CRP-1 (07-06-20)				1. ST.	& CO. CODE & / 29	2. SIGN-UP NUMBER 56	
CONSERVATION RESERVE PROGRAM CONTRACT					3. CONTRACT NUMBER		4. ACRES FOR ENROLLMENT 85.26
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)					CT NUMBER	7. CONTRACT PERIO)
GRUNDY COUNTY 3415 OKLAHOMA TRENTON, MO 6			37		FROM: (MM-DD-YYYY) 10-01-2021	TO: (MM-DD-YYYY) 09-30-2031	
(Include Area THIS CONTRACT	SA OFFICE PHONE NUMI Code): (660)359-2006	ne dity Credi		Gene	C") and the unde	ersigned owners, operato	
CCC for the stipu acreage the Cons comply with the to Program Contract applicable contract thereto. BY SIGN addendum theret	he Participant".) The Particilated contract period from servation Plan developed fi- terms and conditions contact (referred to as "Appendia- tot period. The terms and colling THIS CONTRACT PAR- io; and, CRP-2, CRP-2C, Cl	the Contra reage and is Contra ning belo con a of this co RTICIN NTS ACKNO RP-2G, or CRP-2C30	nct is executed by the ct, including the Ajort, which was the Participant ontract are contain DWLEDGE RECEIPD, as applicable.	the CCC. The f CCC and the Po ppendix to this acknowledges ed in this Form T OF THE FOLI	Participant also a articipant. Addit Contract, entitle receipt of a copy CRP-1 and in th LOWING FORMS		uch designated nd CCC agree to onservation Reserve dices for the nv addendum
9A. Rental Rate	Per Acre \$150.	10. Identification	on of CRP Lai	nd (See Page 2	2 for additional space)		
9B. Annual Contract Payment \$ 12,856.00			A. Tract No.	B. Field No.	C. Practice	No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$			3705	0043	CP1	12.92	\$ 0.00
(Item 9C is applicable only when the first year payment is prorated.)			3705	0049	CP1	4.91	\$ 0.00
			3705	0051	CP1	5.19	\$ 0.00
11. PARTICIPANTS (If more than three individuals A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) 100.00 %		s are signing, see Page 3. (3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY) 7/20/21	
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) (2) SHARE		(2) SHARE			(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 %		NATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
				(with CEO			B. DATE (MM-DD-YYYY) 9/23/252
is the Con	ving statement is made in acco nmodity Credit Corporation Ch eq), the Agricultural Improveme	arter Act (15 U.S.C. 71	4 et seq.), the Food S	Security Act of 19	85 (16 U.S.C. 380	f et seq.), the Agricultural Ac	et of 2014 (16 U.S.C.

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 entitites 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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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 http://www.ascr.usda.gov/complaint-filing_cust.html 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: program.intake@usda.qov. USDA is an equal opportunity provider, employer, and lender.

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Date Printed: 07/20/2021



A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
3705	0055	CP1	53.00	\$ 0.00
3705	0057	CP42	1.82	\$ 340.00
3705	0059	CP42	7.42	\$ 1,388.00
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