

CRP-1 (10-22-15)		1. ST. & CO CODE & ADMIN. LOCATION 19 151		2. SIGN-UP NUMBER 48																
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER 11344		4. ACRES FOR ENROLLMENT 2.33																
7A. COUNTY OFFICE ADDRESS (Include Zip Code) POCAHONTAS COUNTY FARM SERVICE AGENCY 600 WEST ELM AVE POCAHONTAS, IA 50574-1858		5. FARM NUMBER 0005881		6. TRACT NUMBER(S) 0012638																
7B. TELEPHONE NUMBER (Include Area Code): (712) 335-3596		8. OFFER (Select one) GENERAL ☐ ENVIRONMENTAL PRIORITY ☒		9. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 10-1-2016 9-30-2031																
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 \$ 339.03 <i>Initial: RLE Date: 8/29/16</i>																				
10B. Annual Contract Payment \$ 790 <i>Initial: RLE Date: 8/29/16</i>																				
10C. First Year Payment \$																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">A. Tract No.</th> <th style="width:15%;">B. Field No.</th> <th style="width:15%;">C. Practice No.</th> <th style="width:15%;">D. Acres</th> <th style="width:25%;">E. Total Estimated Cost-Share</th> </tr> </thead> <tbody> <tr> <td>0012638</td> <td>0003</td> <td>CP28</td> <td>1.53</td> <td>280</td> </tr> <tr> <td>0012638</td> <td>0004</td> <td>CP27</td> <td>0.80</td> <td>146</td> </tr> </tbody> </table> (Item 10C applicable only to continuous signup when the first year payment is prorated.)						A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	0012638	0003	CP28	1.53	280	0012638	0004	CP27	0.80	146
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12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)																				
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ROY I ESSING 130 325TH ST PERRY, IA 50220-7529		(2) SHARE 100.00%		(3) SIGNATURE <i>X Roy Essing</i>																
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):		(2) SHARE %		(3) SIGNATURE																
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):		(2) SHARE %		(3) SIGNATURE																
(4) DATE (MM-DD-YYYY) <i>X 8/29/16</i>		(4) DATE (MM-DD-YYYY)		(4) DATE (MM-DD-YYYY)																
RECEIVED AUG 30 2016																				
13. CCC USE ONLY		A. SIGNATURE OF CCC REPRESENTATIVE <i>Paul S. Bente, CEO</i>		B. DATE (MM-DD-YYYY) 9/12/2016																
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, 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. 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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Original – County Office Copy

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Owner's Copy

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Operator's Copy