CRP-1 U.S. DEPA			ffer-pa		•	Page 1 of 1	
		RE	1. ST. & CO CODE & ADMIN.		2. SIGN-UP	2. SIGN-UP NUMBER	
(10-22-15) Commodity Credit Corporation			LOCATION				
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CONSERVATION R	RESERVE PROGRA	M CONTRACT	3. CONT	RACT NUMBER	4. ACRES F	OR ENROLLMENT	
			-1 -1	365		17.89	
7A. COUNTY OFFICE ADDRESS (Include ZIP Code) CLINTON COUNTY FARM SERVICE AGENCY 1212 17TH AVE		anga digipakan da sang dan menganda dan mendalah kecamatan kenanda kepada ang	THE RESIDENCE OF THE PARTY OF T	5. FARM NUMBER 0003688		6. TRACT NUMBER(S) 0003006	
DEWITT, IA 52742-1083			B OFFE	R (Select one)	9. CONTRAC	T PERION T. SIS.	
			GENERAL	(January and)	FROM (MM-DO-YYYY)	TO MALDOTTA	
B. TELEPHONE NUMBER (Inc.	lude Area Code): (563) 659	-3456	ENVIRONA	MENTAL PRIORITY	10/01/2019	09/30/2029	
'HIS CONTRACT is entered into be l'articipant'.) The Participant agree etiod from the date the Contract is uch acreage and approved by the contract, including the Appendix to l'articipant acknowledges that a coll amages in an amount specified in ontained in this Form CRP-1 am	es to place the designated acts secuted by the CCC. The case the Participant. Additional this Contract, entitled Appendix for the appoint for the Appendix for the Appendix if the Participand in the CRP-1 Appendix and	reege into the Conserval Participant also agrees to ditionally, the Participan, dix to CRP-1, Conservat blicable sign-up period to at withdraws prior to CCt d any addendum there	tion Reserve Progo o implement on sit t and CCC agree ion Reserve Prog as been provided C acceptance or n to. BY SIGNING	ram ("CRP") or other use designated acreage to comply with the tem ram Contract (referred to such person. Such person. The terms at THIS CONTRACT PR	se set by CCC for to the Conservation as and conditions co to as "Appendix"), person also agrees and conditions of the	he stipulated contract Plan developed for Intained in this By signing below, the to pay such liquidated Its contract are	
F THE FOLLOWING FORMS: CI OA Rental Rate Per Acre	\$ 61.00 Initial:			; or CRP-2G. (See Page 2 for ac	Iditional cascol		
0B Annual Contract Payment	\$1,091	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated	
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1) PARTICIPANT'S NAME AN		(2) SHARE	(3) SIGNAT	URE	(4) D	ATE (MM-DD-YYYY)	
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CRP-1 (10-22-15)	U.S. DEPARTI	MENT OF AGR	ICULTUR		1. ST.	& CO CODE & ADMIN	J. 2. SIGN-U	PNUMBER
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CONSERVA	ATION RES	SERVE PRO	OGRA	M CONTRACT	3. CO	ITRACT NUMBER	4. ACRES	FOR ENROLLMENT 6.44
7A COUNTY OFFIC CLINTON COUNTY F 1212 17TH AVE DEWITT, IA 52742		nclude Zip Cod AGENCY	ė)		5. FAR	M NUMBER 0003688	6. TRACT	NUMBER(S) 0003006
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7B. TELEPHONE NU					- 1	NMENTAL PRIORITY	10/01/2019	09/30/2029
period from the date the such acreage and appr Contract, including the	cipant agrees to a Confract is exe oved by the CCC Appendix to this es that a copy of specified in the in CRP-1 and In FORMS: CRP-1	place the design cuted by the GC and the Particip Contract, entitle the Appendix fc Appendix if the F the CRP-1 Appendix	neted acre C. The Pi pant. Add d Appendi of the appli Participant endly and dix and ar	age into the Consen articipant also agree, itionally, the Particip ix to CRP-1, Conservice icable sign-up perioc withdraws prior to C I any addendum there ny addendum there	vation Reserve Preserve Preser	rogram ("CRP") or other I such designated acrea I such designated acrea I such comply with the ter I compressor such I rejection. The terms I compressor such I compressor suc	use set by CCC for ge the Conservations of the as "Appendix", the person also agree and conditions of RODUCERS ACK	r the stipulated contract in Plan developed for contained in this . By signing below, the es to pey such liquidated this contract are NOWLEDGE RECEIPT
10B. Annual Contract	Payment \$:	1,365 🗓	nitial		B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Paym	ent \$			0003006	0001	CP22	6.44	\$ 1,932
(Item 10C applicable of the first year payment		us signup wher	,					
A(1) PARTICIPANT'S KATHRYN CUNNINGHIM SEAN CUNNINGHAM 569 VICTORIA CT SAN LEANDRO, CA S B(1) PARTICIPANT'S C(1) PARTICIPANT'S	TRUSTEE 94577-1933 NAME AND A	DDRESS (Zip C	ode): (100.0 (2) SHARE (2) SHARE	(3) SIGN/			DATE (MM-DD-YYYY)
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COUNTY FSA	OFFICE.	irand c ivil fraud, į	rivacy, and	i other stalute s may b	e applicable to the	Information provided. Ri	ETURN THIS COMP	lle F. Administration) The LETED FORM TO YOUR
The U.S. Department of A disability, sax, gonder led income is derived from an prohibited bases will apply alternative means of commitmentalism who are deal, it (800) 877-8339 or (800) 8	nity, reigion, repti y public essistenc i la ell progrems e nunicellan for prog terd of heering, or	isal, end where ep e program, or pro ind/or employmen gram information i have speech dis	oplicable, p lected gene t activities (e.a., Braill	olltical beliefs, marital alic Information In emp). Persona with disabi e. large print, audiotae	status, familial or j ploymant or in any litias, who wish to i on intc.) olaasa coi	oarental status, sexual on program or netivity condu file a program complaint, stact HSDA's TARGET C	lantation, or all or pai icled or funded by th write to the address antal at (2021-220-2)	rt of an individual's n Dopartment (Not all bulow or II you require 500 (wilco and TDD)
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Wetland Area

This form is available elec-	tronically.					Page 1 of 1
CRP-1 U.S. DI	EPARTMENT OF AGRICULT Commodity Credit Corporation		1. ST. & LOCA	CO CODE & ADMIN	. 2. SIGN-	UP NUMBER
				19 045		52
CONSERVATION	N RESERVE PROGR	AM CONTRACT	J. CONT	RACT NUMBER	4. ACRE	S FOR ENROLLMENT
7A. COUNTY OFFICE ADDR CLINTON COUNTY FARM SE 1212 17TH AVE	RESS (Include Zip Code) ERVICE AGENCY	The state of the s		NUMBER 0003688	6. TRAC	T NUMBER(S) 0003006
DEWITT, IA 52742-1083						
			8. OFFER	R (Select one)	9. CONT FROM: (MM-DD-YY	RACT PERIOD TO THE TO YOU (AMA-DOWNEY)
78. TELEPHONE NUMBER	(Include Area Code): (563) 65	9-3456	ENVIRON	MENTAL PRIORITY	10/01/201	
THIS CONTRACT is entered in Participant".) The Participant a parted from the date the Contrasuch acreage and approved by Contract, including the Appendi Participant acknowledges that admages in an amount specifie contained in this Form CRP-1 OF THE FOLLOWING FORMS 10A. Rental Rate Per Acre	grees to place the designated a ct is executed by the CCC. The the CCC and the Participant. A ix to this Contract, entitled Appe a copy of the Appendix for the a d in the Appendix if the Particip. and in the CRP-1 Appendix e	croage Into the Conserv. p Participent also agrees Additionally, the Participent ndix to CRP-1, Conserve pplicable sign-up period ant withdraws prior to CC and any addendum theret d any addendum theret	allon Reserve Prog to implument an sint end CCC agree illon Reserva Prog has been provided CC acceptance or n etc. BY SIGNING of CRP-2; CRP-2C	pram ("CRP") or other uch designated acrea to comply with the ter uram Contract (referre t lo such person. Suci ofection. The terms of t THIS CONTRACT P	use set by CCC ge the Conservat rms and condition d to as "Appendin h person also agr and conditions of RODUCERS AC	for the stipulated centreal tion Plan developed for is contained in this x*). By signing below, the rees to pay such liquidated of this contract are KNOWLEDGE RECEIPT
10B. Annual Contract Payme			B. Field No.	C. Practice No.	D. Acres	E. Total Estimated
10C. First Year Payment	\$	0003006	0004	CP9	6.11	Cosl-Share \$ 1,118
(Item 10C applicable only to c the first year payment is prora	onlinuous signup when led.)					
12. PARTICIPANTS (If	more than three individ	luals are signing, s	ee Page 3.1			
A(1) PARTICIPANT'S NAME CATHRYN CUNNINGHAM REV SEAN CUNNINGHAM TRUSTE 569 VICTORIA CT	AND ADDRESS (Zip Code): E	(2) SHARE	(3) SIGNAT	URE	(4	4) DATE (MM-DD-YYYY)
SAN LEANDRO, CA 94577-				3	> 1/	8/19/19
B(1) PARTICIPANT'S NAME	AND ADDRESS (Zip Code):	(2) SHARE	(9) SIGNAT	0.00	(4	1) DATE (MM-DD-YYYY)
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C(1) PARTICIPANT'S NAME	AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNAT	URE	(4) DATE (MM-DD-YYYY)
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13. CCC USE ONLY	A. SIGNATURE OF CO	C REPRESENTATI	VE	an ir da yır. Şı dedininin in	В	DATE (MM-DD-YYYY)
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The U.S. Department of Agriculture disability, sex, gender identity, religioncome is derived from any public a prohibited bases will apply to all proallemative means of communication individuals who are deaf, hard of his (800) 877-8339 or (800) 845-6136. If you wish to file a Civil Rights programment applications are researched to the communication of the communi	non, reprisal, and where applicable sssistance program, or protected a ograms and/or employment activit in for program information (e.g., B. earing, or have speech disabilities (in Spanish).	e, political beliefs, marital ; genetic information in empi les.) Persons with disabili railia, large print, audiotapi and wish to file either an i	Natus, familiai or pai loyment or in any po lies, who wish to file p, etc.) please conta EEO or program con nam Discrimination Co	rental status, sexual ori ogram or activity condu a program complaint, ct USDA's TARGET C implaint, please contact	ientation, or all or purcted or funded by write to the addressenier at (202) 720- USDA through the	part of an individuel's the Department. (Not all is below or if you require 2600 (voice and TDD). Federal Reley Service al
http://www.ascr.usda.gov/compli requested in the form. Send your or Washington, D.C. 20250-9410, by t	ompleted complaint form or letter i	bv mall to U.S. Departmen	t of Agricultura. Dire	icing Office of Adjudice	Non 1400 Indepen	laining all of the information indence Avenue, S W.,
Original –	County Office Copy	0	vner's Copy		Op	perator's Copy

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CRP-1 U.S. DEPARTI (07-06-20) Commo	1		19 045		2 SIGN-UP NUMBER 55	
CONSERVATION RES	I CONTRACT	3 CON	3 CONTRACT NUMBER		4. ACRES FOR ENROLLMENT 57.49	
5A COUNTY FSA OFFICE ADDRE	SS (Include Zip Code)		6 TRAC		ONTRACT PERIO	D
CLINTON COUNTY FARM SERVICE	AGENCY			FRO	OM. (MM-DD-YYYY)	TO: (MM-DD-YYYY)
1212 17TH AVE DEWITT, IA 52742-1083			-	\$206		
75HIII, IM 52/42-1683				1	0/01/2021	9/30/2031
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5B. COUNTY FSA OFFICE PHONE	NUMBER	Amphilip to physically, drift and administration for tap	SAFE	- Iowa Ga	ining Grou	Ind Initial
(Include Area Code): (5631659-)	3456					-MITTU
ecreage the Conservation Plan development with the terms and condition Program Contract (referred to as "Applicable contract period. The term thereto. By SIGNING THIS CONTRACTED THE CONT	s contained in this Contripendix"). By signing be- is and conditions of this CT PARTICIPANTS ACKN -2C, CRP-2G, or CRP-2C.	act, including the A low, the Participant contract are contain IOWLEDGE RECEIP 30, as applicable.	ppendix to this C acknowledges re ned in this Form C PT OF THE FOLLC	ontract, entitled Ap, ceipt of a copy of the CRP-1 and in the CR DWING FORMS: CRI	pendix to CRP-1, C ne Appendix/Appen P-1 Appendix and P-1; CRP-1 Append	onservation Reserve dices for the eny addendum ix and any
9A. Rental Rate Per Acre \$	234.49	10. Identification	on of CRP Land	(See Page 2 for	additional space,	
	13,481.00 Initio	A. Tract No	B Field No	C. Practice No	D Acres	E. Total Estimated Cost-Share
C. First Year Payment \$		3006	0002	CP38E-25	25.65	\$ 8,439.00
(Item 9C is applicable only when the first year payment is prorated.) 11. PARTICIPANTS (If more than three individual		3006	0003	CP38E-25	16.36	\$ 5,382.00
		·		CP38E~25	2.51	\$ 826.00
A(1) PARTICIPANT'S NAME AND	(2) SHARE		and the second second second second second			
ADDRESS (Include Zin Code)	(2) SHARE	(3) SIGNATURE (By)		4) TITLE/RELATION INDIVIDUAL SIG	(5) DATE (MM-DD-YYYY)	
ADPIR CHRISTAN REV SEUCE				REPRESENTATI	(MIMI-DU-TYTY)	
F VICTORIA UT F LEANTHE. CA 94517 (198)	100.00%	+	>	- Successe		. Ka7/29/2
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(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE		(5) DATE
ADDRESS (Include Zip Code)				INDIVIDUAL SIGI	(MM-DD-YYYY)	
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2. CCC USE ONLY A SIGN	ATURE OF CCC PER	DECEMENT				D 0175
L. JOU GOL DILL! A. SIGN	MIUNE OF CCC REP	MESENIATIVE	NI	1111		B. DATE
		7	inter	11/6		19-7-71
NOTE: The following statement is made is the Commodity Credit Corpora 3831 at seq.) the Agnicultural Impreceive benefits under the Conse Tribal agencies, and nongovernic identified in the System of Person	non Unarter Act (15 U.S.C.) Provement Act of 2018 (Pub Provision Reserve Program - 1	714 et seq.). the fraod. L. 115-334) and 7 CFF The information collecte Lauthorized access to	Security Act of 1985 R Part 1410 The in ad on this form may the information by	(16 U.S.C. 3801 et se formation will be used be disclosed to other in the second control and the second control an	q), the Agricultural A to determine eligibility Federal, State, Local (of of 2014 (16 U.S.C. to participate in and government agencies.

the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program

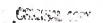
Paparwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and crivil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) crivil 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, retigion, sex gender identity (including gender expression), sexual orientation, disability, age, mantal status. family/parental status income denived from a public assistance program, political behets, or reprisal or retellation 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 very 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.ascriitsda.co/complaint-filing_cust-litint and 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 (886) 632-9992. Submit your complaint form or letter to USDA by (1) mail U.S. Department of Agriculture Office of the Assistant Secretary for Cwil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410, (2) fax. (202) 690-7442, or (3) email pggam.inlake@usda.cov USDA is an equal opportunity provider, employer, and lender



CONTINUATION OF ITEM 10 - Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
3006	0013	CP38E-25	3.66	\$ 1,204.00
3006	0014	CP38E-25	2.06	\$ 678.00
3006	0015	CP38E-25	7.25	\$ 2,385.00
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