SECURITY NUMBER:     (7) The prime transition on attachment i     (7) PARTICIPANT'S NAME AND ADDRESS ( <i>Zip Code</i> ):     (2) SHARE     (3) SOCIAL SECURITY NUMBER:     (4) SIGNATURE     (5) SOCIAL SECURITY NUMBER:     (7) The transition of the prime transition on attachment i     (7) Code     (7) The transition of the prime transition of the primate transition the prime transition of the primate transition tr   | (Item 10C applicable only to continuous signup when the first year payment is prorated.)  |   | 0010353  | 0002   |   | CP22   | 28.80  | \$0.00   |  |
| A PARTICIPANT'S NAME AND ADDRESS ( <i>Zip Code</i> ):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       DATE (NM-DD-YYYY)         100.00%       (4) SIGNATURE       (3) SOCIAL SECURITY NUMBER:       DATE (NM-DD-YYYY)         N/A       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       DATE (NM-DD-YYYY)         N/A       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       DATE (NM-DD-YYYY)         N/A       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       DATE (MM-DD YYYY)         N/A       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       DATE (MM-DD YYYY)         If more than three individuals are signing, continue on attachment J       (3) SOCIAL SECURITY NUMBER:       DATE (MM-DD YYYY)         If more than three individuals are signing, continue on attachment J       (3) SOCIAL SECURITY NUMBER:       DATE (MM-DD YYYY)         If more than three individuals are signing, continue on attachment J       (3) SOCIAL SECURITY NUMBER:       DATE (MM DD YYYY)         If more than three individuals are signing, continue on attachment J       (3) SOCIAL SECURITY NUMBER:       DATE (MM DD YYYY)         If more than three individuals are signing, continue on attachment J       (3) SOCIAL SECURITY NUMBER:       DATE (MM DD YYYY)         If more than three individuals are signing, continue on attachment J       (3) SOCIAL SECURITY NUMBER:       DATE (MM DD YYYY)         If the shares are approved       A SIGNATURE OF  |   |   |  |  |   |  |  |  |  |
| (a) SIGNA URE     (b) MARCH (B) SIGNA URE     (c) SHARE     (c) SHA  |   |   |  |  |   |  |  |  |  |
| 100.00%        | A PARTICIPANT'S NAME AND A  | DDRESS (Zip Code):  | (2) SHARE  | (3) SOCIA  | L SECU  | RITY NUMBER:   | C 1  | 20 A 1   |  |
| 100.00%        |   |   | (4) SIGN   |  | DATE (MM-DD-YYYY)   |  |  |  |  |
| 3       PARTICIPANT'S NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:         N/A       (4) SIGNATURE       DATE (MM-DD YYY)         If more line there individuals are signing, continue on attachment.)       (2) SHARE       (3) SOCIAL SECURITY NUMBER:         N/A       (4) SIGNATURE       DATE (MM-DD YYY)         If more line there individuals are signing, continue on attachment.)       (2) SHARE       (3) SOCIAL SECURITY NUMBER:         N/A       (4) SIGNATURE       DATE (MM-DD YYY)         if more line there individuals are signing, continue on attachment.)       (2) SHARE       (3) SOCIAL SECURITY NUMBER:         N/A       (4) SIGNATURE       DATE (MM-DD YYY)       (1) Image individuals are signing, continue on attachment.)         CCC USE ONLY -       Payments according       A SIGNATURE OF CCC REPRESENTATIVE       B. DATE (MM DD-YYY)         If more line for equalitions promulgated at TCFR Part 1410 and the Intermal Revenue code (26 USC 5109). The information requested information requested information and requested information or quested information or will result in determine the correct code (26 USC 6109). The information may be provided to other agencies. RR, Department of Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information may be provided.         RETURN THIS C   | a k   |   | 100,00%  | X 18   | X   | Charles continue   |  | 9-17-13  |  |
| N/A       9%       (4) SIGNATURE       DATE (MM-DD-YYYY)         PARTICIPANT'S NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:         N/A       9%       (4) SIGNATURE       DATE (MM-DD-YYYY)         If more than three individuals are signing, continue on attachment J       (3) SOCIAL SECURITY NUMBER:       DATE (MM-DD YYYY)         If more than three individuals are signing, continue on attachment J       (4) SIGNATURE       DATE (MM-DD YYYY)         if more than three individuals are signing, continue on attachment J       (4) SIGNATURE       DATE (MM-DD YYYY)         if more than three individuals are signing, continue on attachment J       (1) SIGNATURE       DATE (MM DD YYYY)         if the shares are approved.       (1) SIGNATURE       B. DATE (MM DD YYYY)         (1) D17171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revene code (28 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information may be provided to other agencies. RS. Department of Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable, sex matrif status, famed status, famed status, famed status, famed status, f  | PARTICIPANT'S NAME AND A  | DDRESS (Zip Code);  | (2) SHARE  |  | 1 1   | F  | on attacimient 7   | ( ) / / 9  |  |
| Yee       (If more than three individuals are signing, continue on atta:hment )         PARTICIPANT S NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:         N/A       (4) SIGNATURE       DATE (MM-DD YYYY)         indicates are signing, continue on atta:hment.)       (4) SIGNATURE       DATE (MM-DD YYYY)         indicates are signing, continue on atta:hment.)       (4) SIGNATURE       DATE (MM-DD YYYY)         it more than three individuals are signing, continue on atta:hment.)       (4) SIGNATURE       DATE (MM DD-YYYY)         it more than three individuals are signing, continue on atta:hment.)       (5) CCC USE ONLY -       Payments according       (6) DATE (MM DD-YYYY)         it to the shares are approved.       (1) The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub L 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub L 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested information is voluntary. Failure to furnish the requested information will result in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies. IRS. Department of justice, or other State  |   | I I I I I I I I I I I I I I I I I I I   |  |  |   | ATT JONIBER.   | DATE   |  |  |
| PARTICIPANT'S NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:         N/A       ore than three individuals are signing, continue on attachment.)       (2) SHARE       (3) SOCIAL SECURITY NUMBER:         If  | N/A   |   | %  | (4) SIGNA  | TURE  | /  | DATE   | MM-DD-YYYY)  |  |
| N/A       (4) SIGNATURE       DATE (MM-DD YYYY)         ore than three individuals are spring, continue on attachment.)       (4) SIGNATURE       DATE (MM-DD YYYY)         CCC USE ONLY -       Payments according<br>to the shares are approved.       A SIGNATURE OF CCC REPRESENTATIVE<br>(If more than three individuals are signing, continue on attachment 1         TE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority<br>for requesting the following information is the Food Security Act of 1985, (Pub L 99-198), as amended and the Farm Security and Rural investment Act of 2002<br>(Pub L 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internet Revenue code (26 USC 6109). The information requested is necessary for<br>CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility and to determine the correct<br>parties to the contract. Furnishing the requested information is voluntary Failure to furnish the requested information will result in determination of ineligibility for<br>certain program benefits and other financeal assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of<br>Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and<br>civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.         RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.         S Department of Agriculture (USDA) prombits discrimination in all its programs and activifes on the basis of race, color, national ongin, age dis   |   |   |  | (if more than th   | rea individua   | ls are signing, continuo   | on attachment )  |  |  |
| <sup>9</sup> 6<br>III more than three indevaluals are signing, continue on attachment.)           III more than three individuals are signing, continue on attachment.)             CCC USE ONLY - Payments according         to the shares are approved.           A SIGNATURE OF CCC REPRESENTATIVE<br>B. DATE (MM DD.YYYY)             CEC USE ONLY - Payments accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority         for requesting the following information is the Food Security Act of 1985, (Pub L 99-198), as amended and the Farm Security and Rural investment Act of 2002         (Pub L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for         CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility and to determine the correct         parties to the contract. Furnishing the requested information is voluntary Failure to furnish the requested information may be provided to other agencies. IRS, Department of         Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and         civil fraud statules, including 18 USC 286, 287, 371, 641, 651, 10D1; 15 USC 714m; and 31 USC 3729, may be applicable sec. manifel status, familal status,         al status, religning, response to a court magistrate or administrative tribunal. The provisions of criminal and         civil fraud statules, including 18 USC 286, 287, 371, 641, 651, 10D1; 15 USC 714m; and 31 USC 3729, may be applicable, sec. manifel status, familal status,         al status, religning travend windification geneticable determination reprival         al status, r   | PARTICIPANT'S NAME AND A  | DDRESS (Zip Code)   | (2) SHARE  | (3) SOCIA  | L SECURITY NUMBER:  |  |  |  |  |
| CCC USE ONLY - Payments according To the shares are approved.  A SIGNATURE OF CCC REPRESENTATIVE B. DATE (MM DD-YYYY) D. DATE (MA DD-YYYY) D. DATE (MM DD-YYYY) D. DATE (MM DD-YYYY) D. DATE (MA DD-Y  | N/A   |   | %  | (4) SIGNA  | TURE  |  | DATE   | MM-DD-YYYY)  |  |
| to the shares are approved       Use Use C = N       Iso X         TE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub L 99-198), as amended and the Farm Security and Rural investment Act of 2002 (Pub L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.         RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.         S       Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age. disability, and where applicable, sex. mantal status, familal status, relignin, sexual unmentation genetic information policab being general momenticin on organic minali   | ore than three individuals are signing, continue of   | on attachment.)   |  | (If more than th   | reo ind vioua   | ls are signing, continue   | on attachment  |  |  |
| TE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub L 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.<br><b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b><br><sup>15</sup> Department of Agriculture (USDA) prohibits discrimination in eli its programs and activities on the basis of race, color, national orgin, age disability and where applicable, sex, mantel status, familial status, familial beliefit, genered information regisal, or because all or part of all individuals income is derived from any public assistance program (Not all indice based in program 1) Persons with disabilities who regisal, or because all or part of all individuals income is derived from any public assistance program (Not all indice based in program) and discrimination, while is USDA is tarREGT Center and 720-2800 (voice and TOD). To file a compliant of discrimination, where to USDA's tarREGT Center and 720-28   | . CCC USE ONLY - Payme  | nts according   | A SIGNATU  | RE OF COO  | REPRE   | SENTATIVE  | B. DAT   | E (MM DD-YYYY)   |  |
| for requesting the following information is the Food Security Act of 1985, (Pub L 99-198), as amended and the Farm Security and Rural investment Act of 2002<br>(Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for<br>CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility and to determine the correct<br>parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for<br>certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of<br>Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and<br>civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.<br><b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b><br>S Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national orgin, age disability, and where applicable, sex, mantal status, familal status,<br>at status, religner, taxviti unmentation, going additions in all its programs and activities on the basis of race, color, national orgin, age disability, and where applicable, sex, mantal status, familal status,<br>at status, religner, taxviti unmentation, going additions and activities communcation of pragram (Mor all<br>declares apply to all organs). Persona with disabilities who require alternative means for communcation of pragram (Jarvita's income is derived from any public assistance program. (Nor all<br>declares apply to all organs). Persona with discrimination, write to USDA, Director, Office of Civil Rights, 1460 Independence Avenue, S.W. Washingtan D.C. 20250-9410   | to the shares are approved  |   | ( )  | Chl  | il C= P   |  | 912  | 912315   |  |
| nai status religion, savual unumation, genetic information, political beliefs, generic information, reprisal, or because stippy to all programs (accome is derived from any public assistance program. (Not all billed bases apply to all programs). Persona with databilities who require elements means for communication of program information (Braille Targe print audiotace, etc.) should contact USDA's TARGET Center at 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civit Rights, 1460 Independence Avenue, S.W. Washington, D.C. 20250-9410, or call (600) 795-3272 (voice) or 720-26082 (TBD), "USDA is an equal opportunity provider and amployer."   | for requesting the following inform<br>(Pub. L. 107-171) and regulations<br>CCC to consider and process the<br>parties to the contract. Furnishing<br>certain program benefits and othe<br>Justice, or other State and Federa<br>civil fraud statutes, including 18 U | ation is the Food Security Act of<br>promulgated at 7 CFR Part 141<br>offer to enter into a Conservatio<br>the requested information is vol<br>r financial assistance administer<br>I Law Enforcement agencies, ar<br>SC 286, 287, 371, 641, 651, 100 | f 1985, (Publ L 9<br>0 and the Intern<br>n Reserve Prog<br>untary Failure I<br>red by USDA ag<br>nd in response to<br>01; 15 USC 714 | 99-198), as a<br>nal Revenue<br>iram Contrac<br>lo furnish the<br>lency This in<br>o a court mat | mended a<br>code (26 L<br>l, lo assist<br>requested<br>formation<br>gistrate or | nd the Farm Secur<br>JSC 6109). The inf<br>in determining elig<br>funformation will re<br>may be provided to<br>administrative tribu | rity and Rural in<br>formation reque<br>gibility and to de<br>esult in determin<br>o other agencie<br>unal. The provis | ivestment Act of 2002<br>sted is necessary for<br>etermine the correct<br>nation of ineligibility for<br>is, IRS, Department of<br>sions of criminal and |  |
|  | mal status, religion, saxual oriunation, gerietic infi<br>biled bases apply to all programs   Persons with<br>  720-2600 (voice and TDD)   To file a complaint o  | simation, political beliefs, generic informa<br>disabilities who require alternative means<br>if discrimination, write to USDA, Director.   | tion reprisal or bec<br>for communication  | ause all or part o<br>of program infar   | nation (Brail   | al's income is derived fri<br>e Targe print audiotage  | om any public assis  | lance program (Not all<br>ct USDA's TARGET Center al   |  |
|  |   |   | Owner's Co   | ору  |   | Оре  | rator's Copy   |  |  |

| U.S. DEPARTMENT OF AGRIC   | UL TURE  | vill  | 1 ST 9 00 000  |   |  |  |
|--|--|---|--|---|--|--|
| Commodily Credit Conserve  |  |   | 1. ST & CO. CODE ADMIN LOCATION  | & 2. SIG  | V-UP NUMBER  |  |
| MOTE The authority for collecting the following info   | RAM CONTR  | RACT  | 29003  | 40  |  |  |
| cate clon of information without pror OMB approval mandated by the Pa<br>imagination of information without pror OMB approval mandated by the Pa<br>imagination of the state of the  | 07-171. This authority<br>aperwork Reduction A   | aliows for the Act of 1995. The   | 3. CONTRACT NUM  | BER 4 ACR   |  |  |
| time for reviewing instructions, searching existing data sources, gatherin<br>completing and reviewing the collection of information   | <b>s 4 minutes per</b> respo<br>g and maintaining the  | onse, including the<br>a data needed, and   | 1176   |   |  |  |
| 7 COUNTY OFFICE ADDRESS (Include Zip Code):<br>ANDREW COUNTY FARM SERVICE AGENCY   |  |   | 5 FARM NUMBER<br>0002708   | 14  | 6. TRACT NUMBER(S)   |  |
| 105 W US HIGHWAY 71<br>SAVANNAH, MO 64485  |  |   | 8 OFFER (Selectione)   | 001   | 0010353  |  |
|  |  |   | GENERAL  | FROM:   | FROM: TO:  |  |
| TELEPHONE NUMBER (Include Area Code): 816-324<br>THIS CONTRACT is entered into between the Commodity Credit<br>referred to as "the Participant"). The Participant agrees to place the<br>inclusion of the commodity of t |  |   | ENVIRONMENTAL PRIORI   | 1710781   | /2011/*** 89738/   |  |
| referred to as "the Participant"). The Participant agrees to place the<br>stipulated contract period from the date the contract is executed by<br>Plan developed for such acreage and approved by the CCC and th<br>contained in this Contract, including the Appendix to this Contract,<br>signing below, the Participant acknowledges that a copy of the App<br>pay such liquidated damages in an amount specified in the Append<br>Theterms and conditions of this contract are contained in this<br>CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE<br>applicable; and, If applicablo, CRP-15.   | y the CCC. The Pa<br>he Participant. Add<br>entitled Appendix<br>pendix for the appli<br>dix if the Participan   | rticipant also agri<br>litionally, the Parti<br>to CRP-1, Conse<br>icable sign-up per<br>t withdraws prior  | ees to implement on such<br>icipant and CCC agree to<br>rvation Reserve Program<br>field has been provided to<br>to CCC accentance or re   | m ( CRP') or oli<br>) designated acr<br>comply with ter<br>Contract (referi<br>such person, S<br>iertion  | har use set by CCC for I<br>reage the Conservation<br>ms and conditions<br>red to as "Appendix") By<br>'uch person also agrees   |  |
| 10A. Rental Rate Per Acre \$112.00   | 11. la   | lentification of  | CRP Land   |   |  |  |
| B. Annual Contract Payment \$706   | A.Tract N  | No. B. Field  | No. C. Practice No.  | D. Acres  | E. Total Estimate<br>Cost-Share  |  |
| C. First Year Payment  | 0010353  | 0003  | CP9  | 63  | \$0.00   |  |
| 2 DADTICIDA UTA  |  |   |  |   | E I  |  |
| 2. PARTICIPANTS<br>(1), PARTICIPANTS NAME AND ADDRESS (Zip Code):  | (2) SHARE  |   | SECURITY NUMBE,  | n   |  |  |
| (1) PADTIC DANTS NAME AND ADDRESS (Zip Code):  | (2) SHARE<br>100.00%   | (4) SIGNATU   | IRE'   | on allachmont )   | MM DD-YYYY)<br>S-16-11   |  |
| (1), PADTIC DANTS NAME AND ADDRESS (Zip Code):   | ł.   | (4) SIGNATU<br>III made than three I<br>(3) SOCIAL S  | indynousles a figning continues<br>SECURITY NUMBER:  | on allachmoni )   | мм. od. үүүү)<br>8-14-11   |  |
| (1). PARTIC PANTS NAME AND ADDRESS (Zip Code):   | 100.00%  | (4) SIGNATU<br>(II moo than Ilyree<br>(3) SOCIAL S<br>(4) SIGNATU   | IRE<br>Industrale and Fander Enterthe<br>ECURITY NUMBER<br>RE  | on allachmont )   |  |  |
| (1). PARTIC PANTS NAME AND ADDRESS (Zip Code):   | 100.00%<br>(2) SHARE<br>0.00%  | (4) SIGNATU<br>(II more than three<br>(3) SOCIAL S<br>(4) SIGNATU<br>(II more than three in   | IRE<br>Inductive in a second continue<br>ECURITY NUMBER:<br>RE   | on allachmont )   | 8-14-11  |  |
| (1) PADTIC DANTS NAME AND ADDRESS (Zip Code):  | 100.00%  | (4) SIGNATU<br>(11 more than three i<br>(3) SOCIAL S<br>(4) SIGNATU<br>(11 more than three ii<br>(3) SOCIAL S   | RE<br>ECURITY NUMBER:<br>RE<br>ECURITY NUMBER:<br>RE   | on allachmont )   | 8-14-11  |  |
| (1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>N/A   | 100.00%<br>(2) SHARE<br>0.00%  | (4) SIGNATU<br>(III more than three i<br>(3) SOCIAL S<br>(4) SIGNATU<br>(III more than three ii<br>(3) SOCIAL S<br>(4) SIGNATUR   | IRE<br>INCURITY NUMBER:<br>RE<br>INCURITY NUMBER:<br>RE<br>INCURITY NUMBER:<br>RE  | I<br>on allachmoni )<br>(N<br>n allachmoni )<br>(N  | 8-14-11  |  |
| (1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>N/A<br>N/A<br>We than three individuals are signing, continue on attachment )   | 100.00%<br>(2) SHARE<br>0.00%<br>(2) SHARE<br>%  | (4) SIGNATU<br>(III more than three i<br>(3) SOCIAL S<br>(4) SIGNATU<br>(III more than three iii<br>(3) SOCIAL S<br>(4) SIGNATUR<br>(III more than three in   | IRE<br>INDECURITY NUMBER:<br>RE<br>INDECURITY NUMBER:<br>RE<br>INDECURITY NUMBER:<br>RE<br>INDECURITY NUMBER:<br>RE<br>INDECURITY NUMBER:  | I<br>on allachmoni )<br>(N<br>n allachmoni )<br>(N  | 8-14-11<br>M.DD.YYYY)  |  |
| (1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>N/A   | 100.00%<br>(2) SHARE<br>0.00%<br>(2) SHARE<br>%  | (4) SIGNATU<br>(III more than three i<br>(3) SOCIAL S<br>(4) SIGNATU<br>(III more than three iii<br>(3) SOCIAL S<br>(4) SIGNATUR<br>(III more than three in   | IRE<br>INCURITY NUMBER:<br>RE<br>INCURITY NUMBER:<br>RE<br>INCURITY NUMBER:<br>RE  | I<br>on allachmoni )<br>(N<br>n allachmoni )<br>(N  | 8-14-11<br>M.DD.YYYY)  |  |
| (1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>1). PARTICRANTS NAME AND ADDRESS (Zip Code):<br>N/A<br>N/A<br>We than three individuals are signing, continue on attachment )   | 100.00%<br>(2) SHARE<br>0.00%<br>(2) SHARE<br>%<br>A SIGNATUR<br>A SIGNATUR<br>A SIGNATUR<br>A SIGNATUR<br>10 and the Interna-<br>tion Reserve Progra  | (4) SIGNATU<br>(III more than III/refe<br>(3) SOCIAL S<br>(4) SIGNATU<br>(III more than three in<br>(3) SOCIAL S<br>(4) SIGNATUR<br>(4) SIGNATUR<br>(4) SIGNATUR<br>(4) SIGNATUR<br>(5) SIGNATU | IRE<br>industrials are signing, continue of<br>ECURITY NUMBER:<br>RE<br>ECURITY NUMBER:<br>RE<br>dividuals are signing, continue of<br>ECURITY NUMBER:<br>RE<br>dividuals are signing, continue of<br>PRESENTATIVE<br>UNUM CED<br>Paperwork Reduction Ac<br>ded and the Farm Securit<br>(26 USC 6109). The infor<br>ssist in determining eligib<br>ested information will resu<br>ation may be provided to of  | I on allachment )<br>(N<br>on allachment )<br>(N<br>on allachment )<br>(N<br>n allachment )<br>(N<br>)<br>(N<br>)<br>(N<br>)<br>(N<br>)<br>(N | S - (4 - 1)<br>MM-DD-YYYY)<br>(MM-DD YYYY)<br>-2 - 11<br>mended The authority<br>estment Act of 2002<br>ed is necessary for<br>mine the correct<br>ion of ineligibility for<br>IRS December 4  |  |
| (1). PARTICPANTS NAME AND ADDRESS (Zip Code):  (2). PARTICPANTS NAME AND ADDRESS (Zip Code): (2). PARTICPANTS NAME AND ADDRESS (Zip Code): (2). PARTICPANTS NAME AND ADDRESS (Zip Code): (2). PARTICPANTS NAME AND ADDRESS (Zip Code): (2). PARTICPANTS NAME AND ADDRESS (Zip Code): (2). PARTICPANTS NAME AND ADDRESS (Zip Code): (2). PARTICPANTS NAME AND ADDRESS (Zip Code): (2). PARTICPANTS NAME AND ADDRESS (Zip Code): (2). PARTICPANTS (Zip Code): (2). P        | 100.00%<br>(2) SHARE<br>0.00%<br>(2) SHARE<br>%<br>A SIGNATUR<br>A SIGNATUR<br>A SIGNATUR<br>A SIGNATUR<br>A SIGNATUR<br>A SIGNATUR<br>A SIGNATUR<br>A SIGNATUR<br>IN A | (4) SIGNATU<br>(III more than III)rea<br>(3) SOCIAL S<br>(4) SIGNATU<br>(III more than three in<br>(3) SOCIAL S<br>(4) SIGNATUR<br>(III more than three in<br>RE OF CCC RE<br>(4) SIGNATUR<br>(III more than three in<br>(4) SIGNATUR<br>(1) SIGNATUR<br>(4) SIGNATUR<br>(5) SOCIAL S<br>(4) SIGNATUR<br>(5) SOCIAL S<br>(5) SOCIAL S<br>(5) SOCIAL S<br>(6) SOCIAL S<br>(7) SOCIAL S<br>(6) SOCIAL S<br>(7)   | IRE<br>industrials are signing, continue of<br>ECURITY NUMBER:<br>RE<br>ECURITY NUMBER:<br>ECURITY NUMBER:<br>ECURITY NUMBER:<br>ECURITY NUMBER:<br>RE<br>dividuals are signing, continue of<br>PRESENTATIVE<br>MULLING (CFD)<br>Paperwork Reduction Ac<br>ded and the Farm Securit<br>(26 USC 6109). The infor<br>ssist in determining eligible<br>ested information will resu<br>ation may be provided to of<br>te or administrative (ribun<br>29, may be applicable to the<br>content of the security (CFD) | I on allachment )<br>(A<br>on allachment )<br>(In   | S - (4 - 1)<br>MM-DD-YYYY)<br>(MM-DD YYYY)<br>-2 - 11<br>mended The authority<br>estment Act of 2002<br>ed is necessary for<br>mine the correct<br>ion of ineligibility for<br>IRS, Department of<br>ns of criminal and<br>provided. |  |