

AUG 16 2019

CRP-1 (10-22-15)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		STORY CO. NEVADA		1. ST. & CO CODE & ADMIN. LOCATION 19 169	2. SIGN-UP NUMBER 52
CONSERVATION RESERVE PROGRAM CONTRACT				3. CONTRACT NUMBER 11443	4. ACRES FOR ENROLLMENT 2.10 <i>RLC</i>	5. FARM NUMBER 0006863	
7A. COUNTY OFFICE ADDRESS (Include Zip Code) STORY COUNTY FARM SERVICE AGENCY 510 SOUTH 11TH STREET NEVADA, IA 50201-2740				6. TRACT NUMBER(S) 0011723		8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	
7B. TELEPHONE NUMBER (Include Area Code): (515) 382-4714				9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10/01/2019 TO: (MM-DD-YYYY) 09/30/2029 <i>RLC</i>		10. Rental Rate Per Acre <i>RLC</i> \$ 209.00	
10B. Annual Contract Payment \$ 439				11. Identification of CRP Land (See Page 2 for additional space)			
10C. First Year Payment \$				A. Tract No. 0011723	B. Field No. 0002	C. Practice No. CP8A	D. Acres 2.10
(Item 10C applicable only to continuous signup when the first year payment is prorated.)				E. Total Estimated Cost-Share \$ 265			
12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)							
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): CRAIN FAMILY FARMS %DARREL L CRAIN 1436 K AVE NEVADA, IA 50201-1948		(2) SHARE 100.00%		(3) SIGNATURE <i>Darrel L Crain</i> X		(4) DATE (MM-DD-YYYY) 8-16-2019	
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):		(2) SHARE %		(3) SIGNATURE		(4) DATE (MM-DD-YYYY)	
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):		(2) SHARE %		(3) SIGNATURE		(4) DATE (MM-DD-YYYY)	
13. CCC USE ONLY		A. SIGNATURE OF CCC REPRESENTATIVE <i>Mindy Ott CEO</i>				B. DATE (MM-DD-YYYY) 9-27-19	
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 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). 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, 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 Conservation Reserve Program.							
This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). 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.							

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