

IOWA  
BOONE

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.



United States Department of Agriculture  
Farm Service Agency

### Abbreviated 156 Farm Record

FARM : 1696

Prepared : 11/20/23 12:28 PM CST

Crop Year : 2024

Operator Name : CONNIE L MILLER  
CRP Contract Number(s) : 1462A, 1463B  
Recon ID : None  
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
24.22	24.22	24.22	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	0.00		0.00		24.22	0.00	0.00	0.00

#### Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage
None	None	None

#### DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
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#### NOTES

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Tract Number : 1866

Description : E1/2 SE1/4 SEC 13-83-26  
FSA Physical Location : IOWA/BOONE  
ANSI Physical Location : IOWA/BOONE  
BIA Unit Range Number :  
HEL Status : NHEL: No agricultural commodity planted on undetermined fields  
Wetland Status : Wetland determinations not complete  
WL Violations : None  
Owners : CONNIE L MILLER  
Other Producers : None  
Recon ID : None

#### Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
24.22	24.22	24.22	0.00	0.00	0.00	0.00	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	0.00	0.00	24.22	0.00	0.00	0.00

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DCP Crop Data

Tract 1866 Continued ...

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield
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NOTES

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United States  
Department of  
Agriculture

## Boone County, Iowa



### Legend

Non-Cropland	CRP	Iowa PLSS
Cropland	Tract Boundary	Iowa Roads

### Wetland Determination Identifiers

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

Tract Cropland Total: 24.22 acres

2023 Program Year

Map Created March 24, 2023

Farm 1696

Tract 1866

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).

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5A. COUNTY FSA OFFICE ADDRESS <i>(Include Zip Code)</i> BOONE COUNTY FARM SERVICE AGENCY 1602 SNEDDEN DR BOONE, IA50036-5421	6. TRACT NUMBER  1866	7. CONTRACT PERIOD	
		FROM: (MM-DD-YYYY) 03-01-2010	TO: (MM-DD-YYYY) 09-30-2024
5B. COUNTY FSA OFFICE PHONE NUMBER <i>(Include Area Code):</i> (515) 432-4320	8. SIGNUP TYPE: Continuous		

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

9A. Rental Rate Per Acre	\$ 225.61	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 226.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	1866	3	CP16A	1.00	\$ 300.00
(Item 9C is applicable only when the first year payment is prorated.)						

**11. PARTICIPANTS** (If more than three individuals are signing, see Page 3.)

A(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i> CONNIE L MILLER [REDACTED]	(2) SHARE  100.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
B(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE  %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
C(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE  %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE (MM-DD-YYYY)
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**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 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.), the Agricultural Act of 2014 (16 U.S.C. 3831 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, 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/FS-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 16 U.S.C. 3846(b)(1). 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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<b>CRP-1</b> (07-06-20)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	
<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>		1. ST. & CO. CODE & ADMIN. LOCATION <div style="text-align: center;">19 015</div>	
		2. SIGN-UP NUMBER <div style="text-align: center;">38</div>	
		3. CONTRACT NUMBER <div style="text-align: center;">1463B</div>	
		4. ACRES FOR ENROLLMENT <div style="text-align: center;">23.22</div>	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) BOONE COUNTY FARM SERVICE AGENCY 1602 SNEDDEN DR BOONE, IA50036-5421		6. TRACT NUMBER <div style="text-align: center;">1866</div>	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (515) 432-4320		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 03-01-2010 TO: (MM-DD-YYYY) 09-30-2024	
		8. SIGNUP TYPE: FWP	
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9A. Rental Rate Per Acre \$ 225.61		10. Identification of CRP Land (See Page 2 for additional space)	
9B. Annual Contract Payment \$ 5,239.00		A. Tract No.	B. Field No.
9C. First Year Payment \$		C. Practice No.	D. Acres
(Item 9C is applicable only when the first year payment is prorated.)		E. Total Estimated Cost-Share	
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CONNIE L MILLER <div style="background-color: black; width: 150px; height: 15px;"></div>		(2) SHARE <div style="text-align: center;">100.00 %</div>	(3) SIGNATURE (By)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(2) SHARE <div style="text-align: center;">%</div>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY
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