Page 1 of 1

CRP-1 U.S. DEPARTMENT OF AGRICULTURE 07-06-20) Commodity Credit Corporation				=	1 ST. & CO CODE & ADMIN. LOCATION		OCATION	2 SIGN-UP NUMBER 47	
CONSERVATION RESERVE PROGRAM CONTRA					3 CON	3 CONTRACT NUMBER 11028A			
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)					6 TRA	6 TRACT NUMBER 7.		7. CONTRACT PERIOD	
915 OAKLAM	UNTY FARM SERV D AVENUE MO64506-4920	ICE AGEN	.GĂ			249		MM-DD-YYYY) 01-2015	TO: (MM-DD-YYYY) 09-30-2025
						NUP TYPE:			
BB. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (816) 364-3927				dit Corporation (refe		- Continuous			
acreage the Co comply with th Program Conti applicable con thereto. BY SI	onservation Plan d ne terms and condi- ract (referred to as stract period. The GNING THIS CON- reto; and, CRP-2,	eveloped for tions contains "Appendix terms and of TRACT PAF CRP-2C, Cl	or such acreage as nined in this Contr "). By signing bel conditions of this of RTICIPANTS ACKN RP-2G, or CRP-2C	ow, the Participant contract are contain IOWLEDGE RECEIP 30, as applicable.	CCC and the Pi ppendix to this acknowledges aed in this Form PT OF THE FOLI	articipant. Addi Contract, entitle receipt of a cop CRP-1 and in t LOWING FORMS	tionally, the Appending of the Appending of the Appending of the CRP-1;	ne Participant a lix to CRP-1, Co opendix/Appen Appendix and a CRP-1 Appendi	nd CCC agree to onservation Reserve dices for the ony addendum x and any
			26	10 Identification	on of CRP Lai	nd (See Page	2 for add	litional space)	
9A. Rental Ra	ite Per Acre	\$ 182.	30	TO. Identification		1-1		7 ,	1
	ontract Payment	\$ 182. \$ 985.		A Tract No	B Field No.	C Practic		D Acres	E. Total Estimated Cost-Share
9B. Annual Co	ontract Payment					<u> </u>	e No.		
9B. Annual Co 9C First Year (Item 9C is ap.	ontract Payment	\$ 985. \$	00	A Tract No	B Field No.	C Practic	e No.	D Acres	Cost-Share
9B. Annual Co 9C. First Year (Item 9C is approrated)	ontract Payment Payment plicable only when	\$ 985. \$ the first ye	ar payment is	A Tract No	B Field No.	C Practic	e No.	D Acres	Cost-Share
9B. Annual Co 9C First Year (Item 9C is approrated) 11. PARTI A(1) PARTIC	ontract Payment Payment plicable only when CIPANTS (If m	\$ 985. \$ the first year ore than	ar payment is	A Tract No 249 als are signing, (3) SIGNATURE (B Field No. 7 see Page 3.)	C Practic	1 LATIONSH	D Acres 5.40	Cost-Share
9B. Annual Co 9C First Year (Item 9C is approrated) 11. PARTI A(1) PARTIC	ontract Payment Payment plicable only when	\$ 985. \$ the first year ore than	ar payment is three individua (2) SHARE	A Tract No 249 als are signing, (3) SIGNATURE (e-Signed by Vi	B Field No. 7 see Page 3.) (By) ctor Anzalone	C Practic CP2 (4) TITLE/REL INDIVIDUA	1 1 ATIONSHAL SIGNIN	D Acres 5.40 HIP OF THE	Cost-Share \$ 0.00
9B. Annual Co 9C First Year (Item 9C is approrated) 11. PARTI A(1) PARTIC	ontract Payment Payment plicable only when CIPANTS (If m	\$ 985. \$ the first year ore than	ar payment is three individua	A Tract No 249 als are signing, S (3) SIGNATURE e-Signed by Virial For, If app	B Field No. 7 See Page 3.) (By) ctor Anzalone plicable	C Practic CP2 (4) TITLE/REL INDIVIDUA	1 1 ATIONSHAL SIGNIN	D Acres 5.40	S 0.00
9B. Annual Co 9C First Year (Item 9C is approrated) 11. PARTIC ADDRES	ontract Payment Payment plicable only when CIPANTS (If m	\$ 985. \$ the first year or than ND	ar payment is three individua (2) SHARE	A Tract No 249 als are signing, (3) SIGNATURE (e-Signed by Vi	B Field No. 7 See Page 3.) (By) ctor Anzalone plicable 17-23	C Practic CP2 (4) TITLE/REI INDIVIDU/ REPRESE Truste (4) TITLE/REI INDIVIDU/	LATIONSHAL SIGNIN	D Acres 5.40 HIP OF THE GIN THE CAPACITY HIP OF THE	(5) DATE (MM DD-YYYY) 08-17-23
9C First Year (Item 9C is approrated) 11. PARTIC ADDRES B(1) PARTIC ADDRES C(1) PARTIC	ontract Payment Payment Plicable only when CIPANTS (If m IPANT'S NAME AL S (Include Zip Code	\$ 985. \$ the first year or e than ND)	ar payment is three individual (2) SHARE 100 00 %	A Tract No 249 als are signing, 3 (3) SIGNATURE (e-Signed by Vi For, If app On 08-	B Field No. 7 see Page 3.) (By) ctor Anzalone plicable 17-23 (By)	(4) TITLE/REI INDIVIDU/REPRESE INDIVIDU/REPRESE INDIVIDU/REPRESE INDIVIDU/REPRESE INDIVIDU/REPRESE INDIVIDU/REPRESE	ATIONSHAL SIGNIN LATIONSHAL SIGNIN ENTATIVE LATIONSHAL SIGNIN LATIONSHAL SIGNIN	D Acres 5.40 HIP OF THE GIN THE CAPACITY HIP OF THE RG IN THE CAPACITY	(5) DATE (MM DD-YYYY) 08-17-23

NOTE: The following statement is plade in accordance with the Arivacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Cradit 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. Tritical 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 exampted 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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and at any USDA office or write a letter addressed to USDA and provide in the letter at of the information requested in the form. To request a copy of the complaint form call (656) 632-9332. Submit your completed form or letter to USDA by (1) mail U.S. Department of Agriculture Office of the Assistant Socretary for Civil Prights 1400 Independence Avenue, SW Washington, D.C. 20050-9410. (2) fee: (202) 690-7442. or (3) email. <a href="https://growinglaintendence.org/lineari