						Page 1 of 1
CRP-1 U.S. DEPARTMENT (07-06-20) Commodity C		1. ST.	1. ST. & CO. CODE & ADMIN. LOCATION 19 173		2. SIGN-UP NUMBER 57	
CONSERVATION RESERVE PROGRAM CONTRACT				3. CONTRACT NUMBER 12103		4. ACRES FOR ENROLLMENT 11.39
5A. COUNTY FSA OFFICE ADDRESS (In		6. TRA	CT NUMBER	7. CONTRACT PERIOD		
TAYLOR COUNTY FARM SERVICE AGENCE 1508 OAK ST BEDFORD, IA50833-9100			1156	FROM: (MM-DD-YYYY) 10-01-2022	TO: (MM-DD-YYYY) 09-30-2037	
				NUP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUM (Include Area Code): (712) 523-2118			inuous			
THIS CONTRACT is entered into between (referred to as "the Participant".) The Part CCC for the stipulated contract period from acreage the Conservation Plan developed comply with the terms and conditions con Program Contract (referred to as "Appendia applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT Paddendum thereto; and, CRP-2, CRP-2C,	icipant agrees to planthe date the Control for such acreage antained in this Control for this conditions of this conditions of this carricipants ACKN	ace the designated act is executed by ad approved by the act, including the A ow, the Participant contract are contain OWLEDGE RECEIF	the CCC. The life to the CCC and the Popendix to this acknowledges	Participant also a articipant. Addit Contract, entitle receipt of a cop	Reserve Program (CRP agrees to implement on s bionally, the Participant a bid Appendix to CRP-1, Co y of the Appendix/Appen ne CRP-1 Appendix and a	or other use set by uch designated nd CCC agree to onservation Reserve dices for the ny addendum
9A. Rental Rate Per Acre \$ 260	10. Identification	on of CRP La	f CRP Land (See Page 2 for additional space)			
9B. Annual Contract Payment \$ 2,964.00		A. Tract No.	B, Field No.	C. Practic		E. Total Estimated Cost-Share
9C. First Year Payment \$		1156	0004	CP2	5.58	\$ 1,021.00
(Item 9C is applicable only when the first year payment is prorated.)		1156	0005	CP2	5.81	\$ 1,063.00
11. PARTICIPANTS (If more than	n three individua	ls are signing,	see Page 3.,		ATIONISHIB OF THE	(5) DATE
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) 100.00 %		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(MM-DD-YYYY)
B(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)
C(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)
12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE						B. DATE (MM-DD-YYYY)

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) 632-9992. 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.