This form is available electronically							
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (07-23-10) Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and			1. ST. & CO. CODE & ADMIN. LOCATION 27045 3. CONTRACT NUMBER		2. SIGN-UP NUMBER 47 4. ACRES FOR ENROLLMENT 1.24		
							ompleting and reviewing the collection of information.
7. COUNTY OFFICE ADDRESS (Include Zip Code): FILLMORE COUNTY FARM SERVICE AGENCY			0005067		1	6. TRACT NUMBER(S)	
					0027673		
413 FARMERS ST NW PRESTON, MN 55965-1035			(55.55.5)		1	9. CONTRACT PERIOD M FROM: TO:	
TELEPHONE NUMBER (Include Area Code): (507)765-3892 x2			GENERAL	TAL PRIORITY	(MM-DD-YY)	YY) (MM-DD-YYYY)	
HIS CONTRACT is entered into between the Commodity Credit Corpo. Ferred to as "the Participant"). The Participant agrees to place the desi pulated contract period from the date the contract is executed by the Corporate in the Participant agrees for such acreage and approved by the CCC and the Participant is the Participant in the Participant in the Participant is the Participant in the Participant in the Participant is the Participant in the Participant in the Participant in the Participant is the Participant in the Pa	ration (referred t ignated acreage CCC. The Partic rticipant. Additio	into the Con ipant also ag nally, the Pai	and the under servation Res rees to implen ticinant and C	signed owners, erve Program ("o nent on such des CC agree to con	CRP") or other signated acrea	enants (who may be r use set by CCC for the age the Conservation s and conditions	
ontained in this Contract, including the Appendix to this Contract, entitle gning below, the Participant acknowledges that a copy of the Appendix ay such liquidated damages in an amount specified in the Appendix if t	ed Appendix to (c for the applical he Participant w	CRP-1, Cons ble sign-up po rithdraws prio	ervation Rese eriod has beer er to CCC acce	rve Program Col n provided to suc ptance or reject	ntract (referred th person. Suc ion.	d to as "Appendix"). By th person also agrees to	
the terms and conditions of this contract are contained in this Form CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLL pplicable; and, if applicable, CRP-15.	CRP-1 and in OWING FORM	the CRP-1 (S: CRP-1, C	Appendix and RP-1 Append	l any addendun ix and any adde	n thereto. BY endum thereto	SIGNING THIS o, CRP-2 or CRP-2C, ii	
0A. Rental Rate Per Acre \$348.95	11. Identif	ication of CRP Land		(See Pa	age 2 for ado	litional space)	
B. Annual Contract Payment \$433	A.Tract No	b. B. Fiel	d No. C. F	Practice No.	D. Acres	E. Total Estimated Cost-Share	
OFFrst Year Payment \$433,42	0027673 0004		CP	ВА	0.22	\$24.00	
/ስ/ና / ከተባጋጋዜና flem 10C applicable only to continuous signup when the first year payment is prorated.)	0027673	0006	CP	ЗА	1.02	\$112.00	
6							
Z. PARTICIPANTS							
A PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SOCIA	(3) SOCIAL SECURITY NUMBER:				
GILBERTSON FAMILY REVOCABLE TRUST UTA	100.00% (A) SIGN		ATURE DATE (MM-DD-YYYY)				
B PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	If mole then three individuals are signing feotilinue on alectularity. (3) SOCIAL SECURITY NUMBER.					
N/A	(2) STIANL	(4) SIGNA	ATURE DATE (MM-DD-YYYY) hree individuals are signing, continue on attachment.)				
C PARTICIPANT'S NAME AND ADDRESS (Zip Code):		(If more than th					
C PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SOCIAL SECURITY NUMBER:					
N/A	%	(4) SIGNATURE DATE (MM-DD-YYYY) (If more than three individuals are signing, continue on attachment.)					
nore than three individuals are signing, continue on ettachment.) 3. CCC USE ONLY - Payments according	A. SIGNATU						
to the shares are approved.		Darmy Marto				9-30-15	
OTE: The following statement is made in accordance with the Privacy A for requesting the following information is the Food Security Act o (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 14 CCC to consider and process the offer to enter into a Conservatic parties to the contract. Furnishing the requested information is vo certain program benefits and other financial assistance administe Justice, or other State and Federal Law Enforcement agencies, a civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 10	of 1985, (Pub. L.) 10 and the Interron Reserve Progluntary, Failure I red by USDA agond in response t	99-198), as a nal Revenue gram Contract to furnish the gency. This in to a court ma	mended and I code (26 USC t, to assist in c requested info formation may distrate or add	he Farm Securit 6109). The information will resignation will resignation to provided to provide tribure.	y and Rural in mation requestility and to de sult in determination other agencies and The provisual.	vestment Act of 2002 sted is necessary for termine the correct ation of ineligibility for s, IRS, Department of	
RETURN THIS COMPLETED FORM TO YOUR COUNTY			····				
U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and acti- ntal status, religion, saxual orientation, genetic information, political beliefs, generic informa- tibited bases apply to all programs.) Persons with disabilities who require alternative mean) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director,) 720-6382 (TDD). USDA is an equal opportunity provider and employer.	ation, reprisal, or bed	cause all or part	of an individual's in	come is derived fron	n any public assist	ance program. (Not all	
Original - County Office Copy	Owner's C	COPPECEIL		Opera	Operator's Copy		
	s for communication, Office of Civil Right. Owner's C S FILLM	EP 2 4	2015			200 PR EB9(09)	
JE.	IN(ORE CO.	FSA		Date P	Printed : 09-22-15	