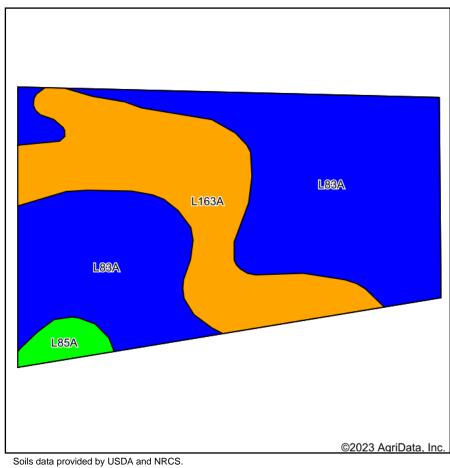
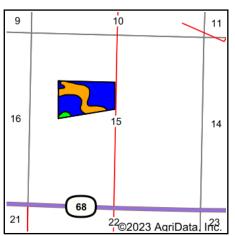
FSA INFO PACKET



Soils Map





State: Minnesota County: **Brown**

15-110N-31W Location:

Township: Milford Acres: 39.53 3/23/2023 Date:







Area S	Area Symbol: MN015, Soil Area Version: 24										
Code	Soil Description	Acres	Percent of field	Non-Irr Class Legend	Soil Drainage	Non-Irr Class *c	Productivity Index	*n NCCPI Overall	*n NCCPI Corn	*n NCCPI Small Grains	*n NCCPI Soybeans
L83A	Webster clay loam, 0 to 2 percent slopes	26.01	65.8%		Poorly drained	llw	93	82	78	60	82
L163A	Okoboji silty clay loam, 0 to 1 percent slopes	12.34	31.2%		Very poorly drained	IIIw	86	76	74	64	74
L85A	Nicollet clay loam, 1 to 3 percent slopes	1.18	3.0%		Somewhat poorly drained		99	81	81	64	81
	Weighted Average				2.28	91	*n 80.1	*n 76.8	*n 61.4	*n 79.5	

^{*}n: The aggregation method is "Weighted Average using all components"

^{*}c: Using Capabilities Class Dominant Condition Aggregation Method Soils data provided by USDA and NRCS.

MINNESOTA BROWN

United States Department of Agriculture Farm Service Agency

FARM: 8497

Prepared: 4/5/23 9:39 AM CST

.....

Crop Year: 2023

Form: FSA-156EZ

See Page 3 for non-discriminatory Statements.

Abbreviated 156 Farm Record

Operator Name : ROGER HERBERT BERANEK

CRP Contract Number(s) : 11174C, 11802 Recon ID : 27-015-2018-161

Transferred From : None
ARCPLC G/I/F Eligibility : Elig ble

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NOTES

Tract Number : 670

Description : PW2S15MI

FSA Physical Location : MINNESOTA/BROWN
ANSI Physical Location : MINNESOTA/BROWN

BIA Unit Range Number

HEL Status : NHEL: No agricultural commodity planted on undetermined fields

Wetland Status : Tract does not contain a wetland

WL Violations : None

Owners ... MARY ANN DURBORAW, JAMES MECKLENBURG, RONALD MECKLENBURG, PAULETTE M LAPPI REV TRUST, SARAH

A JOHNSON, LORA B JOHNSON, ADAM D JOHNSON

Other Producers : None Recon ID : None

Tract Land Data								
Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	
4.50	4.50	4.50	0.00	0.00	0.00	0.00	0.0	

MINNESOTA BROWN

Farm Service Agency

Abbreviated 156 Farm Record

Form: FSA-156EZ

United States Department of Agriculture

FARM: 8497

Prepared: 4/5/23 9:39 AM CST

Crop Year: 2023

Tract 670 Continued ...

State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	4.50	0.00	0.00	0.00	0.00	0.00

DCP Crop Data							
Crop Name Base Acres CCC-505 CRP Reduction Acres PLC Yield							
Corn	3.01	0.00	148				
Soybeans	1.48	0.00	50				

4.49 **TOTAL** 0.00

NOTES

Tract Number : 14245

: PNW4S15MI Description

FSA Physical Location : MINNESOTA/BROWN : MINNESOTA/BROWN **ANSI Physical Location**

BIA Unit Range Number

: NHEL: No agricultural commodity planted on undetermined fields **HEL Status**

Wetland Status : Tract does not contain a wetland

WL Violations

JAMES MECKLENBURG, MARY ANN DURBORAW, RONALD MECKLENBURG, PAULETTE M LAPPI REV TRUST, SARAH **Owners**

A JOHNSON, LORA B JOHNSON, ADAM D JOHNSON

Other Producers : WALLACE MECKLENBURG FAMILY

: 27-015-2018-160 Recon ID

	Tract Land Data									
Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane			
34.95	34.95	34.95	0.00	0.00	0.00	0.00	0.0			
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD			
0.00	0.00	0.00	0.00	34.95	0.00	0.00	0.00			

DCP Crop Data							
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield				
Corn	0.00	16.34	0				
Soybeans	0.00	8.06	0				

TOTAL 0.00 24.40

NOTES

MINNESOTA BROWN

Form: FSA-156EZ

United States Department of Agriculture Farm Service Agency

Abbreviated 156 Farm Record

FARM: 8497

Prepared: 4/5/23 9:39 AM CST

Crop Year: 2023

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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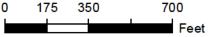
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Brown County, Minnesota

Farm 8497 Tract 670

2023 Program Year

Map Created December 12, 2022



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

Common Land Unit

Cropland Tract Boundary

Wetland Determination

- Restricted Use
- Limited Restrictions
- **Exempt from Conservation** Compliance Provisions

Tract Cropland Total: 4.50 acres



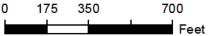
from he producer and/or Na ional Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determina ion 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.

Brown County, Minnesota

Farm 8497 **Tract 14245**

2023 Program Year

Map Created December 12, 2022

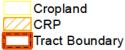


Unless otherwise noted:

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

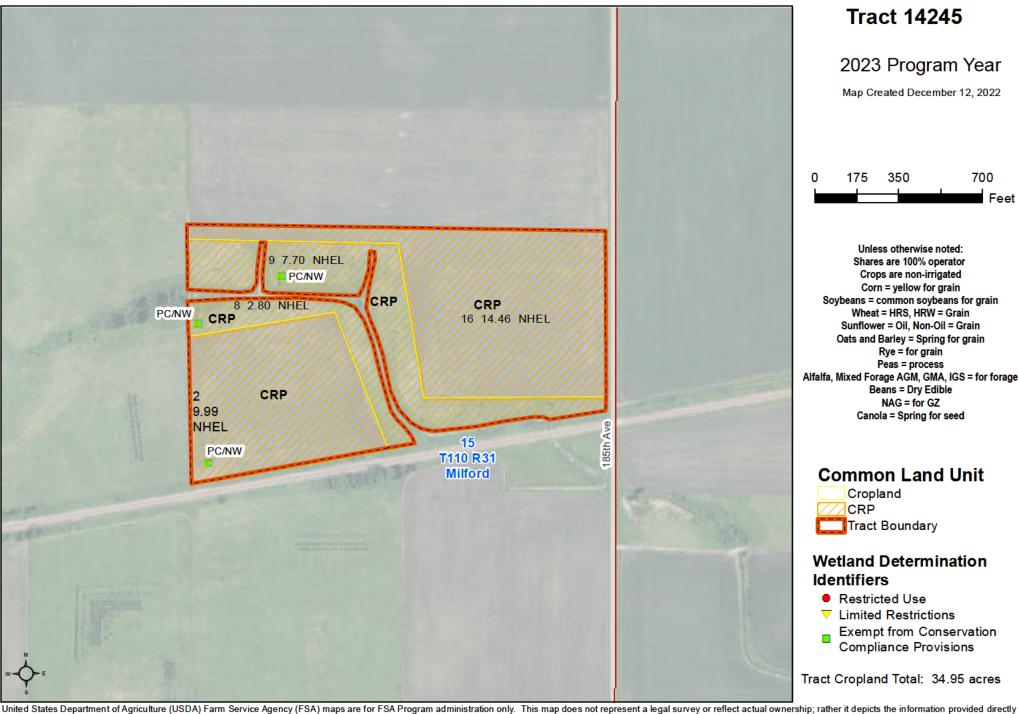
Common Land Unit



Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- **Exempt from Conservation** Compliance Provisions

Tract Cropland Total: 34.95 acres



from he producer and/or Na ional 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 determina ion 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.

CRP-1 (07-06-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & 27	2. SIGN-UP NUMBER 48	
CONSERV	ATION RESERVE PROGRAM CONTRACT	•	3. CONTRACT NUMB	ER 174C	4. ACRES FOR ENROLLMENT 10.50
5A. COUNTY FSA	OFFICE ADDRESS (Include Zip Code)		6. TRACT NUMBER	7. CONTRACT PERIOD	
BROWN COUNTY FA 1229 CEDAR ST N SLEEPY EYE, MN5			14245	FROM: (MM-DD-YYYY) 10-01-2016	TO: (MM-DD-YYYY) 09-30-2026
			8. SIGNUP TYPE: Continuous		_
	OFFICE PHONE NUMBER de): (507) 794-7997 x2		Concinuous		

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 CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

9A. Rental Rate Per Acre \$ 276.45 10. Identification of CRP Land (See Page 2 for additional space)						
9B. Annual Contract Payment \$ 2,903.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment \$	14245	8	CP21	2.80	\$ 280.00	
(Item 9C is applicable only when the first year paymen	t is 14245	9	CP21	7.70	\$ 770.00	
prorated.)						

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

11. PARTICIPANTS (II more than t	riree iriaiviaua	is are signing, see Page 3.)		
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) WALLACE MECKLENBURG FAMILY 25216 SUMMIT RD HILLMAN, MN56338-2318	(2) SHARE	(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) ADAM D JOHNSON 3841 2ND AVE S MINNEAPOLIS, MN55409-1306	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(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) JAMES MECKLENBURG 25216 SUMMIT RD HILLMAN, MN56338-2318	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
12. CCC USE ONLY A. SIGNATUR	E OF CCC REF	PRESENTATIVE		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 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 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.

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CRF-1 (07-00-20)				rage 2 01 2
	11. PARTIC	CIPANTS (CONTINUED	FROM PAGE 1)	
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LORA B JOHNSON 407 W LAMME ST BOZEMAN, MT59715-3430	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) MARY ANN DURBORAW 4306 MONTPELIER PL COLUMBIA, MO65203-6061	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) PAULETTE M LAPPI REV TRUST PO BOX 283 STILLWATER, MN55082-0283	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
G(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) RONALD MECKLENBURG 1701 12TH ST SW AUSTIN, MN55912-2816	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
H(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SARAH A JOHNSON 2333 OAKRIDGE CIR HUDSON, WI54016-9124	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
I(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)
J(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)
K(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)
L(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)
M(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)
N(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)
O(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)

CRP-1 (07-06-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 27 015		
CONSERV	ATION RESERVE PROGRAM CONTRACT	3. CONTRACT NUMB	EER 1802	4. ACRES FOR ENROLLMENT 24.45	
5A. COUNTY FSA	OFFICE ADDRESS (Include Zip Code)	6. TRACT NUMBER	7. CONTRACT PERIOD		
BROWN COUNTY FA 1229 CEDAR ST N SLEEPY EYE, MN5		14245	FROM: (MM-DD-YYYY) 10-01-2021	TO: (MM-DD-YYYY) 09-30-2036	
		8. SIGNUP TYPE: — Continuous		_	
	OFFICE PHONE NUMBER de): (507) 794-7997 x2	Concinuous			

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9A. Rental Rate Per Acre	\$ 287.93	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$7,040.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	14245	0002	CP23A	9.99	\$ 1,139.00
(Item 9C is applicable only when the first year payment is prorated.)		14245	0016	CP23A	14.46	\$ 1,648.00

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

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A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE			
ADDRESS (Include Zip Code) JAMES MECKLENBURG			INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(MM-DD-YYYY)			
25216 SUMMIT RD HILLMAN, MN56338-2318	0.00%		NET RESERVATIVE SALTASITY				
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE			
ADDRESS (Include Zip Code) WALLACE MECKLENBURG FAMILY	(-,	(=, ===================================	INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)			
WALLACE MECKLENBURG FAMILY 25216 SUMMIT RD	100.00%		REPRESENTATIVE CAPACITY				
HILLMAN, MN56338-2318							
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE			
ADDRESS (Include Zip Code) ADAM D JOHNSON			INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(MM-DD-YYYY)			
3841 2ND AVE S MINNEAPOLIS, MN55409-1306	0.00%		REFRESENTATIVE CAPACITY				
	L OF OOO DEE			B. DATE			
12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE							
				(MM-DD-YYYY)			

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CRF-1 (07-00-20)				rage 2 01 2
	11. PARTIC	CIPANTS (CONTINUED	FROM PAGE 1)	
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LORA B JOHNSON 407 W LAMME ST BOZEMAN, MT59715-3430	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) MARY ANN DURBORAW 4306 MONTPELIER PL COLUMBIA, MO65203-6061	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) PAULETTE M LAPPI REV TRUST PO BOX 283 STILLWATER, MN55082-0283	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
G(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) RONALD MECKLENBURG 1701 12TH ST SW AUSTIN, MN55912-2816	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
H(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SARAH A JOHNSON 2333 OAKRIDGE CIR HUDSON, WI54016-9124	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
I(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)
J(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)
K(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)
L(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)
M(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)
N(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)
O(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)