

CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO CODE & ADMIN. LOCATION 48 207		2. SIGN-UP NUMBER 43	
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER 10054		4. ACRES FOR ENROLLMENT 161.80	
7A. COUNTY OFFICE ADDRESS (Include Zip Code) HASKELL COUNTY FARM SERVICE AGENCY 607 N 1ST EAST STE B HASKELL, TX 79521-6201		5. FARM NUMBER 345		6. TRACT NUMBER(S) 133	
7B. TELEPHONE NUMBER (Include Area Code): (940)864-2617 x2		8. OFFER (Select one) GENERAL ☒		9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2012 TO: (MM-DD-YYYY) 09-30-2022	
10A. Rental Rate Per Acre \$ 37.23		11. Identification of CRP Land (See Page 2 for additional space)			
10B. Annual Contract Payment \$ 6,024		A. Tract No. 133	B. Field No. 0001	C. Practice No. CP1	D. Acres 161.80
10C. First Year Payment \$		E. Total Estimated Cost-Share \$ 8,899			
(Item 10C applicable only to continuous signup when the first year payment is prorated.)					
12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)					
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): LEE WELDON & RUBY FAYE NORMAN FAMILY TRUST 3917 MODLIN AVE FORT WORTH, TX 76107-2528		(2) SHARE 100.00%		(3) SIGNATURE	
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):		(2) SHARE %		(3) SIGNATURE	
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):		(2) SHARE %		(3) SIGNATURE	
(4) DATE (MM-DD-YYYY)		(4) DATE (MM-DD-YYYY)			
(4) DATE (MM-DD-YYYY)		(4) DATE (MM-DD-YYYY)			
13. 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 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. 3801 et seq.), and the Agricultural 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 Paperwork 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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Original – County Office Copy



Owner's Copy



Operator's Copy