



United States  
Department of  
Agriculture

## Madison County, Illinois



### Legend

- Tract Boundary
- Non-Cropland
- Cropland
- CRP

### Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions

Corn = YC GR

Soybeans = Com GR

Wheat = SRW GR

All Crops NI - Unless Otherwise Noted

2025 Program Year

Map Created October 04, 2024

**Farm 9860**  
**Tract 14049**

Tract Cropland Total: 115.60 acres

IL119\_T14049

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).



ILLINOIS  
MADISON

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.



United States Department of Agriculture  
Farm Service Agency

Abbreviated 156 Farm Record

FARM : 9860

Prepared : 5/6/25 8:43 AM CST

Crop Year : 2025

Operator Name : STEVE STROHBECK  
CRP Contract Number(s) : None  
Recon ID : 17-119-2008-61  
Transferred From : None  
ARCPLC G//F Eligibility : Eligible

Farm Land Data

Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
159.49	115.60	115.60	0.00	0.00	0.00	0.00	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland		Double Cropped		CRP	MPL	DCP Ag.Rel. Activity	SOD
0.00	0.00	115.60		0.00		0.00	0.00	0.00	0.00

Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage
None	CORN, SOYBN	None

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
Corn	57.80	0.00	138	
Soybeans	57.80	0.00	37	
<b>TOTAL</b>	<b>115.60</b>	<b>0.00</b>		

NOTES

Tract Number : 14049

Description : SEC 26 FOSTER  
FSA Physical Location : ILLINOIS/MADISON  
ANSI Physical Location : ILLINOIS/MADISON  
BIA Unit Range Number :  
HEL Status : NHEL: No agricultural commodity planted on undetermined fields  
Wetland Status : Wetland determinations not complete  
WL Violations : None  
Owners : PATRICIA ALBRECHT  
Other Producers : None  
Recon ID : 17-119-2008-62

Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
159.49	115.60	115.60	0.00	0.00	0.00	0.00	0.0

CCC-866  
(01-17-2025)U.S. DEPARTMENT OF AGRICULTURE  
Commodity Credit Corporation**AGRICULTURAL RISK COVERAGE -  
COUNTY OPTION (ARC-CO) AND PRICE LOSS  
COVERAGE (PLC) ELECTION AND CONTRACT**

1. Program Year: 2025

2. State Code

17

3. County Code

119

4. Farm Number

9860

5A. County FSA Office Name and Address

MADISON COUNTY FARM SERVICE AGENCY  
900 Hillsboro Avenue, Suite #2  
EDWARDSVILLE, IL 62025-4545

5B. County Office Telephone No

(Including Area Code)

(618)656-7300 x2

5C. County Office Fax No

(Including Area Code)

(855)693-0071

**THIS ARC-CO AND PLC ELECTION AND CONTRACT** is entered into between the Commodity Credit Corporation (CCC) and the undersigned producers on the farm identified in Item 4. Upon approval, this farm and the producers on the farm are enrolled in ARC-CO and/or PLC for the program year identified above in Item 1. All producers with a share in base acres must sign this contract by the announced enrollment deadline of the applicable program year in order to participate and make themselves potentially eligible to receive payments for the applicable program year.

The terms and conditions of the ARC-CO and PLC contract are contained in the CCC-862 and CCC-866 Appendix and the regulations at 7 CFR Part 1412. By signing this contract producers: (1) acknowledge receipt and agree to abide by the terms of the CCC-862 and CCC-866 Appendix; (2) agree to comply with the terms and conditions of the program and those governing payment limitation and eligibility and adjusted gross income limitation provisions; (3) agree that the terms and benefits of this program are subject to changes in law; and (4) certify that all the information contained on this form, whether or not personally entered by the producer, is true, correct, and accurate. All producers agree to participating or not participating on a covered commodity by covered commodity basis in Item 11.

All producers on the farm must agree to the election made in Item 8. If an ARC or PLC election is not made the election defaults to the election for the farm that was effective under the previous Farm Bill, and no payments will be earned under this contract and farm for 2019. All producers on the farm agree and acknowledge that: (1) this election is irrevocable for the covered commodities and the farm, or any resulting farm(s) of a reconstitution; (Beginning in 2021, producers may change the election on the farm); (2) this farm may not be combined with any other farm that has base acres and does not have the same program election applicable for each and all covered commodities on all farms intended to be combined; (3) even though the producers on the farm may have made an election, producers must still annually enroll the farm and covered commodity in the ARC or PLC program in order to be eligible to receive ARC or PLC benefits for that covered commodity and crop year; (4) they must comply with the regulations at 7 CFR Part 1412; and (5) ARC or PLC benefits are subject to change based upon changes to law. FSA's acceptance of this signed form and use of the form does not equate to FSA's approval of the election. If FSA later determines this election was invalid under 7 CFR Part 1412, the elections indicated on this form are invalid and will not apply to the farm.

**NOTE:** PLC yields in item 10 are only used in the payment calculation of covered commodities that have elected PLC.

6. Multi-year Contract (2019 - 2025) ☒

7. Commodity	8. Program Elected	9. Base Acres	10. PLC Yield	11. Participating		7. Commodity	8. Program Elected	9. Base Acres	10. PLC Yield	11. Participating	
				YES	NO					YES	NO
CORN	ARC-County	57.8	138	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOYBEANS	ARC-County	57.8	37	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12A. Owner or Producer's Name and Address

STEVE STROHBECK  
4240 W GOLIKE LN  
ALTON, IL 62002-793813.  
Commodity

CORN

14.  
Payment Share

100.00%

13.  
Commodity

SOYBEANS

14.  
Payment Share

100.00%

12B. Email Address

sstroh2513@aol.com

12C. Telephone No. (Including Area Code): (618) 791-6026

15A. Refused Payment Information:

☐ All ARC-CO Payments are Refused☐ All PLC Payments are Refused

15B. Producer's Initials

15C. Date Initialed (MM-DD-YYYY)

16A. Producer's Signature (By)

16B. Title/Relationship of the Individual Signing in the  
Representative Capacity16C. Date (MM-DD-YYYY)  
01-30-2020**FOR FSA USE ONLY**

17A. Signature of CCC Representative

17B. Date (MM-DD-YYYY)

02-25-2020

18. Remarks

19. Employee's Initials



**NOTE:**

**Privacy Act Statement:** 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 the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (7 U.S.C. 9015) as amended by the Agriculture Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), the American Relief Act, 2025 (Pub. L. 118-158), and 7 CFR Part 1412. The information will be used to determine eligibility to participate in and receive benefits under the Agriculture Risk Coverage Program and Price Loss Coverage 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 Agriculture Risk Coverage Program and Price Loss Coverage Program.

**Paperwork Reduction Act (PRA) Statement:** The information collection is exempted from PRA as specified in 7 U.S.C. 9091(c)(2)(B).

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 [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

FSA - 578 (09-13-16)

REPORT OF COMMODITIES  
FARM AND TRACT DETAIL LISTING

DATE: 05/06/2025  
PAGE: 1

Farm Number: 9860

Operator Name and Address  
STEVE STROHBECK  
1240 W GOLIKE LN  
ALTON, IL 62002-7938

Original: ENG  
Revision: \_\_\_\_\_  
Cropland: 115.60  
Farmland: 159.49

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Planting Date	Planting Period	End Date
14049	1	SOYBN	COM	GR	N	C	N	I	A	15.45		Yes		05/30/2022	01	
Producer OP - STEVE STROHBECK						Share 100.00 FSA Physical Location Madison, Illinois								NAP Unit 1296	Signature Date 06/09/2022	
	2	SOYBN	COM	GR	N	C	N	I	A	7.93		Yes		05/30/2022	01	
Producer OP - STEVE STROHBECK						Share 100.00 FSA Physical Location Madison, Illinois								NAP Unit 1296	Signature Date 06/09/2022	
	3	SOYBN	COM	GR	N	C	N	I	A	85.11		Yes		05/30/2022	01	
Producer OP - STEVE STROHBECK						Share 100.00 FSA Physical Location Madison, Illinois								NAP Unit 1296	Signature Date 06/09/2022	
	4	CORN	YEL	GR	N	C	N	I	A	7.11		Yes		05/12/2022	01	
Producer OP - STEVE STROHBECK						Share 100.00 FSA Physical Location Madison, Illinois								NAP Unit 1296	Signature Date 06/09/2022	

Tract 14049 Summary

PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
01	SOYBN	COM	GR	N	A	108.49	01	CORN	YEL	GR	N	A	7.11							

Photo Number/Legal Description: SEC 26 FOSTER  
Cropland: 115.60      Reported on Cropland: 115.60      Difference: 0.00      Reported on Non-Cropland: 0.00



FSA - 578 (09-13-16)

## REPORT OF COMMODITIES

PROGRAM YEAR: 2022

Farm Number: 9860

## FARM SUMMARY

DATE: 05/06/2025

PAGE: 2

Operator Name and Address

STEVE STROHBECK

1240 W GOLIKE LN

ALTON, IL 62002-7938

Original: ENG

Revision: \_\_\_\_\_

Cropland: 115.60

Farmland: 159.49

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 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

STEVE STROHBECK							Crop/ Commodity	Variety/ Type	Share								Crop/ Commodity	Variety/ Type	Share
							SOYBN	COM	100.00								CORN	YEL	100.00
PP	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity		PP	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity			
01	SOYBN	COM	GR	N	A	108.49			01	CORN	YEL	GR	N	A	7.11				

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)

Title/Relationship of Individual Signing in the Representative Capacity

Date

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 [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

FSA - 578 (09-13-16)

REPORT OF COMMODITIES  
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DATE: 05/06/2025  
PAGE: 1

Farm Number: 9860

Operator Name and Address

STEVE STROHBECK

1240 W GOLIKE LN

ALTON, IL 62002-7938

Original: MLB

Revision: \_\_\_\_\_

Cropland: 115.60

Farmland: 159.49

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Planting Date	Planting Period	End Date
14049	1	CORN	YEL	GR	N	C	N	I	A	15.45		Yes		04/11/2023	01	
Producer OP - STEVE STROHBECK						Share 100.00 FSA Physical Location Madison, Illinois				NAP Unit 1296 Signature Date 05/02/2023						
	2	CORN	YEL	GR	N	C	N	I	A	7.93		Yes		04/11/2023	01	
Producer OP - STEVE STROHBECK						Share 100.00 FSA Physical Location Madison, Illinois				NAP Unit 1296 Signature Date 05/02/2023						
	3	CORN	YEL	GR	N	C	N	I	A	85.11		Yes		04/11/2023	01	
Producer OP - STEVE STROHBECK						Share 100.00 FSA Physical Location Madison, Illinois				NAP Unit 1296 Signature Date 05/02/2023						
	4	SOYBN	COM	GR	N	C	N	I	A	7.11		Yes		04/25/2023	01	
Producer OP - STEVE STROHBECK						Share 100.00 FSA Physical Location Madison, Illinois				NAP Unit 1296 Signature Date 05/02/2023						

Tract 14049 Summary

PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
01	SOYBN	COM	GR	N	A	7.11	01	CORN	YEL	GR	N	A	108.49							

Photo Number/Legal Description: SEC 26 FOSTER

Cropland: 115.60

Reported on Cropland: 115.60

Difference: 0.00

Reported on Non-Cropland: 0.00



## REPORT OF COMMODITIES

Farm Number: 9860

## FARM SUMMARY

DATE: 05/06/2025

PAGE: 2

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ALTON, IL 62002-7938

Original: MLB

Revision: \_\_\_\_\_

Cropland: 115.60

Farmland: 159.49

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STEVE STROHBECK			Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
			SOYBN	COM	100.00	CORN	YEL	100.00						

  

PP	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	PP	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
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	3	SOYBN	COM	GR	N	C	N	I	A	85.11		Yes		04/25/2024	01	
Producer OP - STEVE STROHBECK						Share 100.00 FSA Physical Location Madison, Illinois							NAP Unit 1296		Signature Date 06/18/2024	
	4	CORN	YEL	GR	N	C	N	I	A	7.11		Yes		04/15/2024	01	
Producer OP - STEVE STROHBECK						Share 100.00 FSA Physical Location Madison, Illinois							NAP Unit 1296		Signature Date 06/18/2024	

Tract 14049 Summary

PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
01	SOYBN	COM	GR	N	A	108.49	01	CORN	YEL	GR	N	A	7.11							

Photo Number/Legal Description: SEC 26 FOSTER

Cropland: 115.60

Reported on Cropland: 115.60

Difference: 0.00

Reported on Non-Cropland: 0.00

Operator Name and Address

STEVE STROHBECK  
1240 W GOLIKE LN  
ALTON, IL 62002-7938

Original: KRK  
Revision: \_\_\_\_\_  
Cropland: 115.60  
Farmland: 159.49

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 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

STEVE STROHBECK						Crop/ Commodity	Variety/ Type	Share							Crop/ Commodity	Variety/ Type	Share
						SOYBN	COM	100.00							CORN	YEL	100.00
PP	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	PP	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity		
01	SOYBN	COM	GR	N	A	108.49		01	CORN	YEL	GR	N	A	7.11			

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date

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