Old -1	MENT OF AGRICULTURE ty Credit Corporation	E		1. ST. & CO. COD LOCATION	E & ADMIN.	2. SIGN-UP NUMB	ER
CONSERVATION RESE	RVE PROGRAI	M CON	NTRACT	30 111		3	35
NOTE: The authority for collecting the following info collection of information without prior OMB approval required to complete this information collection is est for reviewing instructions, searching existing data so completing and reviewing the collection of informatio	mandated by the Paperwork F imated to average 4 minutes p urces, gathering and maintain	Reduction A per respons	ct of 1995. The time e, including the time	3. CONTRACT NU	JMBER - 0676	4. ACRES FOR EN	
7. COUNTY OFFICE ADDRESS (Include				5. FARM NUMBER	₹	6. TRACT NUMBER	R(S)
Yellowstone County Farm S]	142	1525	L.
1629 Avenue D, Building A Billings MT 59102				8. OFFER (Select	one)	9. CONTRACT PER	RIOD . TO:
				GENERAL		(MM-DD-YYYY)	(MM-DD-YYYY)
TELEPHONE NUMBER (Include Area	Code): (406) 657	-6135		ENVIRONMENTA	L PRIORITY 🗸	10-01-2007	09-30-2017
THIS CONTRACT is entered into between the Participant".) The Participant agrees to place date the Contract is executed by the CCC. If the CCC and the Participant. Additionally, the entitled Appendix to CRP-1, Conservation Reapplicable sign-up period has been provided withdraws prior to CCC acceptance or reject thereto. BY SIGNING THIS CONTRACT Plor CRP-2C, if applicable; and, if applicables	e the designated acreage The Participant also agree the Participant and CCC ag eserve Program Contract to such person. Such pe ion. The terms and conc RODUCERS ACKNOWLE	into the C is to imple gree to con (referred t irson also ditions of	conservation Reservation Reservation such design ment on such design ments with the terms of as "Appendix"). It agrees to pay such this contract are of the secontract are of the second are o	e Program ("CRP") of nated acreage the Conditions contains signing below, the liquidated damages contained in this Follogian.	or other use set by Conservation Plan devined in this Contract, Participant acknowle in an amount specifie rm CRP-1 and in the	CC for the stipulated of reloped for such acres including the Appenda adges that a copy of the ad in the Appendix if the CRP-1 Appendix at	contract period from the age and approved by dix to this Contract, he Appendix for the he Participant any addendum
10A. Rental Rate Per Acre	\$	26.67	11. Identification	n of CRP Land (S	ee Page 2 for add	itional space)	
B. Annual Contract Payment	\$ 4,0	16.50	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
C. First Year Payment	r\$ 4,0	16.50	1525	2	CP-18B	150.6	0
(Item 10C applicable only to the first year payment is pro		when					
12. PARTICIPANTS							
A(1). PARTICIPANT'S NAME AND AD	DRESS (Zip Code):	(2) SH.	ARE	(3) SOCIAL SECU	RITY NUMBER:		
Marilyn B. Haidle							
315 Marsh Road Fallon MT 59326			100 %	(4) SIGNATURE	uals are signing, continu	DATE (MN on attachment.)	1-DD-YYYY) -30-07
	DRESS (Zip Code):	(2) SHA	, , , , , , , , , , , , , , , , , , ,	Man 1 -		8-	
Fallon MT 59326	DRESS (Zip Code):	(2) SHA	ARE (:	Manual information of the inform		Sn attachment.)	
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CONSERVATION RE	modity Credit Corporation SERVE PROGRAM (CONTRAC		1. ST. ADMIN 30). DE & N. LOCATION 111	2. SIGN-UF 29	NUMBER	
NOTE: The authority for collecting the following collection of information without prior OMB apptime required to complete this information colletime for reviewing instructions, searching exist completing and reviewing the collection of information.	oroval mandated by the Paperwork in action estimated to average 4 minute ing data sources, gathering and ma	Reduction Act of 1 es per response, ir	995. The ocluding the		NTRACT NUMBER		FOR ENROLLMENT	
	'nclude Zip Code):			5. FAF	RM NUMBER	6. TRACT N		
YELLOWSTONE COUNTY FARM	SERVICE AGENCY			000	00142	000152	25	
1629 AVENUE D BLDG A BILLINGS, MT 59102-3042				8.OFF	ER (Select one) RAL	FROM:	ACT PERIOD TO: (MM-DD-YYYY)	
TELEPHONE NUMBER (Include Ar					NMENTAL PRIORITY	(MM-DD-YYY 10-01-2005	5 09-30-2015	
THIS CONTRACT is entered into betwee referred to as "the Participant"). The Part stipulated contract period from the date it Plan developed for such acreage and appropriate in this Contract, including the Asigning below, the Participant acknowled pay such liquidated damages in an amout The terms and conditions of this contract PRODUCERS ACKNOWLE applicable; and, if applicable, CRP-15.	icipant agrees to place the designe contract is executed by the Coroved by the CCC and the Part Appendix to this Contract, entitle ges that a copy of the Appendix in the specified in the Appendix if the contained in this Format are contained in this Format and the contained in this Format are contained in this Europe are contained in this Europe are contained in	gnated acreage in CC. The Participant. Addition of Appendix to Conforthe applicable Participant with CRP-1 and in	into the Contract also agaily, the Pail RP-1, Consider sign-up produced the CRP-1.	nservation rees to inticipant rervation eriod ha or to CCO Appena	n Reserve Program implement on such of and CCC agree to conserve Program C is been provided to significant or rejective and any addending the conserve program of the conserve provided to significant or rejective and any addending implementations.	("CRP") or other lesignated acrea comply with terms contract (referred uch person. Sucction.	use set by CCC for the ge the Conservation and conditions I to as "Appendix"). By th person also agrees to SIGNING THIS	
10A. Rental Rate Per Acre	\$31.22	11. Iden	tification	of CRP	Land			
B. Annual Contract Payment	\$544 \$5145.06	A.Tract No	. B. Fie	ld No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	
C. First Year Payment	Ω	0001525	0003		CP1	163.7 8	\$2947.00	
(Item 10C applicable only to c when the first year payment is						0		
A(1). PARTICPANTS NAME AND AD	DDRESS (Zip Code):	(2) SHARE	(3) SOCI	AL SEC	CURITY NUMBER:	***************************************		
MARILYN HAIDLE 315 MARSH RD FALLON,MT 59326-7001		100.00%	(4) SIGN				MM-DD-YYYY) 8/11 4	
B(1). PARTICPANTS NAME AND AD	DDRESS (Zip Code):	(2) SHARE			CURITY NUMBER:			
N/A		%	(4) SIGN			1	MM-DD-YYYY)	
C(1).PARTICPANTS NAME AND AD	DDRESS (Zip Code):	(2) SHARE			iduals are signing, continue CURITY NUMBER:	A1.4		
N/A		%	(4) SIGN			DATE (MM-DD-YYYY)		
(If more than three individuals are signing, continue 13. CCC USE ONLY - Payments according to the continue of		A SIGNATII			iduals are signing, continu RESENTATIVE		E (MM-DD-YYYY)	
13. 300 33E 3NET	3	1				0/0	0/0/-	
		K =	- 7 647			18/8/0		
NOTE: The following statement is made for requesting the following inform (Pub. L. 107-171) and regulation: CCC to consider and process the parties to the contract. Furnishing certain program benefits and oth Justice, or other State and Feder civil fraud statues, including 18 U	mation is the Food Security Act of spromulgated at 7 CFR Part 14 e offer to enter into a Conservating the requested information is well of the requested information is well of the regular than 12 can be refinancial assistance administer at Law Enforcement agencies, 2 USC 286, 287, 371, 641, 651, 10	of 1985, (Pub. L. 10 and the Inter- on Reserve Pro- oluntary. Failure ered by USDA a- and in response 101; 15 USC 714	99-198), as nal Revenue gram contra to furnish the gency. This to a court mm; and 31 to	amende e code (ect, to as ne reque informa nagistrat	ed and the Farm Sec 26 USC 6109). The i sist in determining el sted information will tion may be provided e or administrative tr	curity and Rural in information reques igibility and to de result in determination other agencials. The provinguals.	nvestment Act of 2002 ested is necessary for estermine the correct nation of ineligibility for es, IRS, Department of isions of criminal and	
RETURN THIS COMPLETED								
The U.S. Department of Agriculture (USDA) prohibits maritial and family status. (Not all prohibited bases at contact USDA's TARGET Center at (202) 720-2600 (Washington, DC 20250-9410 or call (202) 720-5964	oply to all programs). Persons with disabi voice and TDD). To file a complaint of dis (voice or TDD). USDA is an equal opport	ilities who require alte scrimination, write US	emative means SDA, Director, (for commi	unication of program inforn	nation (Braille, large p	onnt, audio tapes etc.) should	
And the County Office	ce Copy - fix	Owner's C	ору		Ор	erator's Copy		
	* CLU	Correot	The same					

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This form is available electronically. CRP-1 U.S. DEPARTMENT OF A (03-26-04) Commodity Credit C				1. ST. & CO. CODI LOCATION	E & ADMIN.	2. SIGN-UP NUMB	ER	
CONSERVATION RESERVE F	ROGRAN	/ CON	ITRACT	30 111		35		
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 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and				3. CONTRACT NU	MBER 0677	4. ACRES FOR ENROLLMENT		
ompleting and reviewing the collection of information.				5. FARM NUMBER)	6. TRACT NUMBER	₹(S)	
7. COUNTY OFFICE ADDRESS (Include Zip Code Yellowstone County Farm Service					42	1526		
1629 Avenue D, Building A Billings MT 59102				8. OFFER (Select one)		9. CONTRACT PERIOD FROM: TO: (MM-DD-YYYY) (MM-DD-YYY)		
	(106) 657	_6135		GENERAL	DDIODITY /	10-01-2007	09-30-2017	
TELEPHONE NUMBER (Include Area Code): THIS CONTRACT is entered into between the Commod	(406) 657			ENVIRONMENTA]	
entitled Appleints to City 1, constraints in the sear provided to such period has been provided to such period has been provided to such period high provided high pr	erms and cond S ACKNOWLE	itions of	this contract are c	contained in this For	m CRP-1 and in the CRP-1; CRP-1 Appe	e CRP-1 Appendix a	nd any addendum	
B. Annual Contract Payment \$	3,9	00.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimat Cost-Share	
C. First Year Payment \$	3,9	00.00	1526	1	CP-18B	156.0		
(Item 10C applicable only to continuthe first year payment is prorated.) 12. PARTICIPANTS	ous signup	when						
A(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SH.	ARE	(3) SOCIAL SECU	RITY NUMBER:	\$16-52	9512	
Marilyn B. Haidle 315 Marsh Road Fallon MT 59326			100 %	(4) SIGNATURE Manelin	Hardli	DATE (MM-DD-YYYY) 8 - 3d -67 ie on attachment.)		
. dalam oppa-			(7	THO EXITATION CONTROL	data ard organing, commit			
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	Zip Code):	(2) SHA	(3) SOCIAL SECUI 4) SIGNATURE	RITY NUMBER:	DATE (MI	M-DD-YYYY)	
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B(1). PARTICIPANT'S NAME AND ADDRESS ((2) SHA	% (-	4) SIGNATURE	uals are signing, continu	e on attachment.)		
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Original - County Office Copy

Owner's Copy

SET 4 2007