CRP-1 U.S. DEPARTMENT OF AGRICULTUR	E .	11 07	. 0.00 00DE 0	ADMIN. LOCATION	Page 1 of 1		
(07-06-20) Commodity Credit Corporation	Eq.	1, 51	a CO. CODE &	2. SIGN-UP NUMBER			
CONCEDIATION DESCRIPTION	3. CC	NTRACT NUMBI	4. ACRES FOR				
CONSERVATION RESERVE PROGRAM	I CONTRACT			005D	ENROLLMENT 6.23		
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)		6. TRACT NUMBER 7. CONTRAC		7. CONTRACT PERIO			
RILEY GEARY COUNTY FARM SERVICE AGENCY 3705 MILLER PARKWAY STE A			958	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)		
MANHATTAN, KS66503 7546				10-01-2011	09-30-2021		
		8. \$10	GNUP TYPE:	-			
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code); (785) 776 7582		II	SAFE - Kansas Upland Game Birds SAFE				
THIS CONTRACT is entered into between the Commodity Crec (referred to as "the Participant".) The Participant agrees to plot CCC for the stipulated contract period from the date the Contract period from the date the Contract period from the date the Contract agreege the Conservation Plan developed for such acreage are comply with the terms and conditions contained in this Contract Program Contract (referred to as "Appendix"). By signing beliapplicable contract period. The terms and conditions of this contract. BY SIGNING THIS CONTRACT PARTICIPANTS ACKN addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C3	ract is executed by and approved by the act, including the Acow, the Participant contract are contain OWLEDGE RECEIP 10, as applicable.	the CCC. The CCC and the ippendix to this acknowledges and in this Ford OF THE FOL	ne conservation in Participant also a Participant. Addit s Contract, entitle s receipt of a copy in CRP-1 and in the LOWING FORMS	Reserve Program ("CRP) agrees to Implement on sionally, the Participant of the Appendix to CRP-1, Cr of the Appendix/Appen e CRP-1 Appendix and a CRP-1; CRP-1 Appendi	") or other use set by such designated und CCC agree to conservation Reserve dices for the any addendum and any		
9A. Rental Rate Per Acre \$ 96,84	10. Identification	on of CRP La	and (See Page 2	for additional space)			
9B. Annual Contract Payment \$ 603.00	A. Tract No.	B. Field No.			E Total Estimated Cost-Share		
9C. First Year Payment \$	958	0003	CP38E	-2 1.63	\$ 0.00		
(Item 9C is applicable only when the first year payment is prorated.)	958	0004	CP38E-	-2 4.60	\$ 0.00		
11. PARTICIPANTS (If more than three individual	le are signing e	no Pogo 2					
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(3) SIGNATURE (E	By) ↑ 1	(4) TITLE/RELA INDIVIDUAL	TIONSHIP OF THE SIGNING IN THE TATIVE CAPACITY	(5) DATE (MM-DD-YYYY)		
3(1) PARTICIPANT'S NAME AND (2) SHARE	march (alter	~ Trustee		11-18-2020		
3(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) (2) SHARE %	(3) SIGNATURE (E	Зу)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)		
ADDRESS (Include Zip Code)	(3) SIGNATURE (E	Зу)	(4) TITLE/RELA INDIVIDUAL REPRESENT	(5) DATE (MM-DD-YYYY)			
IOTE: The following statement is trade in accordance with the rivacis the Commodity Credit Corporation thatter Act (15 U.S.C. 7	8. DATE (MM-DD-YYYY)						
is the Collowing statement is flade in accordance with the Privace is the Commodity Credit Corporational harter Act (15 U.S.C. 7: 3831 et seq), the Agricultural Improvement Act of 2018 (Pub. Le receive benefits under the Conservation Reserve Program. The Tribal agencies, and nongovernmental entities that have been identified in the System of Records Notice for USDA/FSA-2. Fethe requested information will result in a determination of ineligity Paperwork Reduction Act (PRA) Statement: The information and civil fraud, privacy, and other statutes may be applicable to accordance with Federal civil rights law and U.S. Department of Agricunstitutions participating in or administering USDA programs are prohibite spression), sexual orientation, disability, age, marital status, family/pare ivil rights activity, in any program or activity conducted or funded by USC dersons with disabilities who require alternative means of communication.	115-334) and 7 CFR ne information collecte authorized access to te authorized access to te authorized access to te authorized access to te bility to participate in a ne to the information provide authorized (USDA) civil righ and from discriminating antal status, income de DA (not all bases apply	R Part 1410. The d on this form m the information t omaled). Provid and receive bene d from PRA as s ded. RETURN T. his regulations an based on race, o trived from a put y to all programs	information will be any be disclosed to only statute or regulativing the requested in fits under the Conse pecified in 16 U.S.C. HIS COMPLETED FOR The ASSISTANCE PROGRAMMENT OF THE COMPLETED FOR THE COMPLETED FOR THE COMPLETED FOR THE COMPLETED FOR THE COMPLETE THE COMPL	ersety, the Agricultura Acused to determine eligibility ther Federal, State, Local gon and/or as described in a programation is voluntary. How rivation Reserve Program. 3846(b)(1) The provision- CORM TO YOUR COUNTY A, its Agencies, offices, and religion, sex. gender identif	at of 2014 (16 U.S.C. to participate in and overnment agencies, opticable Routine Uses rever, failure to furnish as of appropriate criminal FSA OFFICE.		

'ersons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact te 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.

o 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
nd 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)
32-9992. 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 (ashington, D.C. 20250-9410; (2) fax (202) 690-7442; or (3) email: program.inteke@usda.gov. USDA is an equal opportunity provider, employer, and lender.

CRP-1 U.S. DEPAR	TMENT OF AGRICULTUR					Page 1 of 1
(07-06-20) U.S. DEPAR	1. ST	, & CO. CODE &	2. SIGN-UP			
(Or-00 20)		20	NUMBER 41			
CONCEDVATION DE	3. CC	ONTRACT NUMB	ER	4. ACRES FOR		
CONSERVATION RE	Г	10	ENROLLMENT 31.29			
5A. COUNTY FSA OFFICE ADDR	6. TF	ACT NUMBER	7. CONTRACT PERIO	D		
RILEY-GEARY COUNTY FARM SE B705 MILLER PARKWAY STE A	RVICE AGENCY			958	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
MANHATTAN, KS66503 7546				930	10-01-2011	09-30-2021
			8. SI	GNUP TYPE:		
5B. COUNTY FSA OFFICE PHON (Include Area Code): (785) 776			Gene	ral		
THIS CONTRACT is entered into be (referred to as "the Participant".) T CCC for the stipulated contract per acreage the Conservation Plan dev comply with the terms and condition Program Contract (referred to as "4 applicable contract period. The ter thereto. BY SIGNING THIS CONTR, addendum thereto; and, CRP-2, CR	ined from the date the Cont eloped for such acreage a ns contained in this Cont (ppendix"). By signing be ms and conditions of this ACT PARTICIPANTS ACK! P-2C, CRP-2G, or CRP-2C	tract is executed by ind approved by the ract, including the ract, including the ract, the Participan town the Participan town the Participan town the page page 1900 to 1900	t acreage into the order of the	the Conservation Participant also Participant. Addi s Contract, entitle s receipt of a cop	Reserve Program ("CRP agrees to Implement on s tionally, the Participant a ed Appendix to CRP-1, C y of the Appendix/Appen	") or other use set by such designated and CCC agree to onservation Reserve dices for the
9A. Rental Rate Per Acre	63.52	10. Identificat	on of CRP La	and (See Page	2 for additional space)	
	61,988.00	A. Tract No.	B. Field No.			E. Total Estimated Cost-Share
9C. First Year Payment		958	0012	CP2	31.29	\$ 2,128.00
(Item 9C is applicable only when the first year payment is prorated.)						
11. PARTICIPANTS (If more	e than three individua	als are signing	saa Paga 2	1		
A(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)
(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE ((BV)	(4) TITLE/REL	TIONSHIP OF THE	11/18-2000
ADDRESS (Include Zip Code)	%	(o) GIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (Ву)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)
	VAPURE OF COC REP	Teso			2 No. 2011	B. DATE (MM-DD-YYYY) 11.24 Zero
OTE: The following statement is info is the Commodity Cerdii Corpor 3831 et seq), the Agricultural Imreceive benefits under the Cons Tribal agencies, and nongovern identified in the System of Recothe requested information will re. Paperwork Reduction Act (PR. and civil fraud. privacy, and othe accordance with Federal civil rights law slitutions participating in or administering (pression), sexual orientation, disability, will rights activity, in any program or activity	provement Act of 2018 (Pub. ervation Reserve Program. The mental entities that have been do Notice for USDA/FSA-2. Foult in a determination of ineliging A) Statement: The information statutes may be applicable to and U.S. Department of Agrice and	the role of the role of the information collection authorized access to farm Records File (Authibility to participate in a collection is exempted the information providuate (USDA) civil riged from discriminating postal states.	Security Act of 1: R Part 1410. The ed on this form m the information t tomated) Provid and receive bene ed from PRA as s ded. RETURN T hts regulations ar based on race, o	of the U.S.C., 380 is information will be a information will be a possible to the application of the requested in the Consequence of the under the Consequence of the Consequence of the U.S.C. HIS COMPLETED in a policies, the USC color, national origin	el seg.), the Agricultural Acused to determine eligibility pather Federal, State, Local grown and/or as described in acustomation is voluntary. However, and the serve Program. 3846(b)(1) The provisions FORM TO YOUR COUNTY. A, its Agencies, offices, and , religion, sex, gender Identit	t of 2014 (16 U.S.C. to participate in and overnment agencies, splicable Routine Uses ever, failure to furnish to of appropriate criminal FSA OFFICE. employees, and ty (including gender

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ifile a program discrimination complaint, complete the USDA Program Discrimination Complaint Form. AD-3027, found online at http://www.asgr.usda.gov/complaint-filing_cust-html
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CRP-1 U.S	CEDARTMEN	F OF ADDISH WIN					Page 1 of 1
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (07-06-20) Commodity Credit Corporation				1. ST	. & CO. CODE &	2. SIGN-UP	
Samually Glock outporation					20	NUMBER 43	
CONSERVATION RESERVE PROGRAM CONTRACT					NTRACT NUMB	ER	4. ACRES FOR
CONSTRUCTION OF THE PROPERTY O					10	034D	ENROLLMENT 18.07
5A. COUNTY FSA OFF				6. TR	ACT NUMBER	7. CONTRACT PERIO	
CILEY GEARY COUNTY FARM SERVICE AGENCY				1	Sea.	FROM: (MM-DD-YYYY)	- introduction of the control of the
ANHATTAN, KS66503					958	10~01-2012	09-30-2022
				8, \$10	ONUP TYPE:		
5B. COUNTY FSA OFF (Include Area Code):		MBER		Gene	ral		
THIS CONTRACT is enter freferred to as "the Partic CCC for the stipulated oc- acreage the Conservation comply with the terms an Program Contract freferr applicable contract perion thereto. BY SIGNING THE addendum thereto; and,	ntract period from n Plan developed d conditions con ed to as "Append d. The terms and S CONTRACT PA CRP-2, CRP-2C, (in the date the Cont m the date the Cont for such acreage a fained in this Contr lx"). By signing be it conditions of this ARTICIPANTS ACKN	ract is executed by ract is executed by nd approved by the ract, including the A low, the Participant contract are contain	t acreage into to the CCC. The CCC and the F Appendix to this t acknowledges	he Conservation Participant also Participant. Addi s Contract, entitle receipt of a cop	Reserve Program ("CRF agrees to implement on tionally, the Participant ed Appendix to CRP-1, C y of the Appendix/Appe	") or other use set by such designated and CCC agree to conservation Reserve andices for the
IA. Rental Rate Per Acre		3 9	10. Identificati	on of CRP La	ind <i>(See Page</i> .	2 for additional space)
8. Annual Contract Pay		38.00	A. Tract No.	B. Freld No.	C. Practice	D. Acres	E. Total Estimated Cost-Share
C. First Year Payment	<u> </u>		958	0005	CP25	10.54	\$ 1,117.00
ltem 9C is applicable only when the first year payment is prorated.)		958	0007	CP25	2.28	\$ 242.00	
			958	0010	CP25	5,25	\$ 556.00
1. PARTICIPANTS	(If more than)		
ADDRESS (Include Zip C: de)		Karrh Carter		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY) //-/8-2020	
		(3) SIGNATURE (By)		(4) TITLE/RELA INDIVIDUAL REPRESEN	(5) DATE (MM-DD-YYYY)		
ADDRESS (Include Zi	PARTICIPANT'S NAME AND DDRESS (Include Zip Code) (2) SHARE (3) SIGNATURE (By)		Ву)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
2. CCC USE ONLY	A. SIGNATO	RE OF COC REP	RESENTATIVE	0	L.,		B. DATE
D-10 / - (cs)							11-242020
3831 et seq), the Ag receive benefits und Tribal agencies, and identified in the Sys the requested inform Paperwork Reduct	ricultural Improvement the Conservation of nongovernmental is eem of Records Notication will result in a conference of the Cy. and other statute in rights law and U.3 dministering USDA, disability, age ma.	nent Act of 2018 (Pub. Reserve Program. To entities that have been ce for USDA/FSA-2. For determination of ineligation ement: The information as may be applicable to S. Department of Agric programs are prohibit.	L. 115-334) and 7 CFI he information collects authorized access to arm Records File (Autibility to participate in or collection is exempte the information provi- uiture (USDA) civil rig- ential status income de	R Part 1410. The ed on this form m the information b tomated). Provid and receive beneated from PRA as sided. RETURN Tills regulations ar based on race.	information will be ay be disclosed to by statute or regulating the requested in fits under the Conse pecified in 16 U.S.C HIS COMPLETED In and policies, the USC color, national original policy and conserved the policy information or professional original professional original conserved the professional original original professional original priginal professional professional professional professional professional priginal professional profe	, religion, sex. gender ident	ion identified on this form ct of 2014 (16 U.S.C. I to participate in and government agencies, pplicable Routine Uses wever, failure to furnish as of appropriate criminal FSA OFFICE. Id employees, and ity (including gender

a sons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact a 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 formation may be made available in languages other than English.

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CRP-1 U.S. DEPARTMENT OF AGRICULTURE (07-06-20) Commodity Credit Corporation			1. \$7	f. & CO, CODE & 20	2. SIGN-UP NUMBER 45	
0010 01/4 5104 0 0 0 0 0			3. CO	ONTRACT NUMB	FR	4. ACRES FOR
CONSERVATION RESERVE PROGRAM CONTRACT			Г	10	ENROLLMENT	
5A. COUNTY FSA OFFICE ADDRESS (Inc	clude Zip Code)		6. TF	RACT NUMBER	7. CONTRACT PERIO	
RILEY-GEARY COUNTY FARM SERVICE AGENCY			1		FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
3705 MILLER PARKWAY STE A MANHATTAN, KS66503-7546				958	10-01-2013	09-30-2023
141141111111111111111111111111111111111			Î.			02 30-2023
			8. SI	GNUP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUME	3FR					
(Include Area Code): (785) 776-7582			Gene	ral		
THIS CONTRACT is entered into between the (referred to as "the Participant".) The Partic CCC for the stipulated contract period from acreage the Conservation Plan developed for comply with the terms and conditions conta Program Contract (referred to as "Appendix applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PAR addendum thereto; and, CRP-2, CRP-2C, CR	the date the Con or such acreage a ined in this Cont "). By signing be conditions of this	tract is executed by and approved by the ract, including the A elow, the Participant contract are contain	the CCC. The CCC and the ippendix to thi acknowledges	Participant also Participant. Addi S Contract, entitle s receipt of a cop	Reserve Program ("CRP agrees to implement on s tionally, the Participant a ed Appendix to CRP-1, Co y of the Appendix/Appen	") or other use set by such designated and CCC agree to onservation Reserve dices for the
9A. Rental Rate Per Acre \$88.07			on of CRP La	and (See Page	2 for additional space)	
9B. Annual Contract Payment \$4,013	3.00	A. Tract No.	B. Field No.		TO SECURITY OF THE RESIDENCE OF THE SECURITY O	E. Total Estimated Cost-Share
9C. First Year Payment \$		958	0009	CP2	45.57	\$ 5,457.00
Item 9C is applicable only when the first year payment is provated.)						
11. PARTICIPANTS (If more than t	hree individus	als are signing, s	ee Page 3.)		****
A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (I	By)		ATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)		600		INDIVIDUAL	INDIVIDUAL SIGNING IN THE	
PET A CAPTER EE 1) W CA.T. S	100.00%	1/ 00) L	REPRESEN	TATIVE CAPACITY	-
RIV FIELD X 1 i		maren 50	aller	Truster		11-18-2020
O(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (8	Ву)	(4) TITLE/RELATIONSHIP OF THE		(5) DATE
ADDRESS (Include Zip Code)	%			INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (E	3v)	(4) TITLE/RELATIONSHIP OF THE (5) DATE		
ADDRESS (Include Zip Code)		.,,		INDIVIQUAL	(5) DATE (MM-DD-YYYY)	
			REPRESENTATIVE CAPACITY		(14111-00-1111)	
	%					
2. CCC USE ONLY A. SIGNATURE	E OF CCC REP	PRESENTATIVE				B. DATE
1 2 -	4/ _ /	40				(MM-DD-YYYY)
OTE: The following statement is reded acchi	1 10	<i>3</i> 7				11-24.200
OTE: The following statement is flade in according to the Commodity eredit Corporation of 3831 et seq), the Agricultural Improvement receive benefits under the Conservation R Tribal agencies, and nongovernmental endentified in the System of Records Notice the requested information will result in a de-	nt Act of 2018 (Pub. Reserve Program. T Ittles that have been Tor USDA/ESA.2	L. 115-334) and 7 CFR The information collecte in authorized access to	R Part 1410. The of on this form m the information b	information will be lay be disclosed to d by statute or regulati	used to determine eligibility other Federal, State, Local go on and/or as described in ap	tor 2014 [16 U.S.C. to participate in and overnment agencies.
Paperwork Reduction Act (PRA) Statem and civil fraud, privacy, and other statutes	ent: The informatio	on collection is exempte	d from PRA as s	pecified in 16 U.S.C	3846(b)(1) The provisions	of appropriate criminal
accordance with Federal civil rights law and U.S. I stitutions padicipating in or administering USDA or	Department of Agric	culture (USDA) civil righ	nts regulations ar	nd policies, the USD	OA, its Agencies, offices, and	FSA OFFICE. employees, and
xpression), sexual orientation, disability, age, maritivil rights activity, in any program or activity conduct	al status, family/par ted or funded by US	ental status, income de SDA (not all bases apply	rived from a pub y to all programs	lic assistance progr). Remedies and co	am, political beliefs, or repris implaint filing deadlines vary	y (including gender sal or retaliation for prior by program or incident.

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