CRP-1 U.S. DEPARTMENT OF						Page 1 of 2
CRP-1 U.S. DEPARTMENT OF (12-02-19) Commodity Credit	AGRICULTURE	•	1. ST.	& CO. CODE &	ADMIN. LOCATION	2. SIGN-UP
(12-02-19) Commonly Credit	Corporation				089	NUMBER 36
CONSERVATION RESERVE	PROGRAM	CONTRACT	3. CO	NTRACT NUMB		4. ACRES FOR
5A. COUNTY FSA OFFICE ADDRESS (Included)		CONTRACT			25C	ENROLLMENT 1.10
MCPHERSON COUNTY FARM SERVICE AGENC	e zip Code) Y		6. TR	ACT NUMBER	7. CONTRACT PE	
PO BOX 230	-		l	4569	FROM: (NIM-DD-YY	
LEOLA, SD57456-0230				1307	07-01-200	8 09-30-2022
				NUP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (605) 439-3336	₹		Cont:	inuous		
THIS CONTRACT is entered into between the C (referred to as "the Participent".) The Participe CCC for the stipulated contract period from the acreage the Conservation Plan developed for comply with the terms and conditions contains Program Contract (referred to as "Appendix"), applicable contract period. The terms and contents and STANING THIS CONTRACT PARTIC thereto; CRP-2; CRP-2C; or CRP-2G.	date the Control uch acreage an id in this Control By signing belo	act is executed by d approved by the ict, including the A aw, the Perticipant	the CCC. The CCC and the I ppendix to this acknowledges	ne Conservation Participant also Participant. Addi Contract, antition receipt of a cop	Reserve Program (** agrees to implement idenally, the Particip ad Appendix to CRP y of the Appendix/A	CRP") or other use set by t on such designated ant and CCC agree to -1, Conservation Reserve ppendices for the
9A. Rental Rate Per Acre \$54.51		10. Identification	on of CRP La	nd (See Page	2 for additional sp	ace)
98. Annual Contract Payment \$60.00		A. Tract No. B. Field No.		C. Practic		E. Total Estimated
9C. First Year Payment \$		4569	14	CP5	A 1.10	Cost-Share
(Item 9C is applicable only when the first year prorated.)	nayment is					
11. PARTICIPANTS (If more than thr	ee individual	s are signing, s	see Page 3.)		
A(1) PARTICIPANT'S NAME AND (2) SHARE	(3) SIGNATURE (By)		ATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)	İ	-)			L SIGNING IN THE	(MM-DD-YYYY)
14714 N 1000TH AVE GRANVILLE, IL61326-9341	33.34 %	$\mathcal{X}_{(})$	by.	REPRESEN	ITATIVE CAPACITY	12/21/19
B(1) PARTICIPANT'S NAME AND (2) SHARE	(3) SIGNATURE (Byl	(A) TITLE/DEL	ATIONSHIP OF THE	(6) 50 5
ADDRESS (Include Zip Code) CATHY A DOYLE	.			INDIVIDUA	L SIGNING IN THE	(5) DATE
7 FILMORE CIR	0.00%	(ather ()	1) 100	REPRESEN	STATIVE CAPACITY	r
GRANVILLE, IL61326-9421		cully a.	Loyer			12-21-2019
) SHARE	(8) SIGNATURE (By)	(4) TITLE/REL	ATIONSHIP OF THE	
ADDRESS (Include Zip Code) ROGER DOYLE	l	Dog B.	. 0.	INDIVIDUA	L SIGNING IN THE	(MM-DD-YYYY)
FO BOX 644	33.33 %	Roger No	yce	REPRESEN	ITATIVE CAPACITY	12/21/19
GRANVILLE, IL61326-0644		P				10-10-11
12. CCC USE ONLY A. SIGNATURE	OF CCC REP	RESENTATIVE				B. DATE
	000 K	طالم				CALL-DO-LLIN
NOTE: The following sistement is during a provide	total walkin file - Chairman	u Act of 1074 (E 1107	2552			100014
NOTE: The tollowing statement is made in accordance is the Commodity Credit Corporation Charte 3831 et seq), the Agricultural Improvement is	Act (15 U.S.C. 7	14 et seq.), the Food	Security Act of 1	1985 (16 U.S.C. 380	y for requesting the info If et seq.), the Agricuit.	ormation identified on this form arel Act of 2014 (16 U.S.C.

is the Commodity Credit Coligination 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. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 1801 e

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3848(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statules 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 requisitions and policies, the USDA is Agencies, criticas, 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 ballets, or reprised or retailation 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 stang 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 TARSET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8338. Additionally, program information may be made evallable 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.gow/complaint-filing_cust.htm; 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, cell (868) 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) 590-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

RECEIVED

DEC 2 3 2019

McPHERSON CO. FSA

Date Printed: 12/20/2019

	11. PARTIC	IPANTS (CONTINUED FR	OM PAGE 1)	Page 2 of 2
D(1) PARTICIPANTS NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	LES DATE
ADDRESS (Include Zip Code) BRIC JEPPSON		(by)	INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
5575 LAKE RD PUTNAM, IL61560-5026	33.33 %	Eur Depason	HEI REDENIATIVE CHENCIL	12/21/19
E(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (BY)	(4) TITLE/RELATIONSHIP OF THE	
ADDRESS (Include Zip Code)	%	(0)0:0:0:10:12(0))	INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
F(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) 5) 75
ADDRESS (Indude Zip Code)	%	(5) 3.515 (1.51)	INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
G(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)	%		INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
H(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)	%	(, , , , , , , , , , , , , , , , , , ,	INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
I(1) PARTICIPANTS NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)	%		IND:VIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(MM-00-YYYY)
J(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)	%		INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(MM-OD-YYYY)
K(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)	%		INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
L(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)	%		INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
M(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
. But also (modes ap state)	%		INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
N(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-00-YYYY)
	76			
O(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

RECEIVED

Date Printed: 12/20/2019

DEC 2 3 2019

McPHERSON CO. FSA

This form is	available electron						32 0 2	See	e Pag	ge 2 for Privacy Act Sta	atement.
CRP-2C	U.S.	DEPARTMENT O				1. TRA	CT NUMBI	R	2. F	PROGRAM YEAR	
(02-04-03)	CONSERVATIO	Commodity Credit	t Corporation PROGRAM WO	RKSHEET		4	569			2008	
		(For Continuous				3A. SI	SN UP NU	MBER	3B.	EFFECTIVE DATE	
information without information colle	out prior OMB approval ma ction is estimated to avera	andated by the Paperwon age 5 minutes per respon	L. 107-171. This authorit k Reduction Act of 1995. se, including the time for r and completing and review	The time required to eviewing instructions	complete this searching	3	6+1	Cont		7-1-08	
4A. FARM NUM			OF PRODUCER (Zip			ATE & COL	JNTY CODE	5B.	STATE & COUNTY C		
		Kevin D	oyle 100th Au			AL	460			PHYSICAL LOCATIO)N
4311		14714 N	100th AU	e	-	6 CO	ITRACT N		7 4	46089 ACRES FOR ENROLL	MENT
	TELE	Granville PHONE NO. (Inclu	, , IL 61	326		0.00	112			1.1	
	SA OFFICE ADDRES	SS (Zip Code):	4D. COUNTY I			is cos	r-SHARE F	EQUESTED?		RENTAL RATE PER A	CRE
Webl	rerson Co.	FSA	TELEPHOI	NE NO. (Include A	1	YES,			_	OFFERED	
Po	30x 230	_			. 1			heck one):		\$	
Leolo	a s 0 57	456	605-4	-39 -333	6	CON	TINUOUS	X		54.51	
					Ì	FWP	-	H			
11. PRACTIO	DES:				12. HUC	Numbe	n 101	30102	7) -	70010	
	A. PRACTICES	B. ACRES	C. ESTIMATED TOTAL C/S	D. LENGTH	13. Lan	d Eligib	lity Categ	ory by Acres	:		
CP 5A		1.1		3500	Margina	al Pastureland					
					CREP A	cres					
					Wellhea	d Prote	ction Acre	es			
					Expiring	CRP					
					Water B	ank Pro	gram				
	-				Infeasibl	le to Fa	rm	·			
8					Other Cr	opland					
14. Soil Map	Data and Maximu	m Payment Rate C	alculations:	4	•						
	A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbo	lo	D. Acres		Soi	E. Rental Rate		F. Total Rent	
(1) Primary	46089	46089	20A		. 8	X	\$	41.00	=		32.8
(2) Secondary	46089	46089	3 A		3 _	X		45.00	_=	\$ 27.00	13.5
(3) Tertiary	THE WOLLD STORY	No. of the last of	TOTA	18	14	_x	\$	HENOUS PROPERTY.	=	\$ 5 <u>5</u> 70	.11 5
	Average Soil Rental R	tate (Col. 14F Total o	livided by Col. 14D to	tal) 16. Total		applicab	ie) (Item 1:		nes ap	pplicable incentive	46.3
17. Soil Map		n Payment Rate C	alculations. For Infe	easible to farm A	creage:						
	A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbo	ol	D. Acres		Soi	E. Rental Rate		F. Total Rent for Infeas Farm Acres	sible to
(1) Primary						х	\$		=	\$	
(2) Secondary						Х	\$		=	<u> </u>	
(3) Tertiary				10		X	\$		=	\$	
40 111 111		A Diversity	TOTA	LS			ITD 1 CT	TOTAL C	0.	\$	
	Average Soil Rental R + 17F) divided bv /14			eighted Average M	aintenance l		20. M	AXIMUM Payme	ent Ra	ate	
	\$	42.09		O	.00			em18 + Item 1		\$ 54.51	
			1								

	ORIGINAL	- COUNTY	FSA	OFFICE	COPY
--	----------	----------	-----	--------	------

CRP-2C (02-04-03) (Page 2)

					24	. Crop Lar	ıd Use Suı	mmary			
21. Tract No.	22. Current Field No.	23. Current Crop or Land Use	A. Offered Acres	B. Eligible Acres	C. Year: 2001	D. Year: 2 000	E. Year: 1999	F. Year: 1998	G. Year: 1997	H. Year: 1996	I. Year:
4569	13		1.3	1.3	corn	wht	мН	Swift	wkt	Sunfly	
							,				
	2										
		25	5. TOTAL	,							

26. PRODUCER'S CERTIFICATION:

By signing below I certify to all of the following: (1) I have been informed of the estimated cost of establishing the cover offered; (2) I have been informed that declining cost share assistance to establish the cover offered and/or offering a per acre rental payment less than the calculated annual maximum payment rate may enhance the acceptability of the offer; (3) I have been informed that if I decline cost share assistance I will be ineligible for cost share assistance; (4) I have been informed that I may be required to pay for a measurement service on the acreage offered before such acreage may be enrolled in the CRP; (5) To the best of my knowledge and belief the acreage of crops and land listed herein, if applicable, are true and correct; and (6) The signing of this form gives USDA representatives authorization to enter and inspect crops and land uses and for other purposes on the above identified land.

I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.

26A. PRODUCER'S SIGNATURE	26B. DATE (MM-DD-YYYY) 3/31/05
Rosy Doyle	3/31/08
Euro Jeppon	3/31/08

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or farmity status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). Uson is an equal opportunity provider and employer.

CRP-1 U.S. DEPARTM						Page 1 of 2
	ENT OF AGRICULTURE ity Credit Corporation		1. ST.		ADMIN. LOCATION 089	2. SIGN-UP NUMBER 36
CONCEDIATION DEG	FD\# DDAAD	A011771	3. CO	YTRACT NUMB	R	4. ACRES FOR
CONSERVATION RES		CONTRACT		11:	ENROLLMENT	
5A. COUNTY FSA OFFICE ADDRES	S (Include Zip Code)		6. TR/	CT NUMBER	7. CONTRACT PERIOD	
PO BOX 230			İ	4569	FROM: (NM-DD-YYYY)	TO: (MM-DD-YYYY)
LEOLA, SD57456-0230					07-01-2008	09-30-2022
				NUP TYPE;	· · · · · · · · · · · · · · · · · · ·	<u></u>
58. COUNTY FSA OFFICE PHONE (Include Area Code): (605) 439-3 THIS CONTRACT Is entered into between the contract in the Participant.) The Contract in the Participant.	336				lia:1	
acreage the Conservation Pien develor comply with the terms and conditions Program Contract (referred to as "App spolicable contract period. The terms thereto. BY SIGNING THIS CONTRAC thereto; CRP-2; CRP-2C; or CRP-2G.	pendix"). By signing being and coordings of this c	ict, including the A Sw, the Participant optract was contain	uppendix to this tecknowledges	receipt of a copy	ed Appendix to CRP-1, Co y of the Appendix/Append	unservation Reserve dices for the
9A. Rental Rate Per Acre \$4	5.71	10. Identificati	on of CRP La	nd (See Page	2 for additional space)	W.
98. Annual Contract Payment \$ 1	189.00	A. Tract No. B. Fle		C. Practic		E. Total Estimated Cost-Share
9C. First Year Payment \$		4569	15	CP3	7 4.14	\$ 0.00
(Item 9C is applicable only when the fi prorated.)	îrst year payment is					
11. PARTICIPANTS (If more	than three individual	ls are signing. :	see Page 3.)			
A(1) PARTICIPANT'S NAME AND		(3) SIGNATURE		(4) TITLE/REL	ATIONSHIP OF THE	(6) DATE
ADDRESS (Include Zip Code)		-) -		INDIVIDUA	L SIGNING IN THE STATIVE CAPACITY	(MM-DD-YYYY)
14714 N 1000TH AVE GRANVILLE, IL61326-9341	33.34 %	$\gamma(t)$	gl	REPRESE	VIATIVE CAPACITY	12/21/19
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE	(By)		ATIONSHIP OF THE	(5) DATE
ADDRESS (include Zip Code)		Au M			L SIGNING IN THE VIATIVE CAPACITY	(MM-DD-YYYY)
7 FILMORE CIR GRANVILLE, IL61326-9421	0.00%	Cathell	Joylo	REPRESE	NIATIVE CAPACITY	12-21-209
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE	(By)	(4) TITLE/REL	ATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)				INDIVIDUA	L SIGNING IN THE	(MM-DD-YYYY)
PO BOX 644 GRANVILLE, IL61326-0644	33.33 %	Roger D	oyle	REPRESE	NTATIVE CAPACITY	12/21/19
12. CCC USE ONLY A. SIGN	ATURE OF CCC REP	RESENTATIVE		<u> </u>		B. DATE
Ab	Ineque to	d d				12.26.19
NOTE: The following statement is triede is the Commodity Credit Corpore 3831 et seo), the Appropriate of	11UN UNBIREN PALI (13 U.S.L., /	' 14 91 380.), ma rocc	I Sacurity Act of 1	985 (161LS C. 3N	If at one I the Androiters A	on identified on this form
3831 et seq), the Agricultural Imp	provement Act of 2018 (Pub.	L. 115-334 and 7 CF	FR Pari 1410 Th	a information will b	a second to adult coming all all the	

The following statement is triple in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this farm is the Commodity Credit Colporation Charler Act of 2014 (18 U.S.C. 714 at aq.), the Food Security Act of 1985 (18 U.S.C. 3801 at seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 GFR Part 1410. The information will be used to determine eligibility to participate in and receive banefits 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.

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. 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, raligion, 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 retailation 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 deedlines very by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braile, targe 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 evaluable 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-files-cust-time
and at any USDA office or write a lotter 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-intelet@usda.gov. USDA is an equal opportunity provider, employer, and lender.

RECEIVED

DEC 2 3 2019

McPHERSON CO. FSA

Date Printed: 12/20/2019

CRP-1 (12-02-19)				Page 2 of 2
	11. PARTIC	PANTS (CONTINUED FR	OM PAGE 1)	. 0go 2 0. 2
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ERIC JEPPSON 5575 LAKE RD PUTNAM, IL61560-5026	(2) SHARE	(3) SIGNATURE (BY)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 12/21/19
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-00-YYYY)
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-00-YYYY)
G(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
H(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
I(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
J(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
K(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
L(1) PARTICIPANT'S NAME AND ADDRESS (include Zip Code)	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
M(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
N(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
O(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

RECEIVED

Date Printed: 12/20/2019

DEC 2 3 2019

McPHERSON CO. FSA

This form is available	electronica	ılly.		0.0000000000000000000000000000000000000						See	Page 2	for Privacy Act Statem
CRP-2C		EPARTMENT O						1. TRA	CT NUMB			GRAM YEAR
(02-04-03) CONSE		ommodity Credit			RKS	HEET		4	569		2	008
		(For Continuous				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3A. SI	GN UP NU	MBER		FECTIVE DATE
NOTE: The authority for colli information without prior OMI information collection is estim existing data sources, gather	B approval mand: nated to average	ated by the Paperwori 5 minutes per respons	k Reduction A se, including t	ct of 1995. he time for i	The time	e required to a ginstructions,	omplete this searching	3	36+h	Cont	-	-1-D8
4A. FARM NUMBER		E AND ADDRESS			,				ATE & COU	JNTY CODE		ATE & COUNTY CODE
4311		Kevin 14714 N	lyo Cl	e L Au	e.			75	460			YSICAL LOCATION
, , , , ,		Granvil				ہا		6. CO	NTRACT N	UMBER	7. ACR	ES FOR ENROLLMEN
	TELEPH	IONE NO. (Inclu					-		112			4.1
4C. COUNTY FSA OFFIC			4D.	COUNTY				s cos		REQUESTED?	9. REN	TAL RATE PER ACRE
McPherso	on Co.	ESA		ELEPHO Code):	NE NO.	. (Include A		YES 2			OFF	ERED
PO Box	_						10.			heck one):	\$	45-77
Leola S		156	6	05-4	34.	-3331	•	CON CREI FWP	TINUOUS			10 44
11. PRACTICES:							12. HUC 1	Numbe	r: 151	261.00		
A.	PRACTICES ACRES ESTIMATED TOTAL LEI				D. ENGTH	13. Land	Eligibi	ility Categ	36/ 02 ory by Acres:		0010	
			C	C/S						le for each criter	a.)	
CP 37		4.1		15			Marginal	Pastu	reland			
-							CREP A	cres				
							Wellhead	Prote	ction Acre	es ,		
0.19		0					Expiring (CRP				
	2,000						Water Ba	nk Pro	gram			
							Infeasible	to Fa	rm	-		
				/			Other Cro	pland				
14. Soil Map Data and	Maximum F	Payment Rate Ca	alculations	:								
Physical	A. Location	B. Soil Survey ID No.	Map U	C. nit Symbo	d		D. Acres		Soil	E. Rental Rate		F. Total Rent
(1) Primary 460		46089	ac				3.2	. X		11.00	= \$	131.20
(2) Secondary 460		46089		A	-		<u>.</u> . 4	X		5.00	= \$	_31.50
(3) Tertiary 46	081	46089		7 TOTA	IS		3.9 3.9	X	\$		= \$	**
15. Weighted Average So	oil Rental Rate	(Col. 14F Total di	vided by C	10000		16. Total Ir percer	centive (if a		le) (Item 15	times 14D time		162.70 able incentive
17. Soil Map Data and	Maximum P	ayment Rate Ca	lculations.	For Infe	asible	to farm Ac	reage:	Ψ.				
	Location	B. Soil Survey ID No.	Map U	C. nit Symbo	ı		D. Acres		Soil	E. Rental Rate	То	F. tal Rent for Infeasible t
(1) Primary								×	\$		= \$	Farm Acres
(2) Secondary								x	\$		= \$	
(3) Tertiary								х	\$		= \$	
STATE OF THE STATE	Color Color			TOTA	LS				Zink,		\$	
18. Weighted Average So (14F + 16 + 17F) divid			е		ighted /		intenance Ra			OTALS eximum Paymen m18 + Item 19)		ua ni
\$ 7.				J	1616	\$ 101.1	00		(ne	15 · Relli 19)	\$	43.71

FSA PENDING COPY

ORIGINAL - COUNTY FSA OFFICE COPY

CRP-2C (02-04-03) (Page 2)

					24	. Crop Lar	nd Use Su	mmary			
21. Tract No.	22. Current Field No.	23. Current Crop or Land Use	A. Offered Acres	B. Eligible Acres	C. Year: 2001	D. Year;	E. Year: 1999	F. Year: 1998	G. Year: 1 997	H. Year:	I. Year:
4569	13		3.9	3.9	Corn	wht	wht	Sunfly	WH	Swell	
						N					
ş					85						
26 PRODUK	CED'S CEDTIEI		. TOTAL	3.9							

26. PRODUCER'S CERTIFICATION:

By signing below I certify to all of the following: (1) I have been informed of the estimated cost of establishing the cover offered; (2) I have been informed that declining cost share assistance to establish the cover offered and/or offering a per acre rental payment less than the calculated annual maximum payment rate may enhance the acceptability of the offer; (3) I have been informed that if I decline cost share assistance I will be ineligible for cost share assistance; (4) I have been informed that I may be required to pay for a measurement service on the acreage offered before such acreage may be enrolled in the CRP; (5) To the best of my knowledge and belief the acreage of crops and land listed herein, if applicable, are true and correct; and (6) The signing of this form gives USDA representatives authorization to enter and inspect crops and land uses and for other purposes on the above identified land.

I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.

26A. PRODUCER'S SIGNATURE	26B. DATE (MM-DD-YYYY)					
Kur Dafe	3/31/68					
Roger Doyle	3/3//08					
Euc Johns	3/3//08					

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or farmity status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

							Page 1 of 2
CRP-1 U.S. DEPARTMENT			1. ST.	LOCATION	2. SIGN-UP		
(12-02-19) Commodity Cre	edit Corporation			46	089	ļ	NUMBER 42
CONSERVATION RESERV	E DDOCDAM	CONTRACT	3. COI	NTRACT NUMB			4. ACRES FOR
	CONTRACT			04B		ENROLLMENT 111.42	
5A. COUNTY FSA OFFICE ADDRESS (Inc. MCFHERSON COUNTY FARM SERVICE AG	clude Zip Code)		6. TRA	CT NUMBER	7. CON	TRACT PERIOD	
PO BOX 230	ENCI			990	FROM:	(MM-DD-YYYY)	TO: (MM-DD-YYYY)
LEOLA, SD57456-0230				990	10	-01-2012	09-30-2027
				NUP TYPE:	<u>. </u>		
5B. COUNTY FSA OFFICE PHONE NUMI (Include Area Code): (605) 439-3336	BER		Conti	nuous			
(referred to as "the Participent".) The Parti- CCC for the stipulated contract period from acreage the Conservation Plan developed I comply with the terms and conditions cont. Program Contract (referred to as "Appendia applicable contract period. The terms and of thereto. BY SIGNING THIS CONTRACT PAI thereto; CRP-2; CRP-2C; or CRP-2G.	or such acreage an ained in this Contra of, By signing beli conditions of this c	act is executed by id approved by the act, including the A ow, the Participant	the CCC. The I CCC and the P ppendix to this acknowledges	Participant also articipant. Additional Addi	agrees to tionally, t ad Appen y of the A	implement on su he Participant an dix to CRP-1, Con ppendix/Append	ich designated id CCC agree to nservation Reserva ices for the
9A. Rental Rate Per Acre \$ 65.0	10. Identification	and (See Page 2 for additional space)					
98. Annual Contract Payment \$7,24	6.00	A. Tract No.	B. Fleid No.		1	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		990	1	СРЗ	7	111.42	\$ 0.00
(Item 9C is applicable only when the first ye prorated.)	er payment is					1-1	
11. PARTICIPANTS (If more than	three individua	ls are signing, s	see Page 3.1	<u></u>			
A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/REL	ATIONS	HP OF THE	(5) DATE
ADDRESS (Include Zip Code) KEV IN DOYLE		\ \ \		INDIVIDUA	LSIGNIN	IG IN THE	(MM-DD-YYYY)
14714 N 1000TH AVE GRANVILLE, IL61326-9341	33.34 %	$\mathcal{L}(\mathcal{L}(\mathcal{L}))$).	REPRESE	NTATIVE	CAPACITY	Dhilia
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (P. (VANTER EXPE	4.T.(C.1.O)	10.000	12/2/1/
ADDRESS (Include Zip Code) CATHY A DOYNE	(-) 0.44	(O) Ololor Torre (297	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE			(5) DATE (MM-DD-YYYY)
CATHY A DOYNE 7 FILMORE CIR	0.00%	C+C . A	1 herlo			CAPACITY	1 1
GRANVILLE, IL61326-9421		July W.	<u></u>	1			12-21-2019
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zin Code)	(2) SHARE	(3) SIGNATURE (~~~	(4) TITLE/REL	ATIONS	IP OF THE	(5) DATE
ADDRESS (Include Zip Code)	33.33 %	Roger Do	ile	INDIVIDUA		CAPACITY	(MM-DD-YYYY)
PO BOX 644 GRANVILLE, IL61326-0644	· ·	'		Tach Nesses	ALVIIAE	CAPACITY	2-21-19
12. CCC USE ONLY A. SIGNATU	RE OF CCC BEF	RESENTATIVE					B. DATE
an	eele Ko	2b					12.26.19
NOTE: The following statement is inlede in accident in the Commodity Credit Chaparation Cl 3831 at seq), the Agricultural Improvemment and the Conservation Tribal agencies, and nongovernmental of the Conservation and the Conservation are sequenced in the Conservation and the Conser	Reserve Proncing 1	ns information collect	to reaction form of	a iniormation wit d	6 USBC 10 (letermine eligibility (to participate in and

identified in the System of Records Notice for USDA/FSA-2, Ferm 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. 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, sax, 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 retailation for prior civil rights ectivity, 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., Braffle, 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://twww.ascrusda.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, cell (866), 632-9992. Submit your complaint 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 Weshington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

RECEIVED

DEC 2 3 2019

Date Printed: 12/20/2019

	11. PARTIC	CIPANTS (CONTINUED FR	ROM PAGE 1)	Page 2 of 2
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SRIC JEPPSON	(2) SHARE	(3)-SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE	(5) DATE (MM-DD-YYYY
5575 LAKE RD PUTNAM, IL61560-5026	33.33 %	Euc Jessos	REPRESENTATIVE CAPACITY	12/21/19
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (94)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY
G(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY
H(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

RECEIVED

Date Printed: 12/20/2019

DEC 2 3 2019

McPHERSON CO. FSA

CRP-2C	Ĺ	J.S. DEPAR	RTML OF AG	1. TRAC	1. TRAC IUMBER		OGRAM YEAR			
(07-23-10) CONS	SERVAT		arm Service Agen		WORKSH	EET	0000	0990		2013
NOTE: The authority for	collecting the t	Following informa	or Continuous Sigr ation is Pub. L. 107-171	nup) . This authori	y allows for the coll	ection of information	3A. SIGN U	P NUMBER	3B. EF	FECTIVE DATE
without prior OMB appro	verage 5 minut	tes per response	, including the time for	reviewing the	instructions, search	hing existing data	42		10.	(MM-DD-YYYY) -1-2012
sources, gathering and 4A. FARM NUMB		-	ADDRESS OF P).	5A.STATE &	COUNTY CODE		ATE & COUNTY CODE
0004786		KEVIN DO	OYLE 1000TH AVE							HYSICAL, LOCATION 46089
	1-		LE,IL 61326-934	41						ES FOR ENROLLMENT
	TE	LEPHONE N	IUMBER (Include	e Area Code): (815)925-9	9252		04	, ACI	111.40
4C. COUNTY FSA		,		1	ITY FSA OFFIC	CE 8. IS CO	ST-SHARE RI	EQUESTED?	1	NTAL RATE PER
MCPHERS AGENCY	ON COUN	TY FARM S	SERVICE	85000	PHONE NO. e Area Code):	YES	□ N	10 🗸	A	CRE OFFERED
709 MOULT LEOLA, SD				(605)	139-3336	1	UP TYPE		1	\$65.03
LLOLA, SD	37430						NTINUOUS EP	/		
						FW				
11. PRACTICES	3					12. HUC Nւ	mber: 101	30102		
A. (Field No) PRA	CTICES	B. ACRES	C. ESTIMATED 1	FOTAL C/S	D. LENGTH			TEGORY BY A		
(0001) CP37	7	111.4	0.00)	15	Marginal Pa	sture Land			0.0
	Wellhead Protection Acres						es .		0.0	
					Infeasible to Farm				0.0	
					Other Cropland				111.4	
								101 - 1101		
14. Soil Map Da	ata Maximu	ım Paymen	t Rate Calculatio	ons:						
	1	A. Location	B. Soil Survey ID	No. M	C. Iap Unit Symb	201	D. Acres	E. Soil Renta	Doto	F. Total Rent
(1)Primary	460		SD089		15B		0.00 ×	\$56.00	=	\$4480.00
(2)Secondary	460	089	SD089		62		4.30 X		=	\$757.90
(3)Tertiary	460	089	SD089		45B		7.40 X	\$37.00	=	\$273.80
					TOTALS	1	01.70			\$5511.70
15. Weighted A	l divided by				Total Incentiv		cable) (Item	15 times 14L) times	applicable
	4.20 Ita and Ma	vimum Pavi	ment Rate Calcu		entive percent	5 - 7		102.34		
		A.	B.	nations. I	C.	o laith Acrea	ge. D.	E.		F.
	Physical	Location	Soil Survey ID	No. M	ap Unit Symb	A loc	cres	Soil Rental	Rate	Total Rent
(1)Primary							0.00	0.00		0.00
(2)Secondary	s)Secondary					0.00	0.00		0.00	
(3)Tertiary					<u> </u>		0.00	0.00		0.00
					TOTALS		0.00			\$0.00
18. Weighted Ave (14F + 16 + \$6	erage Soil 17F) divide 5.03	Rental Rate d by (14D +	Plus Total Ince 17D)	ntive.	19. Weighted for Contract:	-	intenance Ra	ate 20. M	(Item 1	n Payment Rate 8 + Item 19) 65.03
		ORIGINAL-	COUNTY FSA (OFFICE C	OPY		FSA P	ENDING COP	Υ	

Date Printed: 04-27-12

CRP-2C (07-23-10) (Page 2)

65		= =	¥**			37		-	a		7/)
21. Tract No.	22. Current Field No.	23. Current Crop or Land Use	A. Offered Acres	B. Crop History Eligible Acres	C. 2002	D. 2003	E. 2004	F. 2005	G. 2006	H. 2007	1/20 59
0000990	0001	CRP	111.4	111.4	CRP	CRP	CRP	CRP	CRP	CRP	36
> 4	: :				j	24	1 2 2	£: 80	0 (56) 40 (0)		
				e		. 10.4		260	n	: d1 90	4
		8 =	M 및 되지:	.0		(%) E				40.0	100
	÷		·		·			ē	E (#	E	
25.	TOTALS	S ==>	111.4	111.4	-						3. 3

26. PRODUCER'S CERTIFICATION:

By Signing below I certify to all of the following: (1) I have been informed of the estimated cost of establishing the cover offered. (2) I have been informed that declining cost share assistance to establish the cover offered and/or offering a per acre rental payment less than the calculated annual maximum payment rate may enhance the acceptability of the offer. (3) I have been informed that if I decline cost share assistance I will be ineligible for cost share assistance. (4) I have been informed that I may be required to pay for a measurement service on the acreage offered before such acreage may be enrolled in the CRP. (5) to the best of my knowledge and belief the acreage of crops and land listed herein, if applicable, are true and correct and (6) the signing of this form gives USDA representatives authorization to enter and inspect crops and land uses and for other purposes on the above identified land.

I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.

27A. PRODUCER'S SIGNATURE	t e	. 8	27B. DATE (MM-DD-YYYY)	28 54
X The Doul		14	x sliiliz	(7) 38
3.00	n/6			

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L.99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub.L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law Enforcement Agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statues, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political benefits, sexual The U.S. Department of Agriculture (CSDA) promote discrimination in an its programs and activities with disabilities who require alternative means for communication of program information (Brafile, large print, audio tepes etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten

This form is available electronically.						Page 1 of 2	
CRP-1 U.S. DEPARTMENT OF AGRICULTUR	RE	1. ST. & C LOCAT	O CODE & ADMIN	i. 2	2. SIGN-UP NUMBER		
(10-22-15) Commodity Credit Corporation	LOCAT						
		46 089		42			
CONSERVATION RESERVE PROGRAI	3. CONTE	3. CONTRACT NUMBER 4. ACRES FOR ENRO					
8			1205A	į.	3	4.24	
7A. COUNTY OFFICE ADDRESS (Include Zip Code) MCPHERSON COUNTY FARM SERVICE.	NOPNOV	5. FARM		6	. TRACT NUM	MBER(S) 2375	
PO BOX 230	AGBNCI		1786	3	•	23/3	
LEOLA, SD 57456-0230		8. OFFER	(Select cne)	9	. CONTRACT	PERIOD	
		GENERAL			ROM; MM-DD-YYYY;	TO: (MM-DD-YYYY)	
7B. TELEPHONE NUMBER (Include Area Code): (605) 439-	-3336	ENVIRONM	ENTAL PRIORITY	7	10-01-2012	09-30-2027	
THIS CONTRACT is entered into between the Commodity Credit Participant*.) The Participant agrees to place the designated error period from the date the Contract is executed by the CCC. The P such acreage and approved by the CCC and the Participant. Add Contract, including the Appendix to this Contract, entitled Appendix Participant acknowledges that a copy of the Appendix for the applicamages in an amount specified in the Appendix If the Participant contained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and a	rage into the Conservanticipent also agrees illionally, the Perticipe ix to CRP-1. Conservice being on the Conservice withdraws prior to Ct any addendum the	vation Reserve Progress to implement on su self and CCC agree to ration Reserve Progress thas been provided to CC acceptance or re- treto. BY StGNING	ram ("CRP") or other ich designated acres to comply with the ter ram Contract (referre to such person. Suc- ljecton. The terms : THIS CONTRACT P	use sel ge the C ms and d to as " h person and con	by CCC for the Conservation Place conditions conting the Conditions conting the Conditions of this professions of this conditions of the C	slipulated contract an developed for lained in this r signling below, the pay such liquidated contract are	
10A. Rental Rate Per Acre \$63.11	11. Identification	on of CRP Land	(See Page 2 for a	ddition	nal space)	C Total Entrest	
10B. Annual Contract Payment \$2,161	A. Tract No.	8. Field No.	C. Practice No.		D. Acres	E. Total Estimated Cost-Share	
10C, First Year Payment \$	2375	1	CP37	<u> </u>	34.24	\$ 0	
(Item 10C applicable only to continuous signup when the first year payment is prorated.)							
12. PARTICIPANTS (If more than three individua	als are signing, s	see Page 3.)		1			
	(2) SHARE	(3) SIGNAT	URE	8"	(4) DA1	TE (MM-OD-YYYY)	
7 FILMORE CIR	0.0	76	10 h	. N o	8-	15-2017	
GRANVILLE, IL 61326-9421	0.0	" CEECE	ga. O	J	×	•	
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNAT	URE		(4) DA	TE (MM-DO-YYYY)	
ROGER DOYLE							
PO BOX 644 GRANVILLE, IL 61326-0644	33.3	Mrs a	1. /Jac	1	101	10/10	
	(2) SHARE	(3) SIGNAT	URE DOG	4	(4) DAT	IE (MIA-DO-YYYY)	
KEVIN DOYLE	4	,	•			· ,	
14714 N 1000TH AVE	33.3	4%	Λ.		0	1,-1,-	
GRANVILLE, IL 61326-9341		y K	· Uhl		¥ 8	115/11	
13. CCC USE ONLY A. SIGNATURE OF CCC	REPRESENTAT	IVE			_	E (MM-DD-YYYY)	
Al Macees	Tal	2				-17.17	
NOTE: The following statement is made in economic with the Prints TOFR Part 1410, the Commodity Credit Corporation Che of 2014 (Pub. L. 113-79). The information will be used to dinformation collected on this form may be disclosed to other authorized access to the information by statute or regulation Farm Records File (Automated). Providing the requested in ineligibility to participate in and receive benefits under the C. This information collection is exempted from the Paperwork provisions of appropriate criminal and civil fraud, privacy, and	nter Act (15 U.S.C. 714 etermine eligibility to pir Federet, State, Local; n enc'or as described in hormation is vokuntary. Inservation Reserve F Reduction Act as spec	f et seq.), the Food Si articipate in and receil government agencies n applicable Routine to However, failure to t Program. cified in the Agriculturi	ecuity Act of 1985 (16 ve benefits under the tye benefits under the first agencies, and Usas Identified to the Sumish the requested for the Act of 2014 (Pub. L.	U.S.C. Conserva nongove System of nformation	3801 et seq.), an ation Reserve Pro emmental entities if Records Notice on will result in a Title I, Subtille F	d the Agricultural Actogram. The sthat have been to USDA/FSA-2, determination of	
COUNTY FSA OFFICE. The U.S. Department of Agriculture (USDA) prohibits discrimination ag	ainst its customers, en	ployees, and applica	nts for employment on	the basi	is of race, color, a	national origin, age,	
disability, sex, gender identity, religion, reprisel, and where applicable, income is derived from any public assistance program, or protected genochibled bases will apply to all programs and/or employment activities ellemative means of communication for program information (e.g., Braindividuals who are deal, hard of hearing, or have speech disabilities a (800) 877-8339 or (800) 845-6136 (in Spanish). If you wish to file a Civit Rights program complaint of discrimination, controllywww.ascr.usda.gov/complaint_filing_cust.html. or et any US requested in the form. Send your completed complaint form or letter by Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at prog	political beliefs, marital netic information in em s.) Parsons with disabi like large point, audiota	l status, familial or pai ployment or in any ph littles, who wish to file paratic bolesse cords	renial slatus, sexual or ogram or activity cond a program complaint, or USDA's TARCET /	rientation ucled or wate to	o, or all or part of funded by the Di line address belo (2021 720-2600	an individual's epariment. (Not all IW Or if you require funice and TDO:	
				'ASU	W CD CD	*	

Page 2 of 2 CRP-1 (10-22-15) 12. PARTICIPANTS (CONTINUED FROM PAGE 1) (4) DATE (MM-DD-YYYY) (3) SIGNATURE (2) SHARE A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): 5575 LAKE RD 33.33% PUTNAM, IL 61560-5026 (4) DATE (MM-DD-YYYY) (3) SIGNATURE B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (4) DATE (MM-DD-YYYY) (3) SIGNATURE (2) SHARE C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): % (4) DATE (MM-DD-YYYY) A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (3) SIGNATURE (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY) (2) SHARE B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (4) DATE (MM-DD-YYYY) (3) SIGNATURE C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (4) DATE (MM-DD-YYYY) (3) SIGNATURE A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Cods): (2) SHARE (4) DATE (MM-DD-YYYY) (3) SIGNATURE B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (4) DATE (MM-DO-YYYY) (3) SIGNATURE C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE % (4) DATE (MM-DD-YYYY) (3) SIGNATURE A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (4) DATE (MM-DD-YYYY) (3) SIGNATURE B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (4) DATE (MM-DD-YYYY) (3) SIGNATURE C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE % Operator

AUG 16 2017

SUN CO. FSA 60 L1 91 6nt Owner's Copy Original - County Office Copy

Putnam County SO

CRP-2C	U.S. DEF	ARTMENT OF AG		JRE		1. TRACT NUMBER 2. PR			OGRAM YEAR
(07-23-10) CONS	SERVATION R	Farm Service Ager ESERVE PRO		WORKSH	EET	0002	2375		2012
NOTE: The authority for	collecting the following inf	(For Continuous Signation is Pub. L. 107-17)	nup) I. <i>This authori</i> i	ty allows for the coll	ection of information	3A. SIGN U	P NUMBER	3B. EF	FECTIVE DATE
collection estimated to a	verage 5 minutes per resp	rwork Reduction Act of 199 onse, including the time for	reviewing the	instructions, search	ing existing data	42		1.0	(MM-DD-YYYY) -1-2012
4A. FARM NUMB		d, and completing and revi AND ADDRESS OF F			<u> </u>	5A.STATE &	COUNTY CODE	<u> </u>	ATE & COUNTY CODE
0004786	I	DOYLE				ADMIN. LOCATION			HYSICAL, LOCATION
	1	N 1000TH AVE VILLE,IL 61326-93	41			46089			46089
	İ			e): (815)925-9	9252	6. CONTRA	CT NUMBER	7. ACRI	ES FOR ENROLLMENT 34.20
4C. COUNTY FSA	A OFFICE ADDRESS		T	NTY FSA OFFIC			QUESTED?	9 RFI	NTAL RATE PER
l .	ON COUNTY FAR	M SERVICE	TELE	PHONE NO.				ı	CRE OFFERED
AGENCY 709 MOULT	TON ST			le Area Code): 439-3336	YES 10, SIGNU		0 🗸	-	\$63.11
LEOLA, SD			(003)	439-3330	l l	TINUOUS	/		
					CRE				
			<u> </u>	<u>,, , , , , , , , , , , , , , , , , , ,</u>	FWF		L	<u> </u>	
11. PRACTICES	3			, .	12. HUC Nun		30106	85	
A. (Field No) PRA	CTICES ACRI	C. ES ESTIMATED		D. LENGTH	13. LAND ELIC (Enter the amo				
(0001) CP37	7 34.2	0.0	0	15	Marginal Past	ure Land			0.0
	Wellhead Protection Acres						0.0		
					Infeasible to F	⁻ arm			0.0
					Other Croplar	nd			34.2
14. Soil Map Da	ata Maximum Payn	nent Rate Calculation	ons:						
	Α.	В.		C.		D.	E.		F.
	Physical Locatio		No. N	lap Unit Symb	ol A	cres Soil Renta		l Rate	Total Rent
(1)Primary	46089	SD089		15B	20).40 X	\$56.00	=	\$1142.40
(2)Secondary	46089	SD089		17B	7	.10 ×	\$49.00	=	\$347.90
(3)Tertiary	46089	SD089		17C	6	.70 ×	\$46.00	=	\$308.20
ा काल का क्योंकि देवा जा जाना का		10000	- dille Aville	TOTALS	34	I.20 ————			\$1798.50
15. Weighted Av (Col. 14F total	verage Soil Rental I divided by Col. 14D	Rate total)	16.	. Total Incentiv	e (if applic	able) (Item	15 times 14l	O times	applicable
\$5	2.59			entive percent	0 ,	•	9.70		
17. Soil Map Da	ta and Maximum F	Payment Rate Calc	ulations. F	or Infeasible t					r
	Physical Location		No. N	lap Unit Symb		D. cres	E. Soil Renta	l Rate	F. Total Rent
(1)Primary					0	00	0.00		0.00
(2)Secondary		79			0.	00	0.00		0.00
(3)Tertiary					0	00	0.00	-	0.00
				TOTALS	0	.00			\$0.00
(14F + 16 +	erage Soil Rental F 17F) divided by (14 3.11	Rate Plus Total Ince D + 17D)	entive.	19. Weighted	Average Mair	ntenance Ra		(Item 1	n Payment Rate 8 + Item 19) 63.11
<u> </u>	ORIGIN	AL-COUNTY FSA	OFFICE C	OPY		FSA PE	ENDING COF	Ϋ́	

CRP-2C (07-23-10) (Page 2)

9 8 7 5			90.000		F1 (2)	(fige	6 N 5	•		¥ 11	
21. Tract No.	22. Current Field No.		A. Offered Acres	B. Crop History Eligible Acres	C. 2002	D. 2003	E. 2004	F. 2005	G. 2006	H. 2007	I.
0002375	0001	MIXFG	34.2	34.2	CRP	CRP	CRP	CRP	CRP	CRP	al N
	4	- 10				9 8	9 5 9	20	14	*	
	**			State as		8	22	5.F.	95	8	
	3 750		a 2 6	0.55 95 FA	10.45	9	0.5	- 5		-	
	#11 <u>.</u>				1001	25 (573)		(#)	题		4
*! 84		* ************************************	e -,	Y.		59				W.	
		1877					2				
		98 61	·				P E	41	18 20		
25.	TOTALS	S ==>	34.2	34.2	8	8 8) (M) (E	035(2)	18. Vii	26:	

26. PRODUCER'S CERTIFICATION:

By Signing below I certify to all of the following: (1) I have been informed of the estimated cost of establishing the cover offered. (2) I have been informed that declining cost share assistance to establish the cover offered and/or offering a per acre rental payment less than the calculated annual maximum payment rate may enhance the acceptability of the offer. (3) I have been informed that if I decline cost share assistance I will be ineligible for cost share assistance. (4) I have been informed that I may be required to pay for a measurement service on the acreage offered before such acreage may be enrolled in the CRP. (5) to the best of my knowledge and belief the acreage of crops and land listed herein, if applicable, are true and correct and (6) the signing of this form gives USDA representatives authorization to enter and inspect crops and land uses and for other purposes on the above identified land.

I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.

ZIM,	ĊĽ	ODU	EKS	SIGIN	ALUKE

27B. DATE (MM-DD-YYYY)

Kur Dayl

x 5/11/12

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended and the Farm Security and Rural investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law Enforcement Agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statues, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political benefits, sexual orientation, and manifel and family status. (Not all prohibited bases apply to all programs). Persons with disabilities who require atternative means for communication of program information (Braille, large print, audio lapse etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room.326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

CO. FS.