10-t

CDD 4						Page 1
CRP-1 U.S. DEPAR (07-06-20) Comm	E	1. ST	ST. & CO. CODE & ADMIN. LOCATION 19 185		2. SIGN-UP NUMBER 55	
CONSERVATION RESERVE PROGRAM CON			<b>7</b> 3. CC	3. CONTRACT NUMBER 11841B		4. ACRES FC ENROLLME 56.80
5A. COUNTY FSA OFFICE ADDR		6. TR	6. TRACT NUMBER 7. CONTRACT PERIO			
WAYNE COUNTY FARM SERVICE			2106	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYY	
300 S LAFAYETTE STREET CORYDON, IA50060-1600				3106	12-01-2021	09-30-203
ED COUNTY FOR COMMON				NUP TYPE:		
5B. COUNTY FSA OFFICE PHON (Include Area Code): (641)872 THIS CONTRACT is entered into be						
acreage the Conservation Plan dev comply with the terms and condition Program Contract (referred to as "I applicable contract period. The ter thereto. BY SIGNING THIS CONTR addendum thereto; and, CRP-2, CR 9A. Rental Rate Per Acre	ons contained in this Contre Appendix"). By signing bel orms and conditions of this c ACT PARTICIPANTS ACKN RP-2C, CRP-2G, or CRP-2C3	act, including the A ow, the Participant contract are contail OWLEDGE RECEII 10, as applicable.	Appendix to this t acknowledges ned in this Fort PT OF THE FOL	s Contract, entitle receipt of a copy n CRP-1 and in th LOWING FORMS	ed Appendix to CRP-1, Co of the Appendix/Append oe CRP-1 Appendix and a c: CRP-1; CRP-1 Appendia	nservation Reserve lices for the
	\$ 169.05	10. Identificati	on of CRP La	ind (See Page 2	2 for additional space)	
9B. Annual Contract Payment	A. Tract No.	B. Field No.	C. Practice	No. D. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment	3106	0001	CP1	4.02	\$ 161.00	
(Item 9C is applicable only when the first year payment is prorated.)		3106	0003	CP1	12.14	\$ 486.00
		3106	0004	CP1	40.64	\$ 1,626.00
11. PARTICIPANTS (If mor						
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ALAN J WETTSTEIN 27343 LILAC AVE	(2) SHARE	(3) SIGNATURE (	(By)	INDIVIDUAL	4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
BLOOMFIELD, IA52537-7820  B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) BETHANY J WETTSTEIN 27343 LILAC AVE BLOOMFIELD, IA52537-7820	0.00%	(3) SIGNATURE (	Ву)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY) 04-29-202
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (	Ву)	INDIVIDUAL	TIONSHIP OF THE SIGNING IN THE TATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE						B. DATE

The following statement is made in accordance with the Privacy Act of 1974 (b 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 appropriate and proprogrammental entities that have been sutherized access to the information by statute or regulation and/or as described in applicable Routing Uses. NOTE: 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.

and own fraud, privacy, and other statutes may be applicable to the information provided. ReTORN This commetter continuous the information provided in the information provided. ReTORN This commetter continuous the information provided in the informatio

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.ascr.usda.gov/complaint-filing-cust.html">http://www.ascr.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 dopydrifte 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 and Complete 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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