9. •						Page 1 of 1
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (12-02-19) Commodity Credit Corporation				1. ST. & CO. CODE & ADMIN. LOCATION 48 191		2. SIGN-UP NUMBER 54
CONSERVATION RESERVE PROGRAM CONTRACT				3. CONTRACT NUMBER		4. ACRES FOR ENROLLMENT 63.96
5A. COUNTY FSA OFFICE ADDRESS (HALL COUNTY FARM SERVICE AGENCY		6. TF	RACT NUMBER	7. CONTRACT PERIOR	D	
1002 W NOEL ST SUITE A			5.65	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)	
MEMPHIS, TX 79245-3246			565	10-01-2020	.09-30-2030	
		8. SI	GNUP TYPE:			
5B. COUNTY FSA OFFICE PHONE NU (Include Area Code): (806) 259-3579		Gene	CCC") and the undersigned owners, operators, or tenants			
acreage the Conservation Plan developed comply with the terms and conditions con Program Contract (referred to as "Appendapplicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PATTERN CRP-2; CRP-2C; or CRP-2G. 9A. Rental Rate Per Acre \$20.4	lix"). By signing be d conditions of this ARTICIPANTS ACK	ract, including the A low, the Participant contract are contai. NOWLEDGE RECEII	Appendix to thi t acknowledge ned in this For PT OF THE FO	is Contract, entitle s receipt of a copy m CRP-1 and in the LLOWING FORMS	d Appendix to CRP-1, Co of the Appendix/Append	nservation Reserve dices for the
9B. Annual Contract Payment \$1,2	A. Tract No.	B. Field No			E. Total Estimated	
9C. First Year Payment \$	565			27710100	Cost-Share	
(Item 9C is applicable only when the first year payment is prorated.)			0005	CP1	5.65	\$ 735.00
		565	0006	CP1	38.90	\$ 5,057.00
		565	0007	CP1	19.41	\$ 2,523.00
11. PARTICIPANTS (If more than	n three individua	als are signing, s	see Page 3.)		
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SCOTT A CARTER 1605 DALLAS ST PLAINVIEW, TX 79072-4751	(2) SHARE	Scott Carta		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (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)
ADDRESS (Include Zip Code) %		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)
2. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE						B. DATE

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 7 U.S.C. 9091(2)(c)(B). 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.

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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.

(MM-DD-YYYY)