						Page 1 of 1
CRP-1 U.S. DEPARTMENT (07-06-20) Commodity Cre	E	1. ST.	& CO, CODE & 46	2. SIGN-UP NUMBER 57		
CONSERVATION RESERV	I CONTRACT	3. CO	NTRACT NUMBI	ER	4. ACRES FOR ENROLLMENT 50.98	
5A. COUNTY FSA OFFICE ADDRESS (Inc		6. TRA	ACT NUMBER	7. CONTRACT PERIO)D	
CHARLES MIX COUNTY FARM SERVICE PO BOX 157 LAKE ANDES, SD 57356-0157			6773	3-1-2022	TO: (MM-DD-YYYY) 9-30-2032	
5B. COUNTY FSA OFFICE PHONE NUMBER	350			NUP TYPE: E - South	Dakota Phe	
(Include Area Code); (605) 487-7501	BEK					
acreage the Conservation Plan developed for comply with the terms and conditions contained from the terms and conditions contained the terms and the terms are terms and the terms and the terms and the terms are terms and the terms and the terms are terms are terms and the terms are terms are terms and the terms are terms are terms are terms are terms are terms and the terms are terms a	ained in this Contro (*). By signing bel conditions of this c RTICIPANTS ACKN	ect, including the A low, the Participant contract are contail IOWLEDGE RECEII	oppendix to this lacknowledges and in this Form	Contract, entitle receipt of a copy CRP-1 and in the	nd Appendix to CRP-1, C y of the Appendix/Appen ne CRP-1 Appendix and	Conservation Reserve Indices for the Invadendum
9A. Rental Rate Per Acre \$153.40		10. Identificati	on of CRP La	nd (See Page :	2 for additional space)
9B. Annual Contract Payment \$7,820.00		A. Tract No.	B. Field No.	C Practice	e No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		6773	0002	CP38E	-2 28.15	\$ 2,759.00
(Item 9C is applicable only when the first year payment is prorated.)		6773	0013	CP38E	-2 3.52	\$ 345.00
		6773	0015	CP38E	-2 19.31	\$ 1,892.00
11. PARTICIPANTS (If more than	three individua	ls ere sig <mark>nin</mark> g, :	see Page 3.)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE	(By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE		(6) DATE (MM-DD-YYYY)
GREG A VAUGHN 225 VAUGHN RD DECHERD, TN 37324~4433	100.00%	Grey A. Vanfor		REPRESENTATIVE CAPACITY		01-28-2022
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DAVID HUDSON JR PO BOX 20204	(2) SHARE 0.00 %	(3) SIGNATURE (By) Sec attached		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By) Sec attached		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5 DATE
ADDRESS (Include Zip Code) IEFFREY B MARVEL 125 VAUGHN RD DECHERD, TN 37324-4433	1					(MM-DD-YYYY)
12. CCC USE ONLY A. SIGNATURE OF CCC/REPRESENTATIVE						B. DATE
NOTE: The following statement is mide in acco is the Commodity Credit Conjugation Ch 3831 et seq), the Agricultural Improveme	arter Act (15 U.S.C. 7	7f14 et sea.), the Food	Security Act of 19	985 (16 U.S.C. 380	1 et sec.), the Apricultural A	Act of 2014 (16 U.S.C.

receive benefits under the Conservation Reserve Program. The information coesses to the information by statute or requisition endors a described in applicable Routine Uses identified in the System of Records Notice for USDAFSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud. privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotepe, 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/compleint-filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the latter all of the Information requested in the form. To request a copy of the complaint form, call (866) 832-9992. 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.intelke@usda.gov. USDA is an equal opportunity provider, employer, and lender.