| CRP-1 U.S. DEPARTMENT  | OF AGRICULTUR   | E  | 14 07 0                                       | 00 0000                             |  | Page 1 of 1                      |  |
|--|---|--|---|-------------------------------------|--|----------------------------------|--|
| (07-06-20) Commodity Cr  | 5   | 1 51 8   | CO CODE & A                                   | 2. SIGN-UP                          |  |                                  |  |
| -  |   |  | 19 155  |                                     | NUMBER<br>42   |                                  |  |
| CONSERVATION RESERV  | 4 00NTD 4 01  | 3. CON   | TRACT NUMBER                                  |                                     | 4. ACRES FOR   |                                  |  |
| 5A. COUNTY FSA OFFICE ADDRESS (In  | CONTRAC   |  | 926D  |                                     | ENROLLMENT<br>2.13   |                                  |  |
| E. POTTAWATTAMIE COUNTY FARM SER   |   | 6. TRAC  |   | . CONTRACT PERIOD                   |  |                                  |  |
| 14 MAIN ST   |   |  |   | 951 F                               | ROM: (MM-DD-YYYY)  | TO: (MM-DD-YYYY)                 |  |
| OAKLAND, IA51560-0000  |   | 1  |   | 10-01-2012                          | 09-30-2022   |                                  |  |
|  |   |  | 9 CICN  | UP TYPE:                            |  |                                  |  |
| 5B. COUNTY FSA OFFICE PHONE NUM  |   |  | inuous  |                                     |  |                                  |  |
| (Include Area Code); (712) 482-6486  |   |  | Initial                                       |                                     |  |                                  |  |
| THIS CONTRACT is entered into between ti<br>(referred to as "the Participant".) The Parti  | he Commodity Cred   | dit Corporation (re                            | lemed to as "CCC                              | P) and the code of                  |  |                                  |  |
| (referred to as "the Participant".) The Parti<br>CCC for the stipulated contract period from   | cipant agrees to pla  | ace the designated                             | acreage into the                              | ) and the unders<br>Conservation Re | igned owners, operator   | s, or tenants                    |  |
| acreage the Conservation Plan devalored  | lan accele access   |  | a. 4 000. 1110 F G                            | rucipant aiso agr                   | 9es to implement on ell  | ch designated                    |  |
| COMPLY With the terms and conditions con-  | almost in which the same  |  | 000 010 016 1 01                              | arihaur vodinol                     | Tally, the Participant an  | d CCC agree to                   |  |
| Program Contract (referred to se "Annondi-   | et Diamination but  |  | - Sud of vious d                              | ounact sunnen                       | uppenaix to CRP-1. Cor   | ISPIVATION Receive               |  |
| thereto. BY SIGNING THIS CONTRACT PAI  | TICIDANTE ACKN  | OME COOK DEALS                                 | ned in this Form (                            | RP-1 and in the                     | CRP-1 Appendix and an  | ves for the<br>V addendum        |  |
| addendum thereto; and, CRP-2, CRP-2C, Cl   | RP-2G, or CRP-2C3   | 0, as applicable.                              | OF THE FOLLO                                  | WING FORMS: C                       | RP-1; CRP-1 Appendix   | and any                          |  |
| 9A. Rental Rate Per Acre \$ 255.   |   |  | on of CRP Land                                | (See Page 2 fo                      | or additional space)   |                                  |  |
| 9B. Annual Contract Payment \$ 543.  | 00 Initial  | A. Tract No.                                   | B. Field No.                                  | C. Practice No                      |  | E. Total Estimated<br>Cost-Share |  |
| 9C. First Year Payment \$  |   | 951  | 10  | CP21                                | 1.05   | \$ 0.00                          |  |
| (Item 9C is applicable only when the first year payment is prorated.)  |   | 951  | 11  | CP21                                | 0.28   | \$ 0.00                          |  |
|  |   | 951  | 12  | CP21                                | 0.80   | \$ 0.00                          |  |
| 11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)   |   |  |   |                                     |  |                                  |  |
| A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)   | (2) SHARE   | (3) SIGNATURE (                                | By). (4                                       | ) TITLE/RELATION                    | ONSHIP OF THE  | (5) DATE                         |  |
| POSSELL RECEMBORY FAMILY TRUST   | 1   | Bobby Star                                     | for 11 travelle                               | 🤈 INDIVIDUAL SI                     | GNING IN THE   | (MM-DD-YYYY)                     |  |
| 1461 225TH AVE<br>HILFORD, IAS1851-7069  | 100.00%   | 7  | It get  | REPRESENTA                          | TIVE CAPACITY  |                                  |  |
| B(1) PARTICIPANT'S NAME AND  | (2) SHARE   | an Keen and                                    | stred 1                                       | 1,6451                              |  | 6-23-2022                        |  |
| ADDRESS (Include Zip Code)   | (2) SHARE   | Severly A D                                    |   | ) TITLE/RELATION                    | ONSHIP OF THE  | (5) DATE                         |  |
| HAVERUT A BECKEMDORF IRE TRUST<br>  BUSSELL, H BECKEMDORF<br> 440  225TH AVE   | 1 1   | Decody of D                                    | when the                                      | INDIVIDUAL SI                       | GNING IN THE<br>TIVE CAPACITY  | (MM-DD-YYYY)                     |  |
| HILFORD, [A\$1361-706)   | 0.00%   | b. H   | RIM   |                                     |  | 1 12 2022                        |  |
| C(1) PARTICIPANT'S NAME AND  | (2) SHARE   | (3) SIGNATURE (I                               | BV) X (4                                      | ) TITLE/RELATION                    | ONSHIP OF THE  | 623.2022                         |  |
| ADDRESS (Include Zip Code)   |   | . ,  | 0 6   | INDIVIDUAL SI                       | GNING IN THE   | (5) DATE<br>(MM-DD-YYYY)         |  |
|  | %   |  |   | REPRESENTA                          | TIVE CAPACITY  | (MIN-OD-TTTT)                    |  |
| 12. CCC USE ONLY A. SIGNATUR   | 5 05 000  |  |   |                                     |  |                                  |  |
| 12. CCC USE UNLY   | E OF CCC BEPF   | RESENTATIVE                                    |   |                                     |  | B DATE /                         |  |
| mull   | ~ 4 9 1   | ellow  |   |                                     |  | CMM-DD-YYYY)                     |  |
| NOTE: The following statement is made in according to the Commodity Credit Corporation Changes and the Commodity Credit Corporation Changes are the conservation in Tribal agencies, and nongovernmental endentified in the System of Records Notice the requested information will result in a difference of the Corporation | Reserve Program. The<br>dities that have been to<br>for USDA/ESA 2.5- | e information collecte<br>authorized access to | d on this form may l<br>the information by si | de disclosed to other               | r Federal, State, Local governotor as described in apol<br>and/or as described in apol | participate in and               |  |
| Paparwork Reduction Act (PRA) States   | and: The information  |  |   |                                     |  | Annomoriate mimical              |  |
| Paparwork 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.  |   |  |   |                                     |  |                                  |  |

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 basels, 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) 720-2500 (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 any USDA office or write a letter addressed to USDA and provide in the latter 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.

RECEIVED

JUN 2 3 2022

|   |  |  |  |   |  | Page 1 of 2   |  |  |
|---|--|--|--|---|--|---|--|--|
| CRP-1 U.S. DEPARTMENT   |  | Ē  | 1. ST. 8   | & CO. CODE & ADMIN  | LOCATION   | 2. SIGN-UP  |  |  |
| (07-06-20) Commodity Credit Corporation   |  |  |  | 19 155  | NUMBER<br>55   |   |  |  |
|   |  |  | 3. CON   | TRACT NUMBER  | 4. ACRES FOR   |   |  |  |
| CONSERVATION RESERVE PROGRAM CONTRACT   |  |  |  | 11429A  | ENROLLMENT<br>6.48   |   |  |  |
| 5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)  |  |  |  | 6. TRACT NUMBER 7. CONTRACT PERIOD  |  |   |  |  |
| E. POTTAWATTAMIE COUNTY FARM SERVICE AGENCY 14 MAIN ST  |  |  |  | 471   | 1: (MM-DD-YYYY)  | TO: (MM-DD-YYYY)  |  |  |
| OAKLAND, IA51560-0000   |  |  |  | 1   | 0-01-2021  | 09-30-2031  |  |  |
|   |  |  |  | IUP TYPE:   | · · · · · · · · · · · · · · · · · · ·  |   |  |  |
| 5B. COUNTY FSA OFFICE PHONE NUM   | BER  |  | Cont   | Continuous (XHB_  |  |   |  |  |
| (Include Area Code): (712) 482-6486   |  |  |  | Initial   |  |   |  |  |
| THIS CONTRACT is entered into between the frequency of the stipulated contract period from acreage the Conservation Plan developed from a comply with the terms and conditions contract frequency of the straightful period. The terms and thereto. BY SIGNING THIS CONTRACT PARAGEMENT of the straightful period of the terms and the straightful period. The terms and the straightful period. The terms and the straightful period. BY SIGNING THIS CONTRACT PARaddendum the straightful period of the straightful period. | cipant agrees to pla<br>the date the Contri<br>for such acreage an<br>elned in this Contra<br>t"). By signing belo<br>conditions of this c<br>RTICIPANTS ACKNO | ice the designated<br>act is executed by<br>d approved by the<br>ct, including the A<br>ow, the Participant<br>ontract are contain<br>OWLEDGE RECEIF | acreage into the<br>the CCC. The Pa<br>CCC and the Pa<br>ppendix to this<br>acknowledges r<br>and in this Form   | o Conservation Reserve<br>articipant also agrees t<br>rticipant. Additionally,<br>Contract, entitled Appe<br>eccipt of a copy of the<br>CRP-1 and in the CRP. | e Program ("CRP")<br>to implement on su<br>the Participant an<br>ndix to CRP-1, Col<br>Appendix/Append | or other use set by uch designated of CCC agree to nservetion Reserve lices for the |  |  |
| 9A. Rental Rate Per Acre \$ 300.  | 00   | 10. Identification   | on of CRP Lan  | d (See Page 2 for ac  | dditional space)   |   |  |  |
| 9B. Annual Contract Payment \$ 1,94   | 4.00 Initial   | A. Tract No.   | B. Field No.   | C. Practice No.   | D. Acres   | E. Total Estimated Cost-Share   |  |  |
| 9C. First Year Payment \$   |  | 951  | 0005   | CP21  | 1.90   | \$ 0.00   |  |  |
| (Item 9C is applicable only when the first year payment is prorated.)   |  | 951  | 0006   | CP21  | 1.68   | \$ 0.00   |  |  |
|   |  | 951  | 0007   | CP21  | 1.49   | \$ 0.00   |  |  |
| 11. PARTICIPANTS (If more than  | three individual   | s are signing, s   | see Page 3.)   |   |  |   |  |  |
| A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)  BOBSY J RECEDIDARY FAMILY TRUST  BOSSY J RECEDIDARY FAMILY TRUST  BOSSY J RECEDIDARY FAMILY TRUST  BOSSY J RECEDIDARY FAMILY TRUST  | 100.00%  | (3) SIGNATURE (  | Tout   | (4) TITLE/RELATIONS<br>INDIVIDUAL SIGNI<br>REPRESENTATIVE   | NG IN THE  | (5) DATE<br>(MM-DD-YYYY)  |  |  |
| MILFORD, EAS1381-7063   |  | Murom J  | Deline   | Truste  | <u>e</u>   | 06-182027   |  |  |
| B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zin Code)  | 1 ' ' - 12   | (3) SIGNATURE (  | By) se y   | (4) TITLE/RELATIONS   | HIP OF THE   | (5) DATE  |  |  |
| ADDRESS (Include Zip Code) beverly a beckendow I wa Ikusi a rossell h beckendor   | 1  | Sevely A De  | THE THE STATE OF T | NDIVIDUAL SIGNI   | NG IN THE  | (MM-DD-YYYY)  |  |  |
| 2443 225TH AVE<br>MILFORD, IA51251-7063   | 0.00%  | ey Jums  | Tolland.   | Trusta  |  | 06-18 202   |  |  |
| C(1) PARTICIPANT'S NAME AND   | (2) SHARE  | (3) SIGNATURE (  | By)  | (4) TITLE/RELATIONS   | HIP OF THE   | (5) DATE  |  |  |
| ADDRESS (Include Zip Code)  |  |  | _  | INDIVIDUAL SIGNII REPRESENTATIVE  |  | (MM-DD-YYYY)  |  |  |
|   | %  |  |  | REFRESENTATIVE  | CAPACITY   |   |  |  |
| 12. CCC USE ONLY A SIGNATURE  | E OF CC REP  | RESENTATIVE  |  |   |  | B. DATE (MILDD-YMY) 8/16/22   |  |  |
| NOTE: The following statement is made in acco   | rdance with the Privac   | v Act of 1974 (5 USC   | 552a - as amende   | ed) The authority for requi   | esting the information   | identified and his form   |  |  |

the following statement is quarter in accordance with the Frivacy Act of 1974 (5 U.S.C. 3023 - as amended). The authority or requesting the information identified on this form is the Commodity Credit Ciproration Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 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 <a href="http://www.ascr.usda.gov/complaint-filing\_cust.html">http://www.ascr.usda.gov/complaint-filing\_cust.html</a> 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 inteke@usda.gov. USDA is an equal opportunity provider, employer, and lender.

RECEIVED

JUN 2 1 2022

POTTAWATTAMIE COUNTY FSA

## **CONTINUATION OF ITEM 10 – Identification of CRP Land**

| A.<br>Tract No. | B.<br>Field No. | C.<br>Practice No. | D.<br>Acres | E. Total Estimated C/S |
|-----------------|-----------------|--------------------|-------------|------------------------|
| 951             | 8000            | CP21               | 1.41        | \$ 0.00                |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 | <u> </u>           |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |
|                 |                 |                    |             |                        |

RECEIVED

JUN 2 1 2022

Date Printed: 06/17/2022