

CRP-1 (12-02-19)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & ADMIN. LOCATION 46 089	2. SIGN-UP NUMBER 36
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER 1125C	4. ACRES FOR ENROLLMENT 1.10
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) MCIPHERSON COUNTY FARM SERVICE AGENCY PO BOX 230 LEOLA, SD57456-0230		6. TRACT NUMBER 4569	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 07-01-2008 TO: (MM-DD-YYYY) 09-30-2022
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (605) 439-3336		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; CRP-2; CRP-2C; or CRP-2G.

9A. Rental Rate Per Acre	\$ 54.51	10. Identification of CRP Land (See Page 2 for additional space)			
9B. Annual Contract Payment	\$ 60.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres
9C. First Year Payment	\$	4569	14	CP5A	1.10
(Item 9C is applicable only when the first year payment is prorated.)		E. Total Estimated Cost-Share \$ 0.00			

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) KEVIN DOYLE 14714 N 1000TH AVE GRANVILLE, IL61326-9341	(2) SHARE 33.34 %	(3) SIGNATURE (By) <i>K. Doyle</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 12/21/19
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CATHY A DOYLE 7 FILMORE CIR GRANVILLE, IL61326-9421	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>Cathy A. Doyle</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 12-21-2019
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ROGER DOYLE PO BOX 644 GRANVILLE, IL61326-0644	(2) SHARE 33.33 %	(3) SIGNATURE (By) <i>Roger Doyle</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 12/21/19

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>Andrew Kolb</i>	B. DATE (MM-DD-YYYY) 12/26/19
------------------	--	----------------------------------

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 the Commodity Credit Corporation Charter Act (16 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 Routing 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. 3848(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, 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 http://www.ascr.usda.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, 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.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

RECEIVED

DEC 23 2019

McPHERSON CO. FSA

Date Printed: 12/20/2019

11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ERIC JEPSON 5575 LAKE RD PUTNAM, IL61560-5026	(2) SHARE 33.33 %	(3) SIGNATURE (By) <i>Eric Jepson</i>	(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-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)
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

DEC 23 2019

McPHERSON CO. FSA

Date Printed: 12/20/2019

CRP-2C (02-04-03)				U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation				1. TRACT NUMBER <div style="font-size: 1.2em; font-family: cursive;">4569</div>		2. PROGRAM YEAR <div style="font-size: 1.2em; font-family: cursive;">2008</div>																																																	
CONSERVATION RESERVE PROGRAM WORKSHEET (For Continuous Signup)								3A. SIGN UP NUMBER <div style="font-size: 1.2em; font-family: cursive;">36th Cont</div>		3B. EFFECTIVE DATE (MM-DD-YYYY) <div style="font-size: 1.2em; font-family: cursive;">7-1-08</div>																																																	
4A. FARM NUMBER <div style="font-size: 1.2em; font-family: cursive;">4311</div>				4B. NAME AND ADDRESS OF PRODUCER (Zip Code): <div style="font-size: 1.2em; font-family: cursive;">Kevin Doyle 14714 N 100th Ave Granville, IL 61326</div>				5A. STATE & COUNTY CODE ADMIN. LOCATION <div style="font-size: 1.2em; font-family: cursive;">46089</div>		5B. STATE & COUNTY CODE PHYSICAL LOCATION <div style="font-size: 1.2em; font-family: cursive;">46089</div>																																																	
4C. COUNTY FSA OFFICE ADDRESS (Zip Code): <div style="font-size: 1.2em; font-family: cursive;">McPherson Co. FSA PO Box 230 Leola SD 57456</div>				4D. COUNTY FSA OFFICE TELEPHONE NO. (Include Area Code): <div style="font-size: 1.2em; font-family: cursive;">605-439-3336</div>				6. CONTRACT NUMBER <div style="font-size: 1.2em; font-family: cursive;">1125</div>		7. ACRES FOR ENROLLMENT <div style="font-size: 1.2em; font-family: cursive;">13 1.1</div>																																																	
8. IS COST-SHARE REQUESTED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				9. RENTAL RATE PER ACRE OFFERED <div style="font-size: 1.2em; font-family: cursive;">\$ 54.51</div>				10. SIGNUP TYPE (Check one): CONTINUOUS <input checked="" type="checkbox"/> CREP <input type="checkbox"/> FWP <input type="checkbox"/>		11. PRACTICES:																																																	
12. HUC Number: <div style="font-size: 1.2em; font-family: cursive;">10130102170010</div>				13. Land Eligibility Category by Acres: (Enter the amount eligible for each criteria.)				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">A. PRACTICES</th> <th style="width: 10%;">B. ACRES</th> <th style="width: 10%;">C. ESTIMATED TOTAL C/S</th> <th style="width: 10%;">D. LENGTH</th> <th style="width: 30%;">E. LENGTH</th> </tr> </thead> <tbody> <tr> <td>CP5A</td> <td>1.1</td> <td></td> <td>3500'</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		A. PRACTICES	B. ACRES	C. ESTIMATED TOTAL C/S	D. LENGTH	E. LENGTH	CP5A	1.1		3500'																																									
A. PRACTICES	B. ACRES	C. ESTIMATED TOTAL C/S	D. LENGTH	E. LENGTH																																																							
CP5A	1.1		3500'																																																								
14. Soil Map Data and Maximum Payment Rate Calculations:				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">A. Physical Location</th> <th style="width: 10%;">B. Soil Survey ID No.</th> <th style="width: 10%;">C. Map Unit Symbol</th> <th style="width: 10%;">D. Acres</th> <th style="width: 10%;">E. Soil Rental Rate</th> <th style="width: 10%;">F. Total Rent</th> </tr> </thead> <tbody> <tr> <td>(1) Primary</td> <td>46089</td> <td>20A</td> <td>.8</td> <td>X \$ 41.00</td> <td>= \$ 32.80</td> </tr> <tr> <td>(2) Secondary</td> <td>46089</td> <td>3A</td> <td>.3</td> <td>X \$ 45.00</td> <td>= \$ 13.50</td> </tr> <tr> <td>(3) Tertiary</td> <td></td> <td></td> <td></td> <td>X \$</td> <td>= \$</td> </tr> <tr> <td colspan="4" style="text-align: center;">TOTALS</td> <td></td> <td><div style="font-size: 1.2em; font-family: cursive;">\$ 55.70 46.30</div></td> </tr> </tbody> </table>				A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbol	D. Acres	E. Soil Rental Rate	F. Total Rent	(1) Primary	46089	20A	.8	X \$ 41.00	= \$ 32.80	(2) Secondary	46089	3A	.3	X \$ 45.00	= \$ 13.50	(3) Tertiary				X \$	= \$	TOTALS					<div style="font-size: 1.2em; font-family: cursive;">\$ 55.70 46.30</div>																						
A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbol	D. Acres	E. Soil Rental Rate	F. Total Rent																																																						
(1) Primary	46089	20A	.8	X \$ 41.00	= \$ 32.80																																																						
(2) Secondary	46089	3A	.3	X \$ 45.00	= \$ 13.50																																																						
(3) Tertiary				X \$	= \$																																																						
TOTALS					<div style="font-size: 1.2em; font-family: cursive;">\$ 55.70 46.30</div>																																																						
15. Weighted Average Soil Rental Rate (Col. 14F Total divided by Col. 14D total) <div style="font-size: 1.2em; font-family: cursive;">\$ 42.09</div>				16. Total Incentive (if applicable) (Item 15 times 14D times applicable incentive percentage) <div style="font-size: 1.2em; font-family: cursive;">\$ 9.26</div>																																																							
17. Soil Map Data and Maximum Payment Rate Calculations. For Infeasible to farm Acreage:				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">A. Physical Location</th> <th style="width: 10%;">B. Soil Survey ID No.</th> <th style="width: 10%;">C. Map Unit Symbol</th> <th style="width: 10%;">D. Acres</th> <th style="width: 10%;">E. Soil Rental Rate</th> <th style="width: 10%;">F. Total Rent for Infeasible to Farm Acres</th> </tr> </thead> <tbody> <tr> <td>(1) Primary</td> <td></td> <td></td> <td></td> <td>X \$</td> <td>= \$</td> </tr> <tr> <td>(2) Secondary</td> <td></td> <td></td> <td></td> <td>X \$</td> <td>= \$</td> </tr> <tr> <td>(3) Tertiary</td> <td></td> <td></td> <td></td> <td>X \$</td> <td>= \$</td> </tr> <tr> <td colspan="4" style="text-align: center;">TOTALS</td> <td></td> <td>\$</td> </tr> </tbody> </table>				A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbol	D. Acres	E. Soil Rental Rate	F. Total Rent for Infeasible to Farm Acres	(1) Primary				X \$	= \$	(2) Secondary				X \$	= \$	(3) Tertiary				X \$	= \$	TOTALS					\$																						
A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbol	D. Acres	E. Soil Rental Rate	F. Total Rent for Infeasible to Farm Acres																																																						
(1) Primary				X \$	= \$																																																						
(2) Secondary				X \$	= \$																																																						
(3) Tertiary				X \$	= \$																																																						
TOTALS					\$																																																						
18. Weighted Average Soil Rental Rate Plus Total Incentive (14F + 16 + 17F) divided by (14D + 17D) <div style="font-size: 1.2em; font-family: cursive;">\$ 42.09</div>				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">CONTRACT TOTALS</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">19. Weighted Average Maintenance Rate for Contract</td> <td style="width: 50%;">20. Maximum Payment Rate (Item 18 + Item 19)</td> </tr> <tr> <td style="text-align: center;"><div style="font-size: 1.2em; font-family: cursive;">\$ 4.00</div></td> <td style="text-align: center;"><div style="font-size: 1.2em; font-family: cursive;">\$ 54.51</div></td> </tr> </tbody> </table>				CONTRACT TOTALS		19. Weighted Average Maintenance Rate for Contract	20. Maximum Payment Rate (Item 18 + Item 19)	<div style="font-size: 1.2em; font-family: cursive;">\$ 4.00</div>	<div style="font-size: 1.2em; font-family: cursive;">\$ 54.51</div>																																														
CONTRACT TOTALS																																																											
19. Weighted Average Maintenance Rate for Contract	20. Maximum Payment Rate (Item 18 + Item 19)																																																										
<div style="font-size: 1.2em; font-family: cursive;">\$ 4.00</div>	<div style="font-size: 1.2em; font-family: cursive;">\$ 54.51</div>																																																										

☐ ORIGINAL - COUNTY FSA OFFICE COPY

☐ FSA PENDING COPY

21. Tract No.	22. Current Field No.	23. Current Crop or Land Use	24. Crop Land Use Summary								
			A. Offered Acres	B. Eligible Acres	C. Year: 2001	D. Year: 2000	E. Year: 1999	F. Year: 1998	G. Year: 1997	H. Year: 1996	I. Year:
4569	13		1.3	1.3	corn	wht	wht	sunfl	wht	sunfl	
25. 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)

Kevin
Roger
Eric
Rogus Doyle




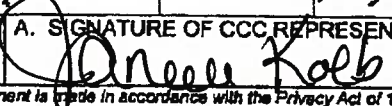
3/31/08

3/31/08

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 family 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.

CRP-1 (12-02-19)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 46 089		2. SIGN-UP NUMBER 36	
CONSERVATION RESERVE PROGRAM CONTRACT				3. CONTRACT NUMBER 1126C		4. ACRES FOR ENROLLMENT 4.14	
				6. TRACT NUMBER 4569		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 07-01-2008 TO: (MM-DD-YYYY) 09-30-2022	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) MCPHERSON COUNTY FARM SERVICE AGENCY PO BOX 230 LEOLA, SD57456-0230				8. SIGNUP TYPE: Continuous			
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (605) 439-3336							
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; CRP-2; CRP-2C; or CRP-2G.							
9A. Rental Rate Per Acre \$45.71		10. Identification of CRP Land (See Page 2 for additional space)					
9B. Annual Contract Payment \$189.00		A. Tract No. 4569		B. Field No. 15		C. Practice No. CP37	
9C. First Year Payment \$						D. Acres 4.14	
						E. Total Estimated Cost-Share \$ 0.00	
(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 (Include Zip Code) KEVIN DOYLE 14714 N 1000TH AVE GRANVILLE, IL61326-9341		(2) SHARE 33.34 %		(3) SIGNATURE (By) 		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CATHY A DOYLE 7 FILMORE CIR GRANVILLE, IL61326-9421		(2) SHARE 0.00 %		(3) SIGNATURE (By) 		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ROGER DOYLE PO BOX 644 GRANVILLE, IL61326-0644		(2) SHARE 33.33 %		(3) SIGNATURE (By) 		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
12. CCC USE ONLY		A. SIGNATURE OF CCC REPRESENTATIVE 					B. DATE (MM-DD-YYYY) 12-26-19
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 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/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, 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 http://www.ascr.usda.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, call (866) 632-8992. 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.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

RECEIVED

DEC 23 2019

McPHERSON CO. FSA

Date Printed: 12/20/2019

11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ERIC JEPFSON 5575 LAKE RD PUTNAM, IL61560-5026	(2) SHARE 33.33 %	(3) SIGNATURE (By) <i>Eric Jepfson</i>	(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-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)
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 23 2019

McPHERSON CO. FSA

CRP-2C
(02-04-03)U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit CorporationCONSERVATION RESERVE PROGRAM WORKSHEET
(For Continuous Signup)

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 is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

4A. FARM NUMBER 4311	4B. NAME AND ADDRESS OF PRODUCER (Zip Code): Kevin Doyle 14714 N 106th Ave Granville IL 61326 TELEPHONE NO. (Include Area Code):	5A. STATE & COUNTY CODE ADMIN. LOCATION 46089	5B. STATE & COUNTY CODE PHYSICAL LOCATION 46089
		6. CONTRACT NUMBER 112	7. ACRES FOR ENROLLMENT 4.1
4C. COUNTY FSA OFFICE ADDRESS (Zip Code): McPherson Co. FSA PO Box 230 Leola SD 57456		4D. COUNTY FSA OFFICE TELEPHONE NO. (Include Area Code): 605-439-3336	8. IS COST-SHARE REQUESTED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 10. SIGNUP TYPE (Check one): CONTINUOUS <input checked="" type="checkbox"/> CREP <input type="checkbox"/> FWP <input type="checkbox"/>
		9. RENTAL RATE PER ACRE OFFERED \$ 45.71	

11. PRACTICES:

12. HUC Number: 10130102170010

A. PRACTICES	B. ACRES	C. ESTIMATED TOTAL C/S	D. LENGTH	13. Land Eligibility Category by Acres: (Enter the amount eligible for each criteria.)
CP 37	4.1		15	Marginal Pastureland
				CREP Acres
				Wellhead Protection Acres
				Expiring CRP
				Water Bank Program
				Infeasible to Farm
				Other Cropland

14. Soil Map Data and Maximum Payment Rate Calculations:

	A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbol	D. Acres	E. Soil Rental Rate	F. Total Rent
(1) Primary	46089	46089	20A	3.2	X \$ 41.00	= \$ 131.20
(2) Secondary	46089	46089	3A	.4	X \$ 45.00	= \$ 31.50
(3) Tertiary	46089	46089	97		X \$	= \$
TOTALS				3.9 3.9		\$ 162.70

15. Weighted Average Soil Rental Rate (Col. 14F Total divided by Col. 14D total)
\$16. Total Incentive (if applicable) (Item 15 times 14D times applicable incentive percentage)
\$

17. Soil Map Data and Maximum Payment Rate Calculations. For Infeasible to farm Acreage:

	A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbol	D. Acres	E. Soil Rental Rate	F. Total Rent for Infeasible to Farm Acres
(1) Primary					X \$	= \$
(2) Secondary					X \$	= \$
(3) Tertiary					X \$	= \$
TOTALS						\$

18. Weighted Average Soil Rental Rate Plus Total Incentive
(14F + 16 + 17F) divided by (14D + 17D)
\$ 41.71

CONTRACT TOTALS

19. Weighted Average Maintenance Rate
for Contract \$ 2.0020. Maximum Payment Rate
(Item 18 + Item 19) \$ 43.71☐ ORIGINAL - COUNTY FSA OFFICE COPY☐ FSA PENDING COPY

21. Tract No.	22. Current Field No.	23. Current Crop or Land Use	24. Crop Land Use Summary								
			A. Offered Acres	B. Eligible Acres	C. Year: 2001	D. Year: 2000	E. Year: 1999	F. Year: 1998	G. Year: 1997	H. Year: 1996	I. Year:
4569	13		3.9	3.9	Corn	Wht	Wht	Sunflr	Wht	Sunflr	
25. TOTAL				3.9							

26. PRODUCER'S CERTIFICATION:


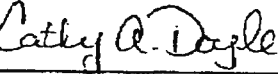

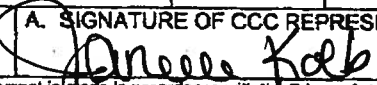
By signing below I certify to all of the following: (1) I have been informed of the estimated cost of establishing the cover offered; (2) I have been informed that declining cost share assistance to establish the cover offered and/or offering a per acre rental payment less than the calculated annual 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)
<i>Kevin Doyle</i>	3/31/08
<i>Roger Doyle</i>	3/31/08
<i>Eric J. J. J.</i>	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 family 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.

CRP-1 (12-02-19)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 46 089		2. SIGN-UP NUMBER 42	
CONSERVATION RESERVE PROGRAM CONTRACT				3. CONTRACT NUMBER 1204B		4. ACRES FOR ENROLLMENT 111.42	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) MCPHERSON COUNTY FARM SERVICE AGENCY PO BOX 230 LEOLA, SD57456-0230				6. TRACT NUMBER 990		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2012 TO: (MM-DD-YYYY) 09-30-2027	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (605) 439-3336				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; CRP-2; CRP-2G; or CRP-2G.							
9A. Rental Rate Per Acre \$ 65.03		10. Identification of CRP Land (See Page 2 for additional space)					
9B. Annual Contract Payment \$ 7,246.00		A. Tract No. 990		B. Field No. 1		C. Practice No. CP37	
9C. First Year Payment \$		D. Acres 111.42		E. Total Estimated Cost-Share \$ 0.00			
(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 (Include Zip Code) KEVIN DOYLE 14714 N 1000TH AVE GRANVILLE, IL61326-9341		(2) SHARE 33.34 %		(3) SIGNATURE (By) 		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CATHY A DOYLE 7 FILLMORE CIR GRANVILLE, IL61326-9421		(2) SHARE 0.00 %		(3) SIGNATURE (By) 		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ROGER DOYLE PO BOX 644 GRANVILLE, IL61326-0644		(2) SHARE 33.33 %		(3) SIGNATURE (By) 		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
12. CCC USE ONLY		A. SIGNATURE OF CCC REPRESENTATIVE 					B. DATE (MM-DD-YYYY) 12-26-19
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 the Commodity Credit Corporation Charter Act (16 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/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, 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 http://www.asc.usda.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, 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.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

RECEIVED

DEC 23 2019

Date Printed: 12/20/2019

McPHERSON CO. FSA

p.3

8159257914

Putnam County SO

Dec 23 19 10:14a

11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ERIC JEPFSON 5575 LAKE RD PUTNAM, IL61560-5026	(2) SHARE 33.33 %	(3) SIGNATURE (By) <i>Eric Jepfson</i>	(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-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)
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 23 2019

McPHERSON CO. FSA

CRP-2C (07-23-10) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency CONSERVATION RESERVE PROGRAM WORKSHEET (For Continuous Signup)		1. TRACT NUMBER 0000990	2. PROGRAM YEAR 2013
<small>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 5 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</small>		3A. SIGN UP NUMBER 42	3B. EFFECTIVE DATE (MM-DD-YYYY) 10-1-2012
4A. FARM NUMBER 0004786	4B. NAME AND ADDRESS OF PRODUCER (Zip Code): KEVIN DOYLE 14714 N 1000TH AVE GRANVILLE, IL 61326-9341 TELEPHONE NUMBER (Include Area Code): (815)925-9252	5A. STATE & COUNTY CODE ADMIN. LOCATION 46089	5B. STATE & COUNTY CODE PHYSICAL LOCATION 46089
		6. CONTRACT NUMBER 1204	7. ACRES FOR ENROLLMENT 111.40
4C. COUNTY FSA OFFICE ADDRESS (Zip Code): MCPHERSON COUNTY FARM SERVICE AGENCY 709 MOULTON ST LEOLA, SD 57456		4D. COUNTY FSA OFFICE TELEPHONE NO. (Include Area Code): (605)439-3336	8. IS COST-SHARE REQUESTED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 10. SIGNUP TYPE CONTINUOUS <input checked="" type="checkbox"/> CREP <input type="checkbox"/> FWP <input type="checkbox"/>
		9. RENTAL RATE PER ACRE OFFERED \$65.03	
11. PRACTICES		12. HUC Number: 10130102	
A. (Field No)	B. PRACTICES	C. ACRES	D. ESTIMATED TOTAL C/S LENGTH
(0001)	CP37	111.4	0.00 15
		13. LAND ELIGIBILITY CATEGORY BY ACRES: (Enter the amount eligible for each criteria)	
		Marginal Pasture Land 0.0	
		Wellhead Protection Acres 0.0	
		Infeasible to Farm 0.0	
		Other Cropland 111.4	

14. Soil Map Data Maximum Payment Rate Calculations:						
	A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbol	D. Acres	E. Soil Rental Rate	F. Total Rent
(1)Primary	46089	SD089	15B	80.00 x	\$56.00 =	\$4480.00
(2)Secondary	46089	SD089	62	14.30 x	\$53.00 =	\$757.90
(3)Tertiary	46089	SD089	45B	7.40 x	\$37.00 =	\$273.80
TOTALS				101.70		\$5511.70
15. Weighted Average Soil Rental Rate (Col. 14F total divided by Col. 14D total) \$54.20			16. Total Incentive (if applicable) (Item 15 times 14D times applicable incentive percentage) \$1,102.34			
17. Soil Map Data and Maximum Payment Rate Calculations. For Infeasible to farm Acreage:						
	A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbol	D. Acres	E. Soil Rental Rate	F. Total Rent
(1)Primary				0.00	0.00	0.00
(2)Secondary				0.00	0.00	0.00
(3)Tertiary				0.00	0.00	0.00
TOTALS				0.00		\$0.00
18. Weighted Average Soil Rental Rate Plus Total Incentive. (14F + 16 + 17F) divided by (14D + 17D) \$65.03			19. Weighted Average Maintenance Rate for Contract: \$0.00		20. Maximum Payment Rate (Item 18 + Item 19) \$65.03	

☐ ORIGINAL-COUNTY FSA OFFICE COPY

☐ FSA PENDING COPY

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	I.
0000990	0001	CRP	111.4	111.4	CRP	CRP	CRP	CRP	CRP	CRP	
25. TOTALS ==>			111.4	111.4							

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

27B. DATE (MM-DD-YYYY)

Kevin X *Kevin Daryl*

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 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 and family status. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tapes 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.

RECEIVED
MAY 17 2012
McPHERSON
Date Printed: 04-27-12

CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO CODE & ADMIN. LOCATION 46 089	2. SIGN-UP NUMBER 42
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER 1205A	4. ACRES FOR ENROLLMENT 34.24
7A. COUNTY OFFICE ADDRESS (Include Zip Code) MCPHERSON COUNTY FARM SERVICE AGENCY PO BOX 230 LEOLA, SD 57456-0230		5. FARM NUMBER 1786	6. TRACT NUMBER(S) 2375
7B. TELEPHONE NUMBER (Include Area Code): (605) 439-3336		8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2012 TO: (MM-DD-YYYY) 09-30-2027
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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.			
10A. Rental Rate Per Acre \$ 63.11		11. Identification of CRP Land (See Page 2 for additional space)	
10B. Annual Contract Payment \$ 2,161	10C. First Year Payment \$	A. Tract No. 2375	B. Field No. 1
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		C. Practice No. CP37	D. Acres 34.24
		E. Total Estimated Cost-Share \$ 0	
12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): CATHY A DOYLE 7 FILMORE CIR GRANVILLE, IL 61326-9421	(2) SHARE 0.00%	(3) SIGNATURE Cathy A. Doyle	(4) DATE (MM-DD-YYYY) 8-15-2017
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ROGER DOYLE PO BOX 644 GRANVILLE, IL 61326-0644	(2) SHARE 33.33%	(3) SIGNATURE Roger Doyle	(4) DATE (MM-DD-YYYY) 8/15/17
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): KEVIN DOYLE 14714 N 1000TH AVE GRANVILLE, IL 61326-9341	(2) SHARE 33.34%	(3) SIGNATURE K Doyle	(4) DATE (MM-DD-YYYY) 8/15/17
13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE Doreen Kolb		B. DATE (MM-DD-YYYY) 8-17-17
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.			

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2800 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).


If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

☐ Original - County Office Copy

☐ Owner's Copy

☐ Operator's Copy

RECEIVED
 AUG 16 2017
 MCPHERSON CO. FSA

12. PARTICIPANTS (CONTINUED FROM PAGE 1)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ERIC JEPSON 5575 LAKE RD PUTNAM, IL 61560-5026	(2) SHARE 33.33 %	(3) SIGNATURE 	(4) DATE (MM-DD-YYYY) 8/15/17
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)
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
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)
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
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)
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
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)

☐ Original - County Office Copy

☐ Owner's Copy

☐ Operator's Copy

RECEIVED
AUG 16 2017
PUTNAM COUNTY, IL
FSA

CRP-2C (07-23-10)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency CONSERVATION RESERVE PROGRAM WORKSHEET (For Continuous Signup)		1. TRACT NUMBER 0002375	2. PROGRAM YEAR 2012	
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 5 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.				3A. SIGN UP NUMBER 42	3B. EFFECTIVE DATE (MM-DD-YYYY) 10-1-2012	
4A. FARM NUMBER 0004786	4B. NAME AND ADDRESS OF PRODUCER (Zip Code): KEVIN DOYLE 14714 N 1000TH AVE GRANVILLE, IL 61326-9341 TELEPHONE NUMBER (Include Area Code): (815)925-9252			5A. STATE & COUNTY CODE ADMIN. LOCATION 46089	5B. STATE & COUNTY CODE PHYSICAL LOCATION 46089	
4C. COUNTY FSA OFFICE ADDRESS (Zip Code): MCPHERSON COUNTY FARM SERVICE AGENCY 709 MOULTON ST LEOLA, SD 57456				4D. COUNTY FSA OFFICE TELEPHONE NO. (Include Area Code): (605)439-3336		
				8. IS COST-SHARE REQUESTED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
				10. SIGNUP TYPE CONTINUOUS <input checked="" type="checkbox"/> CREP <input type="checkbox"/> FWP <input type="checkbox"/>		
				9. RENTAL RATE PER ACRE OFFERED \$63.11		
11. PRACTICES				12. HUC Number: 10130106		
A. (Field No)	B. PRACTICES	C. ACRES	D. ESTIMATED TOTAL C/S LENGTH	13. LAND ELIGIBILITY CATEGORY BY ACRES: (Enter the amount eligible for each criteria)		
(0001)	CP37	34.2	0.00	Marginal Pasture Land 0.0		
				Wellhead Protection Acres 0.0		
				Infeasible to Farm 0.0		
				Other Cropland 34.2		
14. Soil Map Data Maximum Payment Rate Calculations:						
	A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbol	D. Acres	E. Soil Rental Rate	F. Total Rent
(1)Primary	46089	SD089	15B	20.40	x \$56.00	= \$1142.40
(2)Secondary	46089	SD089	17B	7.10	x \$49.00	= \$347.90
(3)Tertiary	46089	SD089	17C	6.70	x \$46.00	= \$308.20
TOTALS				34.20		\$1798.50
15. Weighted Average Soil Rental Rate (Col. 14F total divided by Col. 14D total) \$52.59			16. Total Incentive (if applicable) (Item 15 times 14D times applicable incentive percentage) \$359.70			
17. Soil Map Data and Maximum Payment Rate Calculations. For Infeasible to farm Acreage:						
	A. Physical Location	B. Soil Survey ID No.	C. Map Unit Symbol	D. Acres	E. Soil Rental Rate	F. Total Rent
(1)Primary				0.00	0.00	0.00
(2)Secondary				0.00	0.00	0.00
(3)Tertiary				0.00	0.00	0.00
TOTALS				0.00		\$0.00
18. Weighted Average Soil Rental Rate Plus Total Incentive. (14F + 16 + 17F) divided by (14D + 17D) \$63.11			19. Weighted Average Maintenance Rate for Contract: \$0.00		20. Maximum Payment Rate (Item 18 + Item 19) \$63.11	

☐ ORIGINAL-COUNTY FSA OFFICE COPY

☐ FSA PENDING COPY

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	I.
0002375	0001	MIXFG	34.2	34.2	CRP	CRP	CRP	CRP	CRP	CRP	
25. TOTALS ==>			34.2	34.2							

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

27B. DATE (MM-DD-YYYY)

Kevin
X *Kevin Doyle*

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 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 and family status. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tapes 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 328-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.