							Page 1 of 2	
CRP-1 U.S. DEPARTMENT O	E	1. ST.	1. ST. & CO. CODE & ADMIN. LOCATION		OCATION	2. SIGN-UP		
(01-08-24) Commodity Crea			19 073			NUMBER 57		
				3. CONTRACT NUMBER			4. ACRES FOR	
CONSERVATION RESERVI	CONTRACT		11959			ENROLLMENT 4.70		
5A. COUNTY FSA OFFICE ADDRESS (Incl		6. TRA	CT NUMBER	7. CON	FRACT PERIOD			
GREENE COUNTY FARM SERVICE AGENCY 1703 N ELM SUITE 1			22774		(MM-DD-YYYY) -01-2022	TO: (MM-DD-YYYY)		
JEFFERSON, IA50129-0000				10-	-01-2022	09-30-2032		
				8. SIGNUP TYPE:				
5B. COUNTY FSA OFFICE PHONE NUMBER			Cont	inuous				
(Include Area Code): (515)386-3138								
(referred to as "the Participant".) The Partic CCC for the stipulated contract period from acreage the Conservation Plan developed fo comply with the terms and conditions conta Program Contract (referred to as "Appendix applicable contract period. The terms and c thereto. BY SIGNING THIS CONTRACT PAR addendum thereto; and, CRP-2, CRP-2C, CR	the date the Contr r such acreage an ined in this Contra "). By signing belo onditions of this c TICIPANTS ACKN	act is executed by a approved by the act, including the A ow, the Participant ontract are contain OWLEDGE RECEIF 0, as applicable.	the CCC. The I CCC and the P ppendix to this acknowledges ned in this Forn PT OF THE FOL	Participant also articipant. Addi Contract, entitle receipt of a cop 1 CRP-1 and in ti LOWING FORMS	agrees to tionally, tl ed Append y of the A he CRP-1 S: CRP-1;	implement on su he Participant an dix to CRP-1, Cor ppendix/Appendi Appendix and an CRP-1 Appendix	ch designated d CCC agree to nservation Reserve ices for the y addendum	
9A. Rental Rate Per Acre \$ 229.3	OA. Rental Rate Per Acre\$ 229.34		on of CRP La	nd (See Page	(See Page 2 for additional space)			
9B. Annual Contract Payment \$1,077.00		A. Tract No.	B. Field No.	C. Practic	e No.	D. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment \$		22774	0003	CP2	L	2.40	\$ 439.00	
(Item 9C is applicable only when the first year payment is prorated.)		22774	0004	CP2	L	2.30	\$ 421.00	
11. PARTICIPANTS (If more than a	hree individua	ls are signing, s	see Page 3.)					
A(1) PARTICIPANT'S NAME AND	(2) SHARE (3) SIGNATUR		(By)	()	RELATIONSHIP OF THE		(5) DATE	
ADDRESS (Include Zip Code) STEVEN BORTZ 1217 S MESA CT SUPERIOR, CO80027-8057	42.90%			INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(MM-DD-YYYY)	
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE ((By)				(5) DATE	
ADDRESS (Include Zip Code) CYNTHIA MILLER	ADDRESS (Include Zip Code)			INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(MM-DD-YYYY)	
1448 S 46TH ST WEST DES MOINES, IA50265-5415	14.30 %			ILEI ILEOEI				
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE			(5) DATE	
ADDRESS (Include Zip Code)				INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(MM-DD-YYYY)	
201 S 30TH ST WEST DES MOINES, IA50265-6441	14.30 %			ILEI ILEOEI				
12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE							B. DATE (MM-DD-YYYY)	
NOTE: The following statement is made in accorr form is the Commodity Credit Corporation U.S.C. 3831 et seq), the Agricultural Impr and the Conservation Reserve Program. Reserve Program. The information collec entities that have been authorized access Notice for USDA/FSA-2, Farm Records F in a determination of ineligibility to particip Paperwork Reduction Act (PRA) Stated criminal and civil fraud, privacy, and othe	n Charter Act (15 U.S. rovement Act of 2018 7 CFR Part 1410. Th 2ted on this form may 5 to the information b iile (Automated). Pro pate in and receive b ment: The information	S.C. 714 et seq.), the I 8 (Pub. L. 115-334), th 9 e information will be u 9 be disclosed to other 9 statute or regulation widing the requested enefits under the Con on collection is exemp	Food Security Act le Further Continu- used to determine r Federal, State, L a and/or as descri- information is volu- iservation Reserve- ted from PRA as	of 1985 (16 U.S.C ing Appropriations eligibility to partici, ocal government a bed in applicable R untary. However, fa Program. specified in 16 U.S	. 3801 et si and Other pate in and gencies, T outine Use ailure to fur .C. 3846(b)	eq.), the Agricultura Extensions Act, 20 receive benefits ur ribal agencies, and s identified in the S nish the requested)(1). The provision:	I Act of 2014 (16 24 (Pub. L. 118-22), ider the Conservation nongovernmental ystem of Records information will result s of appropriate	

In accordance with Federal civil rights aw 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 http://www.ascr.usda.gov/complaint_filing_cust.html 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.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender. CRP-1 (01-08-24)

11. PARTICIPANTS (CONTINUED FROM PAGE 1)									
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) STEVEN SWEEM 2040 CANTERBURY PL WHEATON, IL60189-8114	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)					
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) THOMAS M BORTZ-HARPER 712 NE 45TH ST KANSAS CITY, MO64116-1820	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)					
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JEFF BORTZ 50 PALMETTO DUNES LN ALAMO, CA94507-2336	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)					
G(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JENNIFER MICHELLE BORTZ-HARPER ESTATE C/O STEVEN BORTZ 1217 S MESA CT SUPERIOR, CO80027-8057	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)					
H(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)					
I(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)					
J(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)					
K(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)					
L(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)					
M(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)					
N(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)					
O(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)					