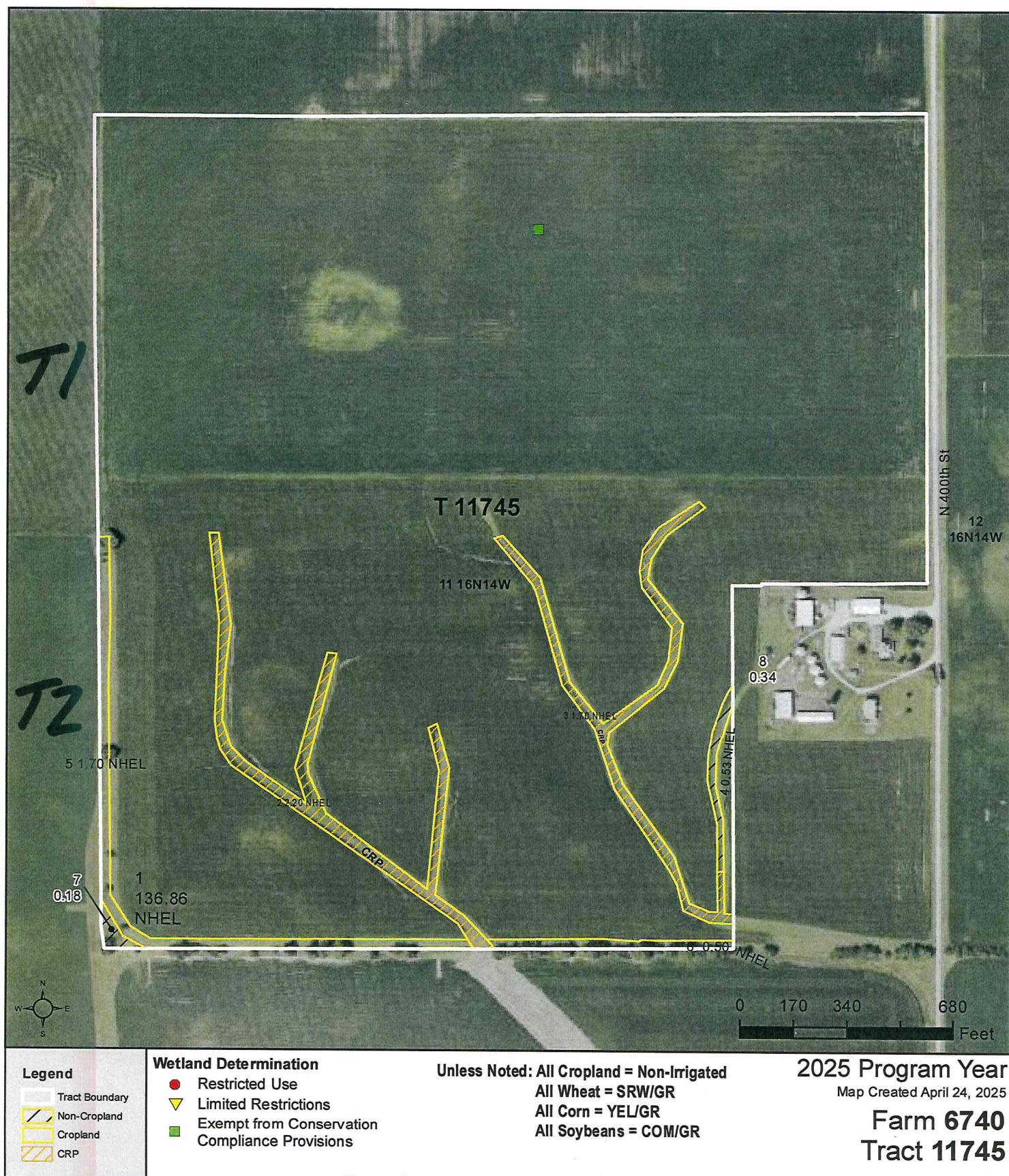




United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (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).

ILLINOIS

EDGAR

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.


 United States Department of Agriculture  
 Farm Service Agency

FARM : 6740

Prepared : 7/31/25 1:36 PM CST

Crop Year : 2025

## Abbreviated 156 Farm Record

Operator Name : MR WILLIAM GRANT NORMAN

CRP Contract Number(s) : 11705

Recon ID : 17-045-2007-271

Transferred From : None

ARCPLC G//F Eligibility : Eligible

T1 - T2

## Farm Land Data

| Farmland           | Cropland           | DCP Cropland           | WBP  | EWP            | WRP  | GRP  | Sugarcane | Farm Status          | Number Of Tracts |
|--------------------|--------------------|------------------------|------|----------------|------|------|-----------|----------------------|------------------|
| 144.01             | 143.49             | 143.49                 | 0.00 | 0.00           | 0.00 | 0.00 | 0.0       | Active               | 1                |
| State Conservation | Other Conservation | Effective DCP Cropland |      | Double Cropped |      | CRP  | MPL       | DCP Ag.Rel. Activity | SOD              |
| 0.00               | 0.00               | 139.59                 |      | 0.00           |      | 3.90 | 0.00      | 0.00                 | 0.00             |

## Crop Election Choice

| ARC Individual | ARC County  | Price Loss Coverage |
|----------------|-------------|---------------------|
| None           | CORN, SOYBN | None                |

## DCP Crop Data

| Crop Name | Base Acres | CCC-505 CRP Reduction Acres | PLC Yield | HIP |
|-----------|------------|-----------------------------|-----------|-----|
| Corn      | 73.85      | 0.00                        | 163       |     |
| Soybeans  | 62.85      | 0.90                        | 49        | 0   |

TOTAL 136.70 0.90

## NOTES

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Tract Number : 11745

Description : YOUNG AMERICA SEC 11 T16N R14W

FSA Physical Location : ILLINOIS/EDGAR

ANSI Physical Location : ILLINOIS/EDGAR

BIA Unit Range Number :

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

Wetland Status : Wetland determinations not complete

WL Violations : None

Owners : CURTIS METTAM

Other Producers : None

Recon ID : 17-045-2007-270

## Tract Land Data

| Farm Land | Cropland | DCP Cropland | WBP  | EWP  | WRP  | GRP  | Sugarcane |
|-----------|----------|--------------|------|------|------|------|-----------|
| 144.01    | 143.49   | 143.49       | 0.00 | 0.00 | 0.00 | 0.00 | 0.0       |

ILLINOIS  
EDGAR  
Form: FSA-156EZ



Abbreviated 156 Farm Record

FARM : 6740  
Prepared : 7/31/25 1:36 PM CST  
Crop Year : 2025

Tract 11745 Continued ...

| State Conservation | Other Conservation | Effective DCP Cropland | Double Cropped | CRP  | MPL  | DCP Ag. Rel Activity | SOD  |
|--------------------|--------------------|------------------------|----------------|------|------|----------------------|------|
| 0.00               | 0.00               | 139.59                 | 0.00           | 3.90 | 0.00 | 0.00                 | 0.00 |

DCP Crop Data

| Crop Name    | Base Acres    | CCC-505 CRP Reduction Acres | PLC Yield |
|--------------|---------------|-----------------------------|-----------|
| Corn         | 73.85         | 0.00                        | 163       |
| Soybeans     | 62.85         | 0.90                        | 49        |
| <b>TOTAL</b> | <b>136.70</b> | <b>0.90</b>                 |           |

NOTES

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                                   |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>CRP-1</b><br>(05-05-25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Commodity Credit Corporation<br><div style="text-align: center; font-size: 1.2em; color: blue; margin-top: 10px;">T1 - T2</div>                          |                                                                                 |
| CONSERVATION RESERVE PROGRAM CONTRACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | 1. ST. & CO. CODE & ADMIN. LOCATION<br>17 045                                                                                                                                                     | 2. SIGN-UP NUMBER<br>61                                                         |
| 5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)<br>EDGAR COUNTY FARM SERVICE AGENCY<br>11759 IL HWY 1<br>PARIS, IL61944-8500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | 3. CONTRACT NUMBER<br>11705                                                                                                                                                                       | 4. ACRES FOR ENROLLMENT<br>3.90                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      | 6. TRACT NUMBER<br>11745                                                                                                                                                                          | 7. CONTRACT PERIOD<br>FROM: (MM-DD-YYYY) 10-01-2024 TO: (MM-DD-YYYY) 09-30-2034 |
| 5B. COUNTY FSA OFFICE PHONE NUMBER<br>(Include Area Code): (217) 465-5325 x2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      | 8. SIGNUP TYPE: Continuous<br><div style="text-align: right; color: blue; font-weight: bold; margin-top: 10px;">             .09 ACRES CRP T1<br/>             3.81 ACRES CRP T2           </div> |                                                                                 |
| INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                                   |                                                                                 |
| <p><i>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.</i></p>                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                   |                                                                                 |
| 9A. Rental Rate Per Acre \$ 294.84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | 10. Identification of CRP Land (See Page 2 for additional space)                                                                                                                                  |                                                                                 |
| 9B. Annual Contract Payment \$ 1,150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | A. Tract No. 11745                                                                                                                                                                                | B. Field No. 0002                                                               |
| 9C. First Year Payment \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | 11745                                                                                                                                                                                             | CP8A                                                                            |
| (Item 9C is applicable only when the first year payment is prorated.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | 11745                                                                                                                                                                                             | CP8A                                                                            |
| 9C. First Year Payment \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | 11745                                                                                                                                                                                             | CP8A                                                                            |
| 11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                                                                                                   |                                                                                 |
| A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)<br>WILLIAM GRANT NORMAN<br>7234 E 2700TH RD<br>SIDELL, IL61876-7008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (2) SHARE<br>50.00 % | (3) SIGNATURE (By)                                                                                                                                                                                | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY |
| B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)<br>CURTIS METTAM<br>9 MCKEE PL<br>DANVILLE, IL61832-2306                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (2) SHARE<br>50.00 % | (3) SIGNATURE (By)                                                                                                                                                                                | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY |
| C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) SHARE<br>%       | (3) SIGNATURE (By)                                                                                                                                                                                | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY |
| 12. CCC USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | A. SIGNATURE OF CCC REPRESENTATIVE                                                                                                                                                                |                                                                                 |
| B. DATE (MM-DD-YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | B. DATE (MM-DD-YYYY)                                                                                                                                                                              |                                                                                 |
| <p><b>NOTE: Privacy Act Statement:</b> 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), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), the American Relief Act, 2025 (Pub. L. 118-158), and the Conservation Reserve Program 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.</p> <p><b>Paperwork Reduction Act (PRA) Statement:</b> The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1).</p> |                      |                                                                                                                                                                                                   |                                                                                 |

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