(07-06-20) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation			1. ST	1. ST. & CO. CODE & ADMIN. LOCATION 27 173		2. SIGN-UP NUMBER 47	
CONSERVATION RESER	I CONTRACT	7 3. CC	3. CONTRACT NÜMBER 11123A		4. ACRES FOR ENROLLMENT 2,90		
5A. COUNTY FSA OFFICE ADDRESS (I		6. TR	6. TRACT NUMBER   7. CONTRACT PER				
YELLOW MEDICINE COUNTY FARM SERVICE AGENCY PO BOX 488 CLARKFIELD, MN56223-0488				12007	FROM: (MM-DD-YYYY) 10-01-2015	TO: (MM-DD-YYYY) 09-30-2030	
5B. COUNTY FSA OFFICE PHONE NUI (Include Area Code): (320) 669-4492		Con	SNUP TYPE: tinuous				
THIS CONTRACT is entered into between (referred to as "the Participant".) The Par CCC for the stipulated contract period fro 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 Pladdendum thereto; and, CRP-2, CRP-2C, (	ucipant agrees to pi m the date the Contr for such acreage ar tained in this Contri ix"). By signing bel conditions of this of ARTICIPANTS ACKN CRP-2G, or CRP-2C3	ace the designated ract is executed by and approved by the act, including the ow, the Participant contract are contain OWLEDGE RECEIF 10, as applicable.	d acreage into to the the CCC. The ecc and the land the land the land the lackness acknowledges ined in this For PT OF THE FOL	the Conservation of Participant also a Participant. Addit of Contract, entitle of copy of CRP-1 and in the LOWING FORMS	Reserve Program ("CRP", agrees to implement on agrees to implement on still of the Participant and Appendix to CRP-1, Co of the Appendix/Appendix and all a CRP-1; CRP-1 Appendix and all a CRP-1; CRP-1 Appendix	or other use set by uch designated ad CCC agree to nservation Reserve lices for the	
9A. Rental Rate Per Acre \$ 260.83		10. Identificati	ion of CRP La	and (See Page 2	d (See Page 2 for additional space)		
9B. Annual Contract Payment \$ 756.00		A. Tract No.	B. Field No.	. C. Practice	No. D. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment \$		12007	2	CP21	2.90	\$ 290.00	
(Item 9C is applicable only when the first year payment is prorated.)							
11. PARTICIPANTS (If more than	three individua	ls are signing, s	see Page 3.	)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(3) SIGNATURE (By)		(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)		INDIVIDUAL	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY (5) DATE (MM-DD-YYYY)		
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE (3) SIGNATURE (By) %		Ву)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE					INEX.	B. DATE (MM-DD-YYYY)	
NOTE: The following statement is made in acc is the Commodity Credit Corporation Co	ordance with the Privac narter Act (15 U.S.C. 7	y Act of 1974 (5 USC 14 et seq.), the Food	552a - as amend Security Act of 19	ded). The authority 985 (16 U.S.C. 3801	for requesting the information et seg.), the Agricultural Act	i identified on this form 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 3831 et seq), the Agricultural Improvement Act of 2018 (P40. L. 115-334) and 7 CPR 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 16 U.S.C. 3846(b)(1). 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

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <a href="http://www.asgr.usda.gov/complaint\_filing\_cust.html">http://www.asgr.usda.gov/complaint\_filing\_cust.html</a> 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider, employer, and lender.

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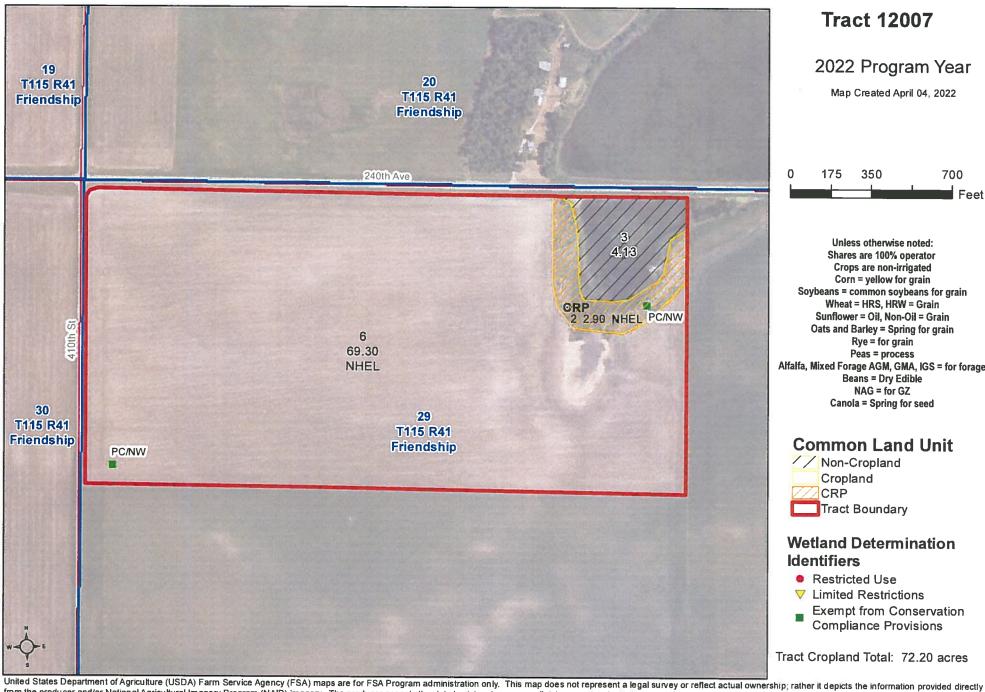


**Yellow Medicine County, Minnesota** 





Shares are 100% operator Crops are non-irrigated Corn = yellow for grain Soybeans = common soybeans for grain Wheat = HRS, HRW = Grain Sunflower = Oil, Non-Oil = Grain Oats and Barley = Spring for grain Rye = for grain Peas = process Alfalfa, Mixed Forage AGM, GMA, IGS = for forage Beans = Dry Edible NAG = for GZ Canola = Spring for seed



from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS). This map displays the 2021 NAIP imagery.