This form is available electr	onically.								De 1 / -
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (10-22-15) Commodity Credit Corporation					1. ST. & CO CODE & ADMIN.		Page 1 of 1 2. SIGN-UP NUMBER		
(10-22-13) Co			LOCATION		A Lateral Contract				
				29 227			43		
CONSERVATION RESERVE PROGRAM CONTRACT			3. CONTRACT NUMBER						
			11082A			4. ACRES FOR ENROLLMENT 40.00			
WORTH COUNTY FA	ESS (Include Zip Code) RM SERVICE AGEN(NCY		5. FARM NUMBER		1	6. TRACT NUMBER(S)		
PO BOX 189			3186			5819			
GRANT CITY, MO	64456-0189			8. OFFER (Select one)			9 CON	TRACTE	PERIOD
				GENERAL		11	9. CONTRACT PERIOD FROM: TO: (MM-DD-YYYY) (MM-DD-YYYY)		TO:
	nclude Area Code): (660) 564 -				ENTAL PRIORITY		10-01	-2012	(MM-DD-YYYY) 09-30-2022
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 CP-1. Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix to the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT 100.									
10A. Rental Rate Per Acre	\$118.49	11. Identificati	ion of	CRP Land	(See Page 2 for a	dditio	nal spa	ce)	
10B. Annual Contract Paymen	t \$4,740	A. Tract No.		Field No	C. Practice No.	1	D Acres		Total Estimated
10C. First Year Payment	S	5819		0001	CP1		33.20		Cost-Share \$ 1,660
(Item 10C applicable only to co the first year payment is prorate	ntinuous signup when	5819		0002	CP1		6.80		\$ 340
12. PARTICIPANTS (If I		see F							
	AND ADDRESS (Zip Code):	(2) SHARE		(3) SIGNATI	(3) SIGNATURE		(4) DATE (MM-DD-YYYY)		
		100.0		\sim		25		7-	2-2015
B(1) PARTICIPANT'S NAME A	ND ADDRESS (Zip Code): ((2) SHARE		(3) SIGNATURE			(4) DATE (MM-DD-YYYY)		
				0 (1)			(4) DATE (WW-DD-YYYY)		
		0.00%		De in Mari			1. 3. 3. 20 18		
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):		(2) SHARE		(3) SIGNATURE			(4) DATE (MM-DD-YYYY)		
		07							
			%						
13. CCC USE ONLY	A. SIGNATURE OF CCC	DEDDECENITAT						DATE	(MM-DD-YYYY)
	A DIDINITURE OF CCC								
NOTE: The following statement i	ent 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. 301 et seq.), and the Agnouttural 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 Papervork 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.									
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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									
	County Office Copy			's Copy			7	perator	s Copy