	N	JEWS AU	auter			Page 1 of 2
<b>CRP-1</b> U.S. DEP (07-06-20) Co		1. ST. & CO. CODE & ADMIN. LOCATION 46 085			2. SIGN-UP NUMBER	
			0.00		55	
CONSERVATION	RESERVE PROGRAM	M CONTRACT		NTRACT NUMB	ER 450A	4. ACRES FOR ENROLLMENT 147.75
5A. COUNTY FSA OFFICE AL	DRESS (Include Zip Code)		6. TR/	ACT NUMBER	7. CONTRACT PERIO	D
LYMAN COUNTY FARM SERVIC PO BOX 218 110 S MAIN A' KENNEBEC, SD57544-0218				5666	FROM: (MM-DD-YYYY) 10-01-2021	TO: (MM-DD-YYYY) 09-30-2031
· · · · ·			8. SIG	NUP TYPE:		
5B. COUNTY FSA OFFICE P (Include Area Code): (605)			SAFE - South Dakota Phe			isants SAFE
CCC for the stipulated contract acreage the Conservation Plan comply with the terms and com Program Contract (referred to a applicable contract period. The thereto. BY SIGNING THIS COI addendum thereto; and, CRP-2	developed for such acreage a ditions contained in this Contr is "Appendix"). By signing be a terms and conditions of this NTRACT PARTICIPANTS ACKN , CRP-2C, CRP-2G, or CRP-2C	nd approved by the ract, including the A low, the Participant contract are contain NOWLEDGE RECEIF 30, as applicable.	CCC and the P Appendix to this acknowledges ned in this Forn PT OF THE FOL	articipant. Addi Contract, entitle receipt of a cop n CRP-1 and in ti LOWING FORMS	tionally, the Participant a ed Appendix to CRP-1, C y of the Appendix/Appen he CRP-1 Appendix and a S: CRP-1; CRP-1 Appendi	nd CCC agree to onservation Reserve dices for the any addendum ix and any
9A. Rental Rate Per Acre	\$60.39	10. Identificati	on of CRP La	nd (See Page	2 for additional space)	
9B. Annual Contract Payment	\$8,923.00	A. Tract No.	B. Field No.	C. Practic	e No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	5666	0012	CP38E-	-12 4.84	\$ 0.00
(Item 9C is applicable only whe prorated.)	n the first year payment is	5666	0013	CP38E-		\$ 0.00
, ,		5666	0014	CP38E-12 2.06		\$ 0.00
11. PARTICIPANTS (If r			• •			
A(1) PARTICIPANT'S NAME A ADDRESS (Include Zip Code ALAN J BIRD		(3) SIGNATURE (By)		(4) TITLE/REL INDIVIDUAI REPRESEN	(5) DATE <i>(MM-DD-YYYY)</i>	
B(1) PARTICIPANT'S NAME A ADDRESS (Include Zip Code		(3) SIGNATURE (	Ву)	(4) TITLE/REL/ INDIVIDUAI REPRESEN	(5) DATE (MM-DD-YYYY)	
C(1) PARTICIPANT'S NAME A ADDRESS (Include Zip Code		(3) SIGNATURE (By)		(4) TITLE/REL/ INDIVIDUAI REPRESEN	(5) DATE (MM-DD-YYYY)	
12. CCC USE ONLY A.	SIGNATURE OF CCC REP	PRESENTATIVE		1		B. DATE (MM-DD-YYYY)
is the Commodity Credit C 3831 et seq), the Agricultu receive benefits under the Tribal agencies, and nong identified in the System of the requested information <b>Paperwork Reduction Ac</b>	made in accordance with the Priva orporation Charter Act (15 U.S.C. ral Improvement Act of 2018 (Pub. Conservation Reserve Program. overnmental entities that have bee Records Notice for USDA/FSA-2, i will result in a determination of inelii t (PRA) Statement: The informatii d other statutes may be applicable is law and U.S. Denartment of Apri	714 et seq.), the Food L. 115-334) and 7 CF The information collect n authorized access to Farm Records File (Au gibility to participate in on collection is exempt to the information provi	Security Act of 19 R Part 1410. The ed on this form m the information b tomated). Provid and receive bene ed from PRA as s ided. <b>RETURN T</b>	985 (16 U.S.C. 380 e information will be yay be disclosed to yy statute or regula ling the requested i fits under the Cons pecified in 16 U.S. HIS COMPLETED	1 et seq.), the Agricultural A e used to determine eligibility other Federal, State, Local ( tion and/or as described in a information is voluntary. How rervation Reserve Program. C. 3846(b)(1). The provision FORM TO YOUR COUNTY	ct of 2014 (16 U.S.C. to participate in and government agencies, pplicable Routine Uses wever, failure to furnish as of appropriate criminal <b>TFSA OFFICE.</b>

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.

## CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
5666	0015	CP38E-4D	138.87	\$ 8,332.00
		h		

								Page 1 of 1
CRP-1	U.S. DEPARTMENT			1. ST.	1. ST. & CO. CODE & ADMIN. LOCATION			2. SIGN-UP
(07-06-20) Commodity Credit Corporation CONSERVATION RESERVE PROGRAM					46 085			NUMBER 37
					NTRACT NUMB	ER		4. ACRES FOR
CONSE			1592B			ENROLLMENT 5.07		
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)				6. TR	6. TRACT NUMBER		RACT PERIOD	
	FARM SERVICE AGENCY		~		754	FROM: (MM-DD-YYYY)		TO: (MM-DD-YYYY)
KENNEBEC, SD			, pp				01-2009	09-30-2024
			frees	8. SIG	NUP TYPE:	1		
	SA OFFICE PHONE NUM			Cont	tinuous			
	Code): (605)869-2216							
CCC for the stip acreage the Con comply with the Program Contrac applicable contra thereto. BY SIG	he Participant".) The Partic ulated contract period from servation Plan developed fi terms and conditions conta t (referred to as "Appendia act period. The terms and o VING THIS CONTRACT PAF to; and, CRP-2, CRP-2C, CI	the date the Cont or such acreage au ained in this Contr ("). By signing bel conditions of this o RTICIPANTS ACKN	ract is executed by nd approved by the act, including the A low, the Participant contract are contain IOWLEDGE RECEIF	the CČC. The CCC and the F ppendix to this acknowledges ned in this Forr	Participant also Participant. Addi s Contract, entitle receipt of a cop n CRP-1 and in t	agrees to i tionally, the ed Append y of the Ap he CRP-1 A	mplement on si e Participant an ix to CRP-1, Co pendix/Append ppendix and ar	uch designated of CCC agree to nservation Reserve lices for the ny addendum
9A. Rental Rate	Per Acre \$ 52.6	1	10. Identificati	on of CRP La	nd (See Page	2 for addi	tional space)	
9B. Annual Cont	tract Payment \$ 267.	00	A. Tract No.	B. Field No.	C. Practic	e No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year P	ayment \$		754	/15 \	CP5	A	1.56	\$ 0.00
(Item 9C is appli	cable only when the first ye	ar payment is	754	16	CP5	A	1.97	\$ 0.00
prorated.)			754	17	CP5	A	1.54	\$ 0.00
11. PARTICI	PANTS (If more than				)			
( )	ANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE			(5) DATE (MM-DD-YYYY)
ADDRESS ALAN J BIRD	(Include Zip Code)				REPRESE			
		100.00%						
	NT'S NAME AND	(2) SHARE	(3) SIGNATURE (	(Ву)	(4) TITLE/RELATIONSHIP OF THE			(5) DATE (MM-DD-YYYY)
ADDRESS	(Include Zip Code)					INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		
		%						
ADDRESS (Include Zip Code)		(2) SHARE	(3) SIGNATURE (	(By)	(4) TITLE/RELATIONSHIP OF THE			(5) DATE
				INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(MM-DD-YYYY)	
		%						
12. CCC USE	ONLY A. SIGNATUR	RE OF CCC REF	RESENTATIVE					B. DATE
	가지 않는 것 같다. 같은 것 같은 것 같은 스툰에 들어 많을 것							(MM-DD-YYYY)
is the Coi 3831 et s receive b Tribal age identified the reque <b>Paperwo</b>	ving statement is made in acco mmodity Credit Corporation Ch eq), the Agricultural Improveme enefits under the Conservation nncies, and nongovernmental e in the System of Records Notic sted information will result in a rk Reduction Act (PRA) State.	arter Act (15 U.S.C. 7 nt Act of 2018 (Pub. Reserve Program. 1 ntities that have beer to for USDA/FSA-2, F Jetermination of inelig <b>ment:</b> The informatic	714 et seq.), the Food L. 115-334) and 7 CF The information collect n authorized access to Farm Records File (Au gibility to participate in on collection is exempt	Security Act of 1 R Part 1410. Th ted on this form n o the information utomated). Provid and receive bene ted from PRA as s	985 (16 U.S.C. 380 e information will be nay be disclosed to by statute or regula ding the requested affits under the Cons specified in 16 U.S.	01 et seq.), th e used to det other Federa tion and/or a information is servation Res C. 3846(b)(1	ne Agricultural Act termine eligibility t al, State, Local go is described in ap s voluntary. How serve Program. (). The provisions	t of 2014 (16 U.S.C. to participate in and wernment agencies, plicable Routine Uses ever, failure to furnish of appropriate criminal
	raud, privacy, and other statute Federal civil rights law and U.S							
in accordance with	reueral civil rights law and U.S	. Department of Agrid	culture (USDA) CIVII IIG	jins regulations a	nu policies, the US	UA, IIS Agen	cies, onices, 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.

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		2001	n rege	1100		Page 1 of 1		
CRP-1U.S. DEPARTMENT(07-06-20)Commodity Credition	E	1. ST.		ADMIN. LOCATION	2. SIGN-UP NUMBER 54			
			3. CO	NTRACT NUMB	ER	4. ACRES FOR		
CONSERVATION RESERV	E PROGRAM		•	11	244	ENROLLMENT 129.37		
5A. COUNTY FSA OFFICE ADDRESS (Inc	clude Zip Code)		6. TRA	ACT NUMBER	7. CONTRACT PERIOD	1		
LYMAN COUNTY FARM SERVICE AGENCY PO BOX 218 110 S MAIN AVENUE KENNEBEC, SD57544-0218				754	FROM: (MM-DD-YYYY) 10-01-2020	<b>TO: (MM-DD-YYYY)</b> 09-30-2030		
			8. SIG	8. SIGNUP TYPE: General				
5B. COUNTY FSA OFFICE PHONE NUMI (Include Area Code): (605)869-2216	BER		Gene	eral				
(referred to as "the Participant".) The Partic CCC for the stipulated contract period from acreage the Conservation Plan developed for comply with the terms and conditions cont Program Contract (referred to as "Appendix applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PAR addendum thereto; and, CRP-2, CRP-2C, CH	the date the Contr or such acreage an ined in this Contra "). By signing bel conditions of this of RTICIPANTS ACKN RP-2G, or CRP-2C3	ract is executed by nd approved by the act, including the A low, the Participant contract are contain IOWLEDGE RECEIF 30, as applicable.	the CČC. The CCC and the P ppendix to this acknowledges red in this Forn PT OF THE FOL	Participant also Participant. Addi Contract, entitle receipt of a cop n CRP-1 and in ti LOWING FORMS	agrees to implement on s tionally, the Participant a ed Appendix to CRP-1, Co y of the Appendix/Append he CRP-1 Appendix and a S: CRP-1; CRP-1 Appendi	uch designated nd CCC agree to onservation Reserve dices for the ny addendum		
9A. Rental Rate Per Acre \$ 50.1	5	10. Identificati	on of CRP La	nd (See Page	2 for additional space)			
9B. Annual Contract Payment \$ 6, 48	8.00	A. Tract No.	B. Field No.	C. Practic	e No. D. Acres	E. Total Estimated Cost-Share		
9C. First Year Payment \$		754	0004	CP38E-	-4D 62.08	\$ 3,725.00		
(Item 9C is applicable only when the first ye prorated.)	ar payment is	754	0005	CP38E	-4D 67.29	\$ 4,037.00		
11. PARTICIPANTS (If more than	three individua	ls are signing, s	see Page 3.)	)				
· · · · · · · · · · · · · · · · · · ·		(3) SIGNATURE (By)		(4) TITLE/REL INDIVIDUA REPRESEN	(5) DATE <i>(MM-DD-YYYY)</i>			
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) (2) SHARE %		(3) SIGNATURE (By)		(4) TITLE/REL INDIVIDUA REPRESEN	(5) DATE (MM-DD-YYYY)			
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) (2) SHARE %		(3) SIGNATURE (By)		(4) TITLE/REL INDIVIDUA REPRESEN	(5) DATE <i>(MM-DD-</i> YYYY)			
12. CCC USE ONLY A. SIGNATUR	E OF CCC REF	RESENTATIVE		1		B. DATE (MM-DD-YYYY)		
NOTE: The following statement is made in acco is the Commodity Credit Corporation Ch. 3831 et seq), the Agricultural Improveme receive benefits under the Conservation Tribal agencies, and nongovernmental e identified in the System of Records Notic the requested information will result in a Paperwork Reduction Act (PRA) State and civil fraud, privacy, and other statute. In accordance with Federal civil rights law and U.S	arter Act (15 U.S.C. 7 nt Act of 2018 (Pub. Reserve Program. 1 nitites that have beer e for USDA/FSA-2, F determination of inelig <b>ment:</b> The informatios s may be applicable to	714 et seq.), the Food L. 115-334) and 7 CF The information collect a authorized access to Farm Records File (Au gibility to participate in on collection is exempt to the information provi	Security Act of 19 R Part 1410. The ed on this form m o the information b totomated). Provid and receive bene ed from PRA as s ided. <b>RETURN T</b>	985 (16 U.S.C. 380 e information will be hay be disclosed to y statute or regula ling the requested fits under the Cons specified in 16 U.S. <b>HIS COMPLETED</b>	1 et seq.), the Agricultural Ac a used to determine eligibility other Federal, State, Local g tion and/or as described in a information is voluntary. How vervation Reserve Program. C. 3846(b)(1). The provision. FORM TO YOUR COUNTY	et of 2014 (16 U.S.C. to participate in and overnment agencies, oplicable Routine Uses vever, failure to furnish s of appropriate criminal FSA OFFICE.		

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	Si	AFE Ac	22			Page 1 of 1	
CRP-1         U.S. DEPART           (07-06-20)         Common	1. ST. & CO. CO			ADMIN. LOCATION	2. SIGN-UP NUMBER		
(······				46 085			
CONSERVATION RE	SERVE PROGRAM		NTRACT NUMBE	4. ACRES FOR ENROLLMENT 159.77			
5A. COUNTY FSA OFFICE ADDRE	ESS (Include Zip Code)		6. TRA	ACT NUMBER	7. CONTRACT PERIOD	)	
LYMAN COUNTY FARM SERVICE A PO BOX 218 110 S MAIN AVENU KENNEBEC, SD57544-0218				754	FROM: (MM-DD-YYYY) 10-01-2013	TO: (MM-DD-YYYY) 09-30-2023	
<ul> <li>5B. COUNTY FSA OFFICE PHON (Include Area Code): (605)869-</li> </ul>				NUP TYPE: E – South	Dakota Phea	sants SAFE	
CCC for the stipulated contract peri acreage the Conservation Plan deve comply with the terms and conditio. Program Contract (referred to as "A applicable contract period. The terr thereto. BY SIGNING THIS CONTRA addendum thereto; and, CRP-2, CRI	eloped for such acreage a ns contained in this Contr ppendix"). By signing be ns and conditions of this NCT PARTICIPANTS ACKN P-2C, CRP-2G, or CRP-2C	nd approved by the act, including the A low, the Participant contract are contain IOWLEDGE RECEIF 30, as applicable.	CCC and the P Appendix to this acknowledges ned in this Forn PT OF THE FOL	Participant. Addit Contract, entitle receipt of a copy n CRP-1 and in th LOWING FORMS	ionally, the Participant ar d Appendix to CRP-1, Co of the Appendix/Append e CRP-1 Appendix and a CRP-1; CRP-1 Appendix	nd CCC agree to nservation Reserve dices for the ny addendum	
9A. Rental Rate Per Acre	60.83	10. Identificati	on of CRP La	nd (See Page 2	2 for additional space)		
9B. Annual Contract Payment \$	9,719.00	A. Tract No.	B. Field No.	C. Practice	No. D. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment \$	;	754	0001	CP38E	-1 53.43	\$ 1,603.00	
(Item 9C is applicable only when the prorated.)	first year payment is	754	0002	CP38E		\$ 2,060.00	
		754	0003	CP38E-1 37.68		\$ 1,130.00	
<b>11. PARTICIPANTS</b> (If more than three individuals are         A(1) PARTICIPANT'S NAME AND         ADDRESS (Include Zip Code)         ALAN J BIRD             ALAN J BIRD             (2) SHARE         100.00 %		als are signing, s (3) SIGNATURE (	TURE (By) (4) TITLE/RELATIO INDIVIDUAL SIG		ATIONSHIP OF THE . SIGNING IN THE TATIVE CAPACITY	(5) DATE ( <i>MM-DD-YYYY</i> )	
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By)		(4) TITLE/RELA INDIVIDUAL REPRESEN	(5) DATE (MM-DD-YYYY)		
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By) (4		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
12. CCC USE ONLY A. SIG	NATURE OF CCC REF	PRESENTATIVE		1		B. DATE (MM-DD-YYYY)	
NOTE: The following statement is madi is the Commodity Credit Corpor 3831 et seq), the Agricultural In receive benefits under the Cons Tribal agencies, and nongovern identified in the System of Reco the requested information will re Paperwork Reduction Act (PR and civil fraud, privacy, and other	ration Charter Act (15 U.S.C. approvement Act of 2018 (Pub. servation Reserve Program. mental entities that have beer rds Notice for USDA/FSA-2, I sult in a determination of inelig A) Statement: The information	714 et seq.), the Food L. 115-334) and 7 CF The information collect n authorized access to Farm Records File (Au gibility to participate in on collection is exempt to the information prov	Security Act of 15 R Part 1410. The ted on this form m o the information L utomated). Provio and receive bene ted from PRA as s rided. <b>RETURN T</b>	985 <sup>°</sup> (16 U.S.C. 380 <sup>°</sup> e information will be hay be disclosed to by statute or regulat ling the requested in fits under the Conse specified in 16 U.S.C <b>HIS COMPLETED</b>	1 et seq.), the Agricultural Ac used to determine eligibility other Federal, State, Local gu ion and/or as described in ap nformation is voluntary. How ervation Reserve Program. C. 3846(b)(1). The provisions FORM TO YOUR COUNTY	t of 2014 (16 U.S.C. to participate in and overnment agencies, oplicable Routine Uses rever, failure to furnish s of appropriate criminal FSA OFFICE.	

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