This form is available electronically.									
CRP-1 U.S. DEPA	1. ST.	& CO. CODE &	2 Si	2. SIGN-UP NUMBER					
(07-23-10) Commodity Credit Corporation					N. LOCATION		2. SIGN-OF NOWBER		
CONSERVATION RESERVE PROGRAM CONTRACT  NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the					211	4	47		
collection of information without prior OMB ann	Reduction Ast of 1	OOF The	3. COI	3. CONTRACT NUMBER		4. ACRES FOR ENROLLMENT			
time required to complete this information collectime for reviewing instructions, searching existing	ction estimated to average 4 minute	er ner rochanna li	advadina tha	110	015		27.81	• · · · · · · · · · · · · · · · · · · ·	
completing and reviewing the collection of info	nammy me data needed, and					27.81			
7. COUNTY OFFICE ADDRESS (In	nclude Zip Code):	··		5. FARM NUMBER			6. TRACT NUMBER(S)		
SULLIVAN COUNTY FARM SERV			4231		3781				
23487 ECLIPSE DRIVE	HOL AGENOT			8.OFFER (Select one)					
MILAN, MO 63556-1358			GENERAL (Select one)			9. CONTRACT PERIOD FROM: TO:			
					RAL		(MM-DD-YYYY) (MM-DD-YYYY)		
TELEPHONE NUMBER (Include Are			1	NMENTAL PRIORITY	<b>─</b> , , , ,	1001-2013   00-00-202			
THIS CONTRACT is entered into between referred to as "the Participant"). The Participant stipulated contract period from the date the Plan developed for such acreage and approntained in this Contract, including the Ajsigning below, the Participant acknowledge pay such liquidated damages in an amount.  The terms and conditions of this contract and contract Participant acknowledge.	cipant agrees to place the desige e contract is executed by the C roved by the CCC and the Part ppendix to this Contract, entitle les that a copy of the Appendix tt specified in the Appendix if th	gnated acreage in CC. The Participant. Addition of Appendix to Carthe for the applicable on Participant with the Participant with the Participant with the Carthe site of Participant with the Carthe site of Carthe site of of Carthe site of of Carthe site of of Carthe site of of Carthe site of of Carthe site of of of Carthe site of of Carthe site of of of of Carthe site of of of of of of of of of of	nto the Con pant also ag ally, the Par RP-1, Cons le sign-up po hdraws prio	servatio rees to i rticipant ervation eriod ha or to CCI	n Reserve Program implement on such d and CCC agree to co Reserve Program C s been provided to s C acceptance or reje	("CRP") of esignated omply with contract (r uch perso ction,	or other u d acreage th the ten referred to on. Such	ise set by CCC for the e the Conservation and conditions to as "Appendix"). By person also agrees to	
CONTRACT PRODUCERS ACKNOWLEI applicable; and, if applicable, CRP-15.	DGE RECEIPT OF THE FOLL	OWING FORMS	: CRP-1, CI	RP-1 Ap	pendix and any ad	dendum	thereto,	CRP-2 or CRP-2C, if	
10A. Rental Rate Per Acre	\$ 119.38	11. Identific	ation of C	CRP La	and				
B. Annual Contract Payment	\$ 3,320	A.Tract No	B. Fie	ld No.	C. Practice No.	D. Ad	cres	E. Total Estimated Cost-Share	
C. First Year Payment		3781	1		CP2			\$ 0	
(Item 10C applicable only to co when the first year payment is	3781	2		CP2	18.36		\$ 0		
12. PARTICIPANTS									
A(1) PARTICIPANT'S NAME AND AL	DDRESS (Zin Code):	(2) SHARE	(2) 0001	AL CEC	VIDITY NUMBER				
DANIEL LEE SARKAR	(Z) OTAKE	(3) 3001	SOCIAL SECURITY NUMBER:						
685 E SEXTON ST		100.00%	(4) SIGNATURE DATE (MM-DD-YYYY)					MM-DD-YYYY)	
HARRISBURG, MO 65256-935	HARRISBURG, MO 65256-9352			l					
	<u> </u>	(2) SHARE	(If more than three individuals are signing, continue on attachment.)						
B(1) PARTICIPANT'S NAME AND AD	B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):		(3) SOCIAL SECURITY NUMBER:						
		%	(4) SIGN	ATURE			DATE (	MM-DD-YYYY)	
			(if more than t	hree indivi	iduale ara signing, continu	on attache	mont l		
C(1) PARTICIPANT'S NAME AND AD	DDRESS (Zin Code):	(2) SHARE		three individuals are signing, continue on attachment.)					
. , ,	(2p code).			(3) SOCIAL SECURITY NUMBER:					
		(4) SIGN		ATURE			DATE (MM-DD-YYYY)		
						,			
(If more than three individuals are signing, continue of	on altachment.)		(If more than t	hree indivi	duals are signing, continue	on attachn	nent.)		
13. CCC USE ONLY - Payments accordi	ing to the shares are approved	\$IGNATURE	OF CCC	REPRE	ESENTATIVE	1	B. DATE	E (MM-DD-YYYY)	
NOTE: The following statement is made in for requesting the following inform (Pub. L. 107-171) and regulations CCC to consider and process the parties to the contract. Furnishing certain program benefits and othe Justice, or other State and Federa civil fraud statutes, including 18 Us	ation is the Food Security Act of promulgated at 7 CFR Part 14 offer to enter into a Conservation the requested information is vor financial assistance administed Law Enforcement agencies, a SC 286, 287, 371, 641, 651, 10	of 1985, (Pub. L. 10 and the Interro 10 and the Interro 10 and the Interro 10 and 10 a	99-198), as al Revenue gram Contra to furnish th gency. This to a court m	amende e code (2 et, to as e reque: informat agistrate	ed and the Farm Sec 26 USC 6109). The insist in determining e sted information will tion may be provided to or administrative tri	urity and nformatio ligibility a result in o to other bunal. Th	Rural involution request nd to det determinate agencies de provision	vestment Act of 2002 sted is necessary for cermine the correct ation of ineligibility for s, IRS, Department of ions of criminal and	
RETURN THIS COMPLETED FO									
The U.S. Department of Agriculture (USDA) pro- marital status, family status, parental status, reil assistance program. (Not all prohibited bases a audiotape etc.) should contact USDA's TARGET Independence Avenue, S.W., Washington, D.C.	gion, sexual orientation, genetic inf oply to all programs). Persons with T Center at (202) 720-2600 (voice a	formation, political disabilities who re and TDD). To file a	beliefs, repris quire alternat complaint of	sal, or bei ive mean discrimir	cause all or part of an i Is for communication of Pation, write to USDA, L	ndividual's ' program i Director, O	income is information iffice of Ci	derived from any public n (Braille, large print, vil Riohts. 1400	
Original - County Office	Owner's Co	ору	Operator's Copy						

CRP-20	(07-16-	12)	***						Ī	Page 2 of 2	2	
21, 22. Tract No. Current Field No.		23.	24. Crop Land Use Summary									
	Current Crop or Land Use	A. Offered Acre	B. Eligible Acres	C. 2008	D. 2009	E. 2010	F. 2011	G. 2012	H. 2013	I.		
0003781	0001	CRP	9.45	9.45	CRP	CRP	CRP	CRP	CRP	CRP		
0003781	0002	CRP	18.36	18.36	CRP	CRP	CRP	CRP	CRP	CRP		
		1										
	****		25. TOTAL	LS 27.81						717		
26. PRODUCER'S CERTIFICATION:											<b>!=</b>	
By signing below I certify to all of the following: (1) I have been informed of the estimated cost of establishing the cover offered; (2) I have been informed that if I decline cost share assistance I will be ineligible for cost share assistance; (3) I have been informed that I may be required to pay for a measurement service on the acreage offered before such acreage may be enrolled in the CRP; (4) To the best of my knowledge and belief the acreage of crops and land listed herein, if applicable, are true and correct; and (5) The signing of this form gives USDA representatives authorization to enter and inspect crops and land uses and for other purposes on the above												
I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.  26A. Signature (By)  26B. Title/Relationship of the Individual if Signing in a  26C. DATE (MADD.)												
200. Signature (by)				26B. Title/Relationship of the Individual if Signing in a Representative Capacity					26C. 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.), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used by CCC to consider and process the offer to enter into a Conservation Reserve Program contract, to assist in determining eligibility, and to determine the correct parties to the contract. 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 enter into a Conservation Reserve Program contract.

This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title II, Subtitle J- Miscellaneous Conservation Provisions).

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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