This form is available electron	nically.						Page 1 of 1	
CRP-1 U.S. DEPA (10-22-15) Com	E		1. ST. & CO CODE & ADMIN. LOCATION		2. SIGN-UP NUMBER			
				19 015			50	
CONSERVATION F	T 3. CONT	3. CONTRACT NUMBER			4. ACRES FOR ENROLLMENT 25.65			
			1	11492				
7A. COUNTY OFFICE ADDRESS BOONE COUNTY FAR		5. FARM NUMBER			6. TRACT NUMBER(S) 0001623			
1602 SNEDDEN DR	M SERVICE AGENC	. 1		0000312	ĺ		001023	
BOONE, IA 50036-5421			8. OFFEI	8. OFFER (Select one)			9. CONTRACT PERIOD 7	
			GENERAL			FROM: (MM-DD-YYYY) (MM-DD-YYYY)		
7B. TELEPHONE NUMBER (Incl		ENVIRONMENTAL PRIORITY		10j-01-201				
THIS CONTRACT is entered into be Participant".) The Participant agree period from the date the Contract is such acreage and approved by the Contract, including the Appendix to Participant acknowledges that a co- damages in an amount specified in contained in this Form CRP-1 and OF THE FOLLOWING FORMS: CF	es to place the designated acrea is executed by the CCC. The Pai CCC and the Participant. Additi this Contract, entitled Appendix by of the Appendix for the applic the Appendix if the Participant w d in the CRP-1 Appendix and a	age into the Conser rticipant also agree tionally, the Particip to CRP-1, Consen aable sign-up period withdraws prior to Cany addendum the	vation Reserve Prog s to implement on s ant and CCC agree vation Reserve Prog d has been provided CCC acceptance or r ereto. BY SIGNING	gram ("CRP") or othe uch designated acre- to comply with the te rram Contract (referre- to such person Suc ejection. The terms THIS CONTRACT I	r use se age the erms and ed to as th perso and co	et by CCC for the Conservation Pi d conditions con s "Appendix"). B on also agrees to anditions of this	e stipulated contract lan developed for tained in this y signing below, the o pay such liquidated s contract are	
10A. Rental Rate Per Acre	\$226.03 X TE	11 Identificati	on of CRP Land	(See Page 2 for	additio	nal space)		
10B. Annual Contract Payment	\$5,798	A Tract No	B Field No	C. Practice No.		D. Acres	E Total Estimated Cost-Share	
10C. First Year Payment	\$5,798. X TE	0001623	0006	CP38E-2		22.08	4,041	
(Item 10C applicable only to conti the first year payment is prorated.		0001623	0017	CP38E-2	-	3.57	653	
12. PARTICIPANTS (If mo	-							
D/1) DADTICIDANT'S NAME ANI		25.0 2) SHARE 50.0	(3) SIGNAT	w Johnson	<i>J</i>	(4) DAT	//3//7 [E (MM-DD-YYYY) //5, 17	
C(1) PARTICIPANT'S NAME AND	O ADDRESS (Zip Code): (2)	25.0	(3) SIGNATI	ure ident		1/0	E (MM-DD-YYYY)	
13. CCC USE ONLY	B. CCC USE ONLY  A. SIGNATURE OF CCC REPRESENTATIVE  Marcles Molestrum					B. DAT	E (MM-DD-YYYY) -9-2017	
is 7 CFR Part 1410, the Con of 2014 (Pub. L. 113-79). Ti information collected on this authorized access to the info Farm Records File (Automat ineligibility to participate in a This information collection is provisions of appropriate crir COUNTY FSA OFFICE. The U.S. Department of Agriculture (US isability, sex, gender identity, religion, r income is derived from any public assist rohibited bases will apply to all program	reprisal, and where applicable, politance program, or protected genetions and/or employment activities )	or Act (15 U.S.C. 714 rmine eligibility to pa ederal, State, Local g nd/or as described in rmation is voluntary servation Reserve P eduction Act as spec other statutes may be st its customers, em itical beliefs, marital ic information in emp Persons with disabili	et seq.), the Food Se riticipate in and receiv jovernment agencies, a applicable Routine L However, failure to for gram. iffied in the Agricultura e applicable to the infi poloyees, and applican status, familial or pan poloyment or in any pro- tities, who wish to file	ecurity Act of 1985 (16 re benefits under the Carbinator Tribal agencies, and itses identified in the Sournish the requested in Act of 2014 (Pub. L. cormation provided. Relats for employment on ental status, sexual originam or activity condua program complaint, via	U.S.C. Conserver nongove ystem of a formation of the second of the secon	3801 et seq.), and atton Reserve Pro ermental entities of Records Notice on will result in a different time. Title I, Subtitle F, THIS COMPLETE of or part of entitle I, or all or part of entitle B, or all or part of entitle B, or all or part of entitle B or part of entitle B, or all or part of entitle B or part of entitle	d the Agricultural Act gram. The that have been for USDA/FSA-2, determination of Administration). The ED FORM TO YOUR ational origin, age, an individual's partment. (Not all y or if you require	
Itemative means of communication for dividuals who are deaf, hard of hearing 300) 877-8339 or (800) 845-6136 (in Sy you wish to file a Civil Rights program thtp://www.ascr.usda.gov/complaint_quested in the form. Send your comple/ashington, D.C. 20250-9410, by fax (2	g, or have speech disabilities and vo panish) complaint of discrimination, compl filing_cust.html, or at any USDA eted complaint form or letter by ma	wish to file either an lete the USDA Progra office, or call (866) 6 ail to U.S. Departmer	EEO or program com am Discrimination Co 632-9992 to request th at of Agriculture, Direc	plaint, please contact mplaint Form, found o ne form. You may also ctor, Office of Adjudica	USDA ti nline at o write a tion, 140	hrough the Federa  letter containing and the containing and the containing are contained as the containing and the containing are contained as the containing	al Relay Service at	
Original – County Office Copy			Owner's Copy			Operator's Copy		

CRP-1 U.S. DEPARTMEN	FOE ACRICIU TU				Page 1 of 1		
O.O. DEI AITIMEN	redit Corporation	T AGRICULTURE		T. & CO. CODE &	2. SIGN-UP		
(12 oz 10) Commodity C			19	NUMBER			
1						53	
CONSERVATION RESER	T   .	ONTRACT NUMB	4. ACRES FOR				
The state of the s	IN CONTRAC	'   \	11664	ENROLLMENT			
5A. COUNTY FSA OFFICE ADDRESS (I			RACT NUMBER	17 CONTRACT	5.84		
BOONE COUNTY FARM SERVICE AGENC		0. 11	THE STATE OF THE S				
1602 SNEDDEN DR BOONE, IA 50036-5421			1623	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)		
1000H, 17 30036-3421					04/01/2020	09/30/2030	
			101115 77.65	SET'E'	\$1 2-21-20		
50 000000000000000000000000000000000000		8. 51	IGNUP TYPE:				
5B. COUNTY FSA OFFICE PHONE NUM	Cont	Continuous					
(Include Area Code): (515)432-4320							
THIS CONTRACT is entered into between (referred to as "the Participant".) The Participant (control of the control of the contr	the Commodity Cre	edit Corporation (re	ferred to as "C	CCC") and the und	preigned owners and		
(referred to as "the Participant".) The Part CCC for the stipulated contract period from	licipant agrees to p	lace the designated	d acreage into	the Conservation	Reserve Program ("CRP	ors, or tenants	
CCC for the stipulated contract period from acreage the Conservation Plan developed	n the date the Con	tract is executed by	the CCC. The	e Participant also	agrees to implement on s	or Other use set by Such designated	
comply with the terms and conditions con	tained in this Cont	and include by the	occ and the	rarucipant. Addi	tionally, the Participant a	nd CCC agree to	
Program Contract (referred to as "Annoual	iv" Pusianing he	doughtordaring the p	appendix to th	us contract, entitle	ed Appendix to CRP-1, C	onservation Reserve	
applicable contract period. The terms and	conditions of this	untropari	acknowledge	es receipt of a cop	y of the Appendix/Appen	dices for the	
thereto. BY SIGNING THIS CONTRACT PA thereto; CRP-2; CRP-2C; or CRP-2G.	RTICIPANTS ACK	NOWLEDGE RECEI	PT OF THE FO	PLLOWING FORMS	ie CRP-1 Appendix and a S: CRP-1: CRP-1 Annandi	any addendum	
9A. Rental Rate Per Acre \$205.00 \$75 10. Identification of CRP Land (See Page 2 for additional space)							
9B. Annual Contract Payment \$1,19	A. Tract No.	B. Field No	1		E. Total Estimated		
		A. Hactivo.	D. Field IV	C. Practice	e No. D. Acres	Cost-Share	
9C. First Year Payment \$ 1197	YTE	1623	0004	CP42	3.96	\$ 2,099.00	
Hom City and any interest of	F F. C	n JG27	27.103			7 2,033.00	
(Item CD is upplicable only when the first ye prorated.)	3 3 3 3	00119	CF41	4.36	\$ 721.00		
prordica.)		1623	0020	CP42	0.52	Å 276 22	
11. PARTICIPANTS (If more than	throo individue	1			0.32	\$ 276.00	
A(1) PARTICIPANT'S NAME AND	Tribe maividus						
ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)		(4) TITLE/RELA	(5) DATE		
		7		INDIVIDUAL	SIGNING IN THE	(MM-DD-YYYY)	
	25.00 %	2 50		REPRESEN			
PIN TANK COMMENT AND		10m Cositeros		Y Parcie	2,/21/20		
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	CIPANT'S NAME AND (2) SHARE (3) SIGNATURE (B		By)	(4) TITLE/RELA	(5) DATE		
ADDRESS (Include Zin Code)				INDIVIDUAL	(MM-DD-YYYY)		
	50.00%	x 7/10 T 000		REPRESEN	To Pe		
		1 Belle of	pourser	<b>'</b>		Jel. 25, 2020	
ADDRESS (Include Zin Code)	(2) SHARE	(3) SIGNATURE (	By)	(4) TITLE/RELA	TIONSHIP OF THE	(5) DATE	
Will IRESS (Include Zin Code)		,		INDIVIDUAL	(MM-DD-YYYY)		
	25 00 0	】 /^	)		TATIVE CARACITY	''''''	

NOTE: The following statement is badd 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 Corperation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 714 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. 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, 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.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 7 U.S.C. 9091(2)(c)(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 <a href="http://www.ascr.usda.gov/complaint-filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a> 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider, employer, and lender.